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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1941

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)
GIVAUDAN FRAGRANCES CORPORATION

300 WATERLOO VALLEY ROAD
MOUNT OLIVE, NJ 07828

2b Employer Identification Number (EIN) 31-1707845

2c Plan Sponsor's telephone number 973-448-6500

2d Business code (see instructions) 325900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DAVID WEST
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1061
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	**6a(1)**	319
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	208
b	Retired or separated participants receiving benefits	**6b**	385
c	Other retired or separated participants entitled to future benefits	**6c**	320
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	913
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	45
f	Total. Add lines **6d** and **6e**.	**6f**	958
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

1A 3H 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GIVAUDAN FRAGRANCES CORPORATION

D Employer Identification Number (EIN)
31-1707845

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	214658164
b Actuarial value	**2b**	220700665

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	400	150158100	150158100
b For terminated vested participants	342	29950178	29950178
c For active participants	319	48721864	50743413
d Total	1061	228830142	230851691

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	179246
b Expected plan-related expenses	**6b**	2014000
c Target normal cost	**6c**	2193246

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

09/21/2026
Date

WENDY W. HOM
Type or print name of actuary

26-05926
Most recent enrollment number

AON CONSULTING, INC.
Firm name

973-463-6139
Telephone number (including area code)

MSC# 17741 P.O. BOX 6718
SOMERSET, NJ 08875

Address of the firm

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

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	46100120
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4444173
9	Amount remaining (line 7 minus line 8)	0	41655947
10	Interest on line 9 using prior year's actual return of 0.52 %	0	216611
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3692703
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 5.15 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		19202
c	Total available at beginning of current plan year to add to prefunding balance		3711905
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	5853246
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	36019312

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	89.33 %
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
08/25/2026	8000000	0			
			Totals ► 18(b)	8000000	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	7339809

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... [X] 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**	2193246
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	46170338	4547931
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**	6741177

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4444173	4444173

36 Additional cash requirement (line 34 minus line 35)	**36**	2297004
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7339809

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

a Total (excess, if any, of line 37 over line 36)	**38a**	5042805
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	4444173
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 [X] 2021

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GIVAUDAN FRAGRANCES CORPORATION

D Employer Identification Number (EIN)
31-1707845

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] Yes [ ] No

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

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

ADVANCED TECHNOLOGY VENTURES VII
BOYLSTON STREET
SUITE 1380
BOSTON, MA 02116

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

AON TRUST COMPANY LLC

37-6543784

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

CHL MEDICAL PARTNERS
WASHINGTON BLVD
6TH FLOOR
STAMFORD, CT 06901

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

SIGMA PARTNERS
20 CUSTOM HOUSE STREET
SUITE 830
BOSTON, MA 02110

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

OAKTREE

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

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

NISA COLLECTIVE INVESTMENT TRUST

88-6547562

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

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

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

AON CONSULTING INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 15 16 17 38 50 64 70	NONE	661349	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON INVESTMENTS USA INC

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	397103	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50 62	NONE	64427	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	7489	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GIVAUDAN FRAGRANCES CORPORATION

D Employer Identification Number (EIN)
31-1707845

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: AON HIGH YIELD PLUS FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-007	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-006	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US LONG GOVT. BOND INDEX FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-042	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US INT. GOVT. BOND INDEX FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-043	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-037	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-040	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON 20+ YR U.S. TREASURY STRIPS FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

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)
37-6543784-036	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-041	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: OAKTREE EMERGING MARKETS EQ FD

b Name of sponsor of entity listed in (a): OAKTREE CAPITAL MANAGEMENT, LP

c EIN-PN 98-1049544-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-038	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

c EIN-PN 88-6547562-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

c EIN-PN 88-6547562-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EAFE INDEX NL CL A ZVAO1

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 90-0337987-157	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA U.S. TOTAL MARKET INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 90-0337987-278	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PENSION PLAN FOR EES OF GIVAUDAN TR

b Name of sponsor of entity listed in (a): GIVAUDAN FRAGRANCES CORPORATION

c EIN-PN 81-6778921-001	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 220044741

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GIVAUDAN FRAGRANCES CORPORATION

D Employer Identification Number (EIN)
31-1707845

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)	4000000	8000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17544	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2207803	0
(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)	520772	0
(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)	168983339	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	220044741
(12) Value of interest in 103-12 investment entities	1c(12)	4033797	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35339490	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	215102745	228044741
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	327458	297713
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	327458	297713
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	214775287	227747028

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)	8000000	
(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)		8000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		22043730
(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		30043730
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13551826	
(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)		13551826
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)	394726	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	394977	
(6) Bank or trust company trustee/custodial fees	2i(6)	64427	
(7) Actuarial fees	2i(7)	266623	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	849410	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1970163
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15521989
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14521741
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1550000

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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN, LOCAL 703	31-1707845	006

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588331.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GIVAUDAN FRAGRANCES CORPORATION

D Employer Identification Number (EIN)
31-1707845

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): 25-1926855

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 0

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: 14.3 % Private Equity: 0.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 73.8 %
High-Yield Debt: 5.0 % Real Assets: 5.2 % Cash or Cash Equivalents: 1.5 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

October 15, 2026

To: US Department of Labor

Subject: Explanation for Missing Auditor's Report – Form 5500 Filing for Pension Plan for Employees of Givaudan, EIN: 31-1707845, Plan Number: 002

Dear Sir/Madam,

The Form 5500 for Pension Plan for Employees of Givaudan for the plan year ended December 31, 2025 is being filed prior to completion of the Plan's independent audit.

The audit is currently in process, and the auditor's report is not yet available. We are actively working with our independent auditors to finalize the audit and will file an amended Form 5500 upon completion of the audit.

If you have any questions, please contact:

David West
Plan Administrator
Givaudan Fragrances Corporation
973-448-6500

Sincerely,

David West

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		8								
25-29		7	3							
30-34		2	1							
35-39		3		1	3					
40-44		5	2	1	3	6				
45-49		6	2	3	1	26	10	2		
50-54		6	3	2	3	35	24	13		
55-59		4	2	1	6	42	23	10	6	1
60-64		1			4	4	8	3	8	
65-69		2		2		3		2	1	
70+			1			1	1			2

N-319

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

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

Interest Rates for Minimum Funding and Maximum Deductible Purposes	Based on the full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization does not apply)
Salary Increases	
Minimum Funding Target Normal Cost	Not Applicable
Maximum Tax Expected Benefit Increase	Not Applicable
Social Security Wage Base Increases	Not Applicable
Optional Payment Form Election Percentage	For Givaudan and Local 703 employees 35% life annuity 35% joint and 50% survivor annuity 30% joint and 100% survivor annuity For Quest Salaried employees 25% life annuity 75% lump sum For Quest Hourly employees 35% life annuity 35% joint and 50% survivor annuity 30% joint and 100% survivor annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	For Givaudan employees and Quest Salaried employees: Not applicable For Quest Hourly employees and Local 703 employees: Benefits are not salary related
Benefit Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	6.25%, limited to 5.59%
2025 Plan Year	6.25%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	The prior year's administrative and investment expenses, adjusted for expected deviation in fees and PBGC premiums for the current year and rounded up to the next $1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Table 1

Retirement Rates

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

Table 2

Withdrawal Rates

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

Table 3

Disability Rates

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1941

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)

GIVAUDAN FRAGRANCES CORPORATION

300 WATERLOO VALLEY ROAD

MOUNT OLIVE NJ 07828

2b Employer Identification Number (EIN) 31-1707845

2c Plan Sponsor's telephone number 973-448-6500

2d Business code (see instructions) 325900

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

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

SIGN HERE	David M West	10/15/26	DAVID WEST
	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

October 15, 2026

To: US Department of Labor

Subject: Explanation for Missing Auditor's Report – Form 5500 Filing for Pension Plan for Employees of Givaudan, EIN: 31-1707845, Plan Number: 002

Dear Sir/Madam,

The Form 5500 for Pension Plan for Employees of Givaudan for the plan year ended December 31, 2025 is being filed prior to completion of the Plan's independent audit.

The audit is currently in process, and the auditor's report is not yet available. We are actively working with our independent auditors to finalize the audit and will file an amended Form 5500 upon completion of the audit.

If you have any questions, please contact:

David West
Plan Administrator
Givaudan Fragrances Corporation
973-448-6500

Sincerely,

David West

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
PENSION PLAN FOR EMPLOYEES OF GIVAUDAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GIVAUDAN FRAGRANCES CORPORATION

D Employer Identification Number (EIN)
31-1707845

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	214,658,164
b Actuarial value	**2b**	220,700,665

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	400	150,158,100	150,158,100
b For terminated vested participants	342	29,950,178	29,950,178
c For active participants	319	48,721,864	50,743,413
d Total	1,061	228,830,142	230,851,691

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	179,246
b Expected plan-related expenses	**6b**	2,014,000
c Target normal cost	**6c**	2,193,246

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

WENDY W. HOM — Signature of actuary

09/21/2026 — Date

WENDY W. HOM — Type or print name of actuary

2605926 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

973-463-6139 — Telephone number (including area code)

MSC# 17741 P.O. BOX 6718

SOMERSET NJ 08875 — Address of the firm

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

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	46,100,120
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,444,173
9	Amount remaining (line 7 minus line 8)	0	41,655,947
10	Interest on line 9 using prior year's actual return of 0.52%	0	216,611
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,692,703
	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 5.15%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		19,202
	c Total available at beginning of current plan year to add to prefunding balance		3,711,905
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	5,853,246
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	36,019,312

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	80.00%
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	89.33%
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
08/25/2026	8,000,000	0			

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	2,193,246
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	46,170,338	4,547,931
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**	6,741,177

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4,444,173	4,444,173

36 Additional cash requirement (line 34 minus line 35)	**36**	2,297,004
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7,339,809

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

a Total (excess, if any, of line 37 over line 36)	**38a**	5,042,805
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	4,444,173
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 [X] 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.37%	Interest Adjusted Contribution
August 25, 2026	$ 8,000,000	601	$ 7,339,809
Total Contribution	$ 8,000,000		$ 7,339,809

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

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

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

Interest Rates for Minimum Funding and Maximum Deductible Purposes	Based on the full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization does not apply)
Salary Increases	
Minimum Funding Target Normal Cost	Not Applicable
Maximum Tax Expected Benefit Increase	Not Applicable
Social Security Wage Base Increases	Not Applicable
Optional Payment Form Election Percentage	For Givaudan and Local 703 employees 35% life annuity 35% joint and 50% survivor annuity 30% joint and 100% survivor annuity For Quest Salaried employees 25% life annuity 75% lump sum For Quest Hourly employees 35% life annuity 35% joint and 50% survivor annuity 30% joint and 100% survivor annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	For Givaudan employees and Quest Salaried employees: Not applicable For Quest Hourly employees and Local 703 employees: Benefits are not salary related
Benefit Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	6.25%, limited to 5.59%
2025 Plan Year	6.25%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	The prior year's administrative and investment expenses, adjusted for expected deviation in fees and PBGC premiums for the current year and rounded up to the next $1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

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Table 1

Retirement Rates

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

Table 2

Withdrawal Rates

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

Table 3

Disability Rates

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

Schedule SB, Part V — Summary of Plan Provisions

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

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

General Information

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

Eligibility

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

The term eligible employee shall not include employees who are:

(1) Included in a collective bargaining unit for which no specific written agreement on the time and the terms of participation in the plan has been reached.

(2) Hired on a temporary basis with a limited term of employment.

(3) Leased employees as defined in Section 414(n)(2) of the Code.

(4) Employed by a business acquired on or after the effective date unless authorized by resolution adopted by the Board.

(5) Hired or rehired after September 1, 2004.

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

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Service

Year of Service for Eligibility	A year of service for each consecutive 12–month period in which the employee performs at least one hour of service. Service prior to age 18 is excluded. Service as a leased employee is counted for vesting.
Credited Service	A year of service for each consecutive 12–month period in which the employee performs at least one hour of service. Measured from the first of the month coincident with or next following date of hire to the first of the month coincident with or next following date of termination.
Compensation	Basic rate of salary for a calendar year excluding bonuses, overtime pay, expenses, allowances, commissions, shift premiums, and any other form of special compensation. Effective January 1, 1991, performance bonuses earned and paid prior to termination of employment in 1991 and thereafter are included. If a determination period is less than 12 months, the 401(a)(17) salary cap will be prorated based on completed months. For participants who became eligible employees after December 31, 2001, compensation will also include overtime pay and shift differentials.
Average Compensation	The highest consecutive 60 months of the last 120 months preceding date of determination.
Accrued Benefit	The accrued benefit at any time prior to participant's normal retirement date shall be the normal retirement benefit calculated using average compensation and credited service as of the accrual date.
Normal Retirement Date	Eligibility for retirement: The first day of the month coinciding with or immediately following the later of a member's sixty-fifth birthday or the fifth anniversary of participation.

Normal Retirement Benefit

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

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

In addition, the following benefits provide minimum accrued benefits:

(1) Monthly accrued benefit as of December 31, 1988 minus the monthly benefit that could be provided by the value of the refund of the participant's employee contributions account.

(2) Accrued benefit as of June 30, 1992 under the terms of the Roure Plan.

(3) Accrued benefit as of December 31, 1993 plus the accrued benefit based on credited service after December 31, 1993.

(4) Accrued benefit as of January 1, 1998 under the terms of the Tastemaker Retirement Plan.

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

Early Retirement Date

Eligibility for Retirement

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

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

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

Early Retirement Benefit

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

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

(2) Early payment of retirement benefits for participants eligible for early retirement at date of termination – Benefits are reduced as follows:

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

Transferred Employee

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

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

Death Benefit

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

Vested Benefit

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

Normal Form of Payment	The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is an unreduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life annuity form.
Optional Methods of Settlement	In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payable under one of the options described below: (1) 50%, 66⅔%, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary. (2) 5, 10 or 15 year period certain and life option (but not exceeding the life expectancy of the participant). (3) Single life annuity payable for the lifetime of the participant only.
Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since Prior Year

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

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Pension Plan for Employees of Givaudan
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Quest Salaried Employees

General Information

Prior Plan Original Effective Date	July 8, 1997
Effective Date of Last Amendment	December 31, 2016
Prior Plan Year	January 1 to December 31
Prior Employer Fiscal Year	January 1 to December 31
Prior Employer ID Number	14-1916513
Prior Plan Administrator's ID Number	14-1916513
Prior Plan Number	036
Prior Plan Administrator	Administrative Committee
Eligibility	Eligible employee means either (i) an expatriate employee or (ii) a non-union employee who is employed at a location of a participating company to which this plan has been extended. Only employees hired prior to March 2, 2001 or rehired prior to April 1, 2002 are eligible to participate.

Service

Vesting Service	All periods of service from employment date to determination date including full and partial years.
Credited Service	All years of service starting on the date of participation.
Compensation	Amounts paid for services including wages, shift differential, overtime, commissions and bonus payments.
Average Compensation	Highest consecutive 60 months of the last 120 months preceding date of determination.
Normal Retirement Date	The first day of the month following the later of the sixty-fifth birthday or the fifth anniversary of participation.

Normal Retirement Benefit	An annual benefit equal to the sum of (1) and (2), less (3): (1) 1.25% of average compensation up to and including covered compensation times credited service. (2) 1.50% of average compensation in excess of covered compensation times credited service. (3) Any amount resulting from coverage under another plan maintained by ICI Americas Inc. or a company predecessor plan for a period during which the participant accrues benefits under this plan. The plan was amended to cease benefit accruals for Quest Salaried and Non-Union Hourly employees at December 31, 2016.
Early Retirement Date	
Eligibility for Retirement	The first day of the month following the date on which a member attains age 55 and five years of vesting service.
Early Retirement Benefit	The amount of the early retirement benefit is based on average compensation and years of credited service to date of determination. (1) Early payment of retirement benefits for participants not eligible for early retirement at date of termination—Benefits are reduced by 4% for each year by which his benefit commencement date precedes the first day of the month coinciding with or otherwise next following his sixtieth birthday. (2) Full benefits are available at age 60 or older with at least five years of vesting service, or if age plus years of vesting service total at least 85 where the participant is at least age 55.
Death Benefit	If a vested participant or a vested former participant who is married at the time of death and dies prior to the earlier of the commencement of annuity payments or his normal retirement date, his spouse shall receive, for the remainder of such spouse's lifetime, a monthly benefit equal to 50% of the reduced amount which the participant would have received had his date of death been his date of termination and payments commenced on his early or normal retirement date whichever is applicable.

	If such participant does not have a surviving spouse, then the participant's estate shall receive a lump sum which is the actuarial equivalent of a benefit otherwise payable to a surviving spouse who was the same age as the participant on his date of death.
Vested Benefit	Benefits will vest 100% upon completion of five years of service (consecutive 12-month period) completed after age 18.
Normal Form of Payment	The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life annuity form.
Optional Methods of Settlement	In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below: (1) 50%, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary. (2) 5 or 10 year period certain and life option (but not exceeding the life expectancy of the participant). (3) Single life annuity payable for the lifetime of the participant only. (4) Lump sum.
Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

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

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Quest Hourly Employees

General Information

Prior Plan Original Effective Date	September 1, 1968
Prior Plan Effective Date of Last Amendment	January 1, 2011
Prior Plan Year	January 1 to December 31
Prior Employer Fiscal Year	January 1 to December 31
Prior Employer ID Number	14-1916513
Prior Plan Administrator's ID Number	14-1916513
Prior Plan Number	036
Prior Plan Administrator	Administrative Committee
Eligibility	Employees represented by the Union at the Quest International Itasca facility.

Service

Credited Service	One year is credited for each plan year in which an employee works at least 1,615 hours. A partial year is credited if an employee works less than 1,615 hours. In no event shall credited service exceed 30 years.
Continuous Service	One year is credited for each plan year in which an employee works at least 1,000 hours.
Accrued Benefit	The monthly amount equal to the normal retirement benefit payable at the normal retirement date. If the participant has satisfied the service requirement for early retirement, he may elect to receive the deferred vested benefit before the normal retirement date, but no earlier than the early retirement date, in which case the benefit payable is the actuarial equivalent of the accrued normal retirement benefit.
Normal Retirement Date	Age 65.

Normal Retirement Benefit	The monthly amount is the product of (i) the number of years of credited service and (ii) corresponding benefit rates. Retirement on or after September 1, 1997 but prior to September 1, 1998: $22.00 per month Retirement on or after September 1, 1998 but prior to September 1, 1999: $24.00 per month Retirement on or after September 1,1999 but prior to September 1, 2000: $25.50 per month Retirement on or after September 1,2000 but prior to September 1, 2001: $26.50 per month Retirement on or after September 1,2001 but prior to September 1, 2002: $28.00 per month Retirement on or after September 1,2002 but prior to September 1, 2003: $30.00 per month Retirement on or after September 1,2003 but prior to September 1,2004: $32.00 per month Retirement on or after September 1,2004 but prior to September 1, 2005: $34.00 per month Retirement on or after September 1,2005 but prior to September 1, 2006: $36.00 per month Retirement on or after September 1, 2006 but prior to September 1, 2007: $37.00 per month Retirement on or after September 1, 2007: $38.00 per month
Early Retirement Date	Age 55 with at least 10 years of credited service.
Early Retirement Benefit	The monthly amount is the normal retirement benefit, reduced by 0.6% for each month by which the early retirement date precedes the normal retirement date.
Postponed Retirement	Any time after the normal retirement date.
Postponed Retirement Benefit	The monthly amount is the greater of (i) the normal retirement benefit determined using the benefit rate and credited service as of the retirement date, and (ii) the actuarial equivalent of the normal retirement benefit determined on the normal retirement date.

Death Benefit

Preretirement Death Benefits	If the participant dies after having satisfied the service requirements for vesting, the surviving spouse receives 50% of the benefit that the participant would have been entitled to had he retired on the first day of the month of his death and had he not elected an optional form of benefit payment.
Postretirement Death Benefits	Only as provided for by the form of payment elected at retirement.
Vested Benefit	Benefits will vest 100% upon completion of five years of continuous service.
Normal Form of Payment	The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life **annuity form.**
Optional Methods of Settlement	In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below: (1) 50% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary. (2) 5, 10 or 15 year period certain and life option (but not exceeding the life expectancy of the participant). (3) Single life annuity payable for the lifetime of the participant only.
Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since Prior Year

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

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Local Union 703 Employees

General Information

Effective Date of Amendment to Include Local Union 703 (Spicetec Employees)	July 25,2016
Eligibility	Employees represented by the Union at the Carol Stream, Illinois facility (Teamster Local #703) as of July 25, 2016 or later. Each eligible employee shall become a participant on the first day of the month coincident with or next following the date after (i) becoming an eligible employee, (ii) attaining age 21 and (iii) completing one year of service.
Service	
Credited Service	Credited service is generally equal to an employee's period of service during which he is a participant in the Plan (but not to exceed 30 years minus any Conagra credited service).
Vesting Service	One year of service is earned for each 365 days, beginning on the date you first complete an hour of service with Givaudan or related employer. Any years of service completed prior to age 18 will not be considered for vesting or early retirement purposes. For employees of Conagra Foods Food Ingredient Company ("Conagra") who became employees of Givaudan on July 25, 2016 as a result of the Asset Purchase Agreement, their service with Conagra is included for eligibility and vesting purposes.
Accrued Benefit	The monthly amount equal to the normal retirement benefit payable at the normal retirement date. If the participant has satisfied the service requirement for early retirement, he may elect to receive the deferred vested benefit before the normal retirement date, but no earlier than the early retirement date, in which case the benefit payable is the actuarial equivalent of the accrued normal retirement benefit.
Normal Retirement Date	Age 65.

Normal Retirement Benefit	The monthly retirement benefit is the product of (i) the number of years of credited service and (ii) the corresponding benefit rates. Credited service earned from November 14, 2015 through November 13, 2016 — $31.00 per month Credited service earned after November 13, 2016 — $32.00 per month Credited service earned after November 17, 2022 and before July 1, 2025 — $33.00 per month These increases reflect future years of service only (not retroactive to previous years).
Early Retirement Date	Age 55 with at least five years of credited service.
Early Retirement Benefit	The monthly amount is the normal retirement benefit, reduced by 3/10 of 1% for each of the first 60 months and 1/2 of 1% for each of the next 60 months by which the early retirement date precedes the normal retirement date.
Late Retirement	Any time after the normal retirement date.
Late Retirement Benefit	The monthly amount is the calculated in the same manner as for normal retirement but based on credited service through the late retirement date (but not to exceed 30 years minus any Conagra credited service).
Disability Benefit	If a participant becomes totally disabled after completing 10 years of service and is entitled to a disability benefit from the Social Security Administration, he is entitled to receive a disability retirement benefit based upon the benefit rate as of his date of disability and the credited service as of the date he stops working (but not to exceed 30 years minus any Conagra credited service). Disability benefits may commence on the earlier of normal retirement age or upon cessation of disability benefits under the Givaudan disability plan. There is no reduction for disability benefits payable prior to normal retirement age.

Death Benefit

Preretirement Death Benefits	If the participant dies after having satisfied the service requirements for vesting, the surviving spouse receives 50% of the accrued benefit as of his date of death and reduced by ½% for each 12 months in excess of five years that the spouse's age at the date of the participant's death is less than the participant's age at date of death or increased by ½% for each 12 months in excess of five years that the spouse's age at the date of the participant's death is more than the participant's age at date of death.
Postretirement Death Benefits	Only as provided for by the form of payment elected at retirement.
Vested Benefit	Benefits will vest 100% upon completion of five years of service.
Normal Form of Payment	The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the normal form of the retirement benefit is a single life annuity.
Optional Methods of Settlement	In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below: (1) 50%, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary. (2) Life annuity with 120 months period certain option. (3) Single life annuity payable for the lifetime of the participant only.
Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

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Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		8								
25-29		7	3							
30-34		2	1							
35-39		3		1	3					
40-44		5	2	1	3	6				
45-49		6	2	3	1	26	10	2		
50-54		6	3	2	3	35	24	13		
55-59		4	2	1	6	42	23	10	6	1
60-64		1			4	4	8	3	8	
65-69		2		2		3		2	1	
70+			1			1	1			2

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Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	765,746	897,230	13,169,386	14,832,362
2026	1,060,649	895,965	12,954,063	14,910,677
2027	1,342,042	1,170,164	12,725,007	15,237,213
2028	1,714,095	1,223,218	12,472,124	15,409,437
2029	2,075,212	1,389,862	12,208,041	15,673,115
2030	2,392,663	1,457,653	11,927,063	15,777,379
2031	2,709,495	1,704,524	11,641,604	16,055,623
2032	2,974,514	1,746,317	11,343,276	16,064,107
2033	3,261,090	1,961,661	11,030,624	16,253,375
2034	3,532,612	2,012,773	10,701,814	16,247,199
2035	3,731,977	2,128,052	10,353,618	16,213,647
2036	3,952,762	2,178,807	9,991,373	16,122,942
2037	4,137,817	2,331,559	9,612,697	16,082,073
2038	4,262,337	2,443,172	9,218,227	15,923,736
2039	4,382,224	2,529,531	8,808,835	15,720,590
2040	4,456,078	2,489,807	8,385,644	15,331,529
2041	4,502,134	2,498,487	7,950,159	14,950,780
2042	4,535,285	2,578,438	7,504,276	14,617,999
2043	4,535,760	2,542,708	7,050,297	14,128,765
2044	4,484,273	2,503,813	6,590,897	13,578,983
2045	4,431,101	2,457,271	6,128,974	13,017,346
2046	4,358,300	2,403,074	5,667,650	12,429,024
2047	4,278,069	2,336,326	5,210,159	11,824,554
2048	4,183,244	2,262,281	4,759,734	11,205,259
2049	4,065,316	2,186,945	4,319,631	10,571,892
2050	3,943,435	2,100,556	3,893,122	9,937,113
2051	3,812,116	2,014,624	3,483,381	9,310,121
2052	3,671,221	1,923,350	3,093,250	8,687,821
2053	3,519,623	1,823,970	2,725,165	8,068,758
2054	3,358,028	1,723,513	2,381,113	7,462,654
2055	3,187,302	1,618,937	2,062,628	6,868,867
2056	3,008,057	1,514,678	1,770,734	6,293,469
2057	2,821,115	1,409,985	1,505,899	5,736,999
2058	2,627,697	1,303,418	1,268,082	5,199,197
2059	2,433,136	1,198,273	1,056,859	4,688,268

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	2,232,052	1,094,880	871,408	4,198,340
2061	2,030,404	994,204	710,531	3,735,139
2062	1,831,947	898,265	572,727	3,302,939
2063	1,642,024	804,906	456,181	2,903,111
2064	1,455,077	716,024	358,924	2,530,025
2065	1,278,180	632,113	278,890	2,189,183
2066	1,109,737	553,584	213,959	1,877,280
2067	954,183	480,749	162,055	1,596,987
2068	811,753	413,850	121,179	1,346,782
2069	683,555	353,059	89,478	1,126,092
2070	569,715	298,434	65,278	933,427
2071	470,076	249,910	47,095	767,081
2072	384,059	207,328	33,646	625,033
2073	310,848	170,413	23,847	505,108
2074	249,376	138,813	16,810	404,999

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 35,638,106	January 1, 2023	13	$ 3,613,342
Shortfall	$ (8,494,454)	January 1, 2024	14	$ (819,075)
Shortfall	$ 19,026,686	January 1, 2025	15	$ 1,753,664

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.37%	Interest Adjusted Contribution
August 25, 2026	$ 8,000,000	601	$ 7,339,809
Total Contribution	$ 8,000,000		$ 7,339,809

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	765,746	897,230	13,169,386	14,832,362
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2037	4,137,817	2,331,559	9,612,697	16,082,073
2038	4,262,337	2,443,172	9,218,227	15,923,736
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2056	3,008,057	1,514,678	1,770,734	6,293,469
2057	2,821,115	1,409,985	1,505,899	5,736,999
2058	2,627,697	1,303,418	1,268,082	5,199,197
2059	2,433,136	1,198,273	1,056,859	4,688,268

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	2,232,052	1,094,880	871,408	4,198,340
2061	2,030,404	994,204	710,531	3,735,139
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2063	1,642,024	804,906	456,181	2,903,111
2064	1,455,077	716,024	358,924	2,530,025
2065	1,278,180	632,113	278,890	2,189,183
2066	1,109,737	553,584	213,959	1,877,280
2067	954,183	480,749	162,055	1,596,987
2068	811,753	413,850	121,179	1,346,782
2069	683,555	353,059	89,478	1,126,092
2070	569,715	298,434	65,278	933,427
2071	470,076	249,910	47,095	767,081
2072	384,059	207,328	33,646	625,033
2073	310,848	170,413	23,847	505,108
2074	249,376	138,813	16,810	404,999

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

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

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

General Information

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

Eligibility

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

The term eligible employee shall not include employees who are:

(1) Included in a collective bargaining unit for which no specific written agreement on the time and the terms of participation in the plan has been reached.

(2) Hired on a temporary basis with a limited term of employment.

(3) Leased employees as defined in Section 414(n)(2) of the Code.

(4) Employed by a business acquired on or after the effective date unless authorized by resolution adopted by the Board.

(5) Hired or rehired after September 1, 2004.

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Service

Year of Service for Eligibility	A year of service for each consecutive 12–month period in which the employee performs at least one hour of service. Service prior to age 18 is excluded. Service as a leased employee is counted for vesting.
Credited Service	A year of service for each consecutive 12–month period in which the employee performs at least one hour of service. Measured from the first of the month coincident with or next following date of hire to the first of the month coincident with or next following date of termination.
Compensation	Basic rate of salary for a calendar year excluding bonuses, overtime pay, expenses, allowances, commissions, shift premiums, and any other form of special compensation. Effective January 1, 1991, performance bonuses earned and paid prior to termination of employment in 1991 and thereafter are included. If a determination period is less than 12 months, the 401(a)(17) salary cap will be prorated based on completed months. For participants who became eligible employees after December 31, 2001, compensation will also include overtime pay and shift differentials.
Average Compensation	The highest consecutive 60 months of the last 120 months preceding date of determination.
Accrued Benefit	The accrued benefit at any time prior to participant's normal retirement date shall be the normal retirement benefit calculated using average compensation and credited service as of the accrual date.
Normal Retirement Date	Eligibility for retirement: The first day of the month coinciding with or immediately following the later of a member's sixty-fifth birthday or the fifth anniversary of participation.

Normal Retirement Benefit

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

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

In addition, the following benefits provide minimum accrued benefits:

(1) Monthly accrued benefit as of December 31, 1988 minus the monthly benefit that could be provided by the value of the refund of the participant's employee contributions account.

(2) Accrued benefit as of June 30, 1992 under the terms of the Roure Plan.

(3) Accrued benefit as of December 31, 1993 plus the accrued benefit based on credited service after December 31, 1993.

(4) Accrued benefit as of January 1, 1998 under the terms of the Tastemaker Retirement Plan.

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

Early Retirement Date

Eligibility for Retirement

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

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

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

Early Retirement Benefit

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

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

(2) Early payment of retirement benefits for participants eligible for early retirement at date of termination – Benefits are reduced as follows:

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

Transferred Employee

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

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

Death Benefit

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

Vested Benefit

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

Normal Form of Payment	The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is an unreduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life annuity form.
Optional Methods of Settlement	In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payable under one of the options described below: (1) 50%, 66⅔%, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary. (2) 5, 10 or 15 year period certain and life option (but not exceeding the life expectancy of the participant). (3) Single life annuity payable for the lifetime of the participant only.
Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since Prior Year

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Quest Salaried Employees

General Information

Prior Plan Original Effective Date	July 8, 1997
Effective Date of Last Amendment	December 31, 2016
Prior Plan Year	January 1 to December 31
Prior Employer Fiscal Year	January 1 to December 31
Prior Employer ID Number	14-1916513
Prior Plan Administrator's ID Number	14-1916513
Prior Plan Number	036
Prior Plan Administrator	Administrative Committee
Eligibility	Eligible employee means either (i) an expatriate employee or (ii) a non-union employee who is employed at a location of a participating company to which this plan has been extended. Only employees hired prior to March 2, 2001 or rehired prior to April 1, 2002 are eligible to participate.
Service	
Vesting Service	All periods of service from employment date to determination date including full and partial years.
Credited Service	All years of service starting on the date of participation.
Compensation	Amounts paid for services including wages, shift differential, overtime, commissions and bonus payments.
Average Compensation	Highest consecutive 60 months of the last 120 months preceding date of determination.
Normal Retirement Date	The first day of the month following the later of the sixty-fifth birthday or the fifth anniversary of participation.

Normal Retirement Benefit	An annual benefit equal to the sum of (1) and (2), less (3): (1) 1.25% of average compensation up to and including covered compensation times credited service. (2) 1.50% of average compensation in excess of covered compensation times credited service. (3) Any amount resulting from coverage under another plan maintained by ICI Americas Inc. or a company predecessor plan for a period during which the participant accrues benefits under this plan. The plan was amended to cease benefit accruals for Quest Salaried and Non-Union Hourly employees at December 31, 2016.
Early Retirement Date	
Eligibility for Retirement	The first day of the month following the date on which a member attains age 55 and five years of vesting service.
Early Retirement Benefit	The amount of the early retirement benefit is based on average compensation and years of credited service to date of determination. (1) Early payment of retirement benefits for participants not eligible for early retirement at date of termination—Benefits are reduced by 4% for each year by which his benefit commencement date precedes the first day of the month coinciding with or otherwise next following his sixtieth birthday. (2) Full benefits are available at age 60 or older with at least five years of vesting service, or if age plus years of vesting service total at least 85 where the participant is at least age 55.
Death Benefit	If a vested participant or a vested former participant who is married at the time of death and dies prior to the earlier of the commencement of annuity payments or his normal retirement date, his spouse shall receive, for the remainder of such spouse's lifetime, a monthly benefit equal to 50% of the reduced amount which the participant would have received had his date of death been his date of termination and payments commenced on his early or normal retirement date whichever is applicable.

	If such participant does not have a surviving spouse, then the participant's estate shall receive a lump sum which is the actuarial equivalent of a benefit otherwise payable to a surviving spouse who was the same age as the participant on his date of death.
Vested Benefit	Benefits will vest 100% upon completion of five years of service (consecutive 12-month period) completed after age 18.
Normal Form of Payment	The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life annuity form.
Optional Methods of Settlement	In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below: (1) 50%, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary. (2) 5 or 10 year period certain and life option (but not exceeding the life expectancy of the participant). (3) Single life annuity payable for the lifetime of the participant only. (4) Lump sum.
Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Quest Hourly Employees

General Information

Prior Plan Original Effective Date	September 1, 1968
Prior Plan Effective Date of Last Amendment	January 1, 2011
Prior Plan Year	January 1 to December 31
Prior Employer Fiscal Year	January 1 to December 31
Prior Employer ID Number	14-1916513
Prior Plan Administrator's ID Number	14-1916513
Prior Plan Number	036
Prior Plan Administrator	Administrative Committee
Eligibility	Employees represented by the Union at the Quest International Itasca facility.

Service

Credited Service	One year is credited for each plan year in which an employee works at least 1,615 hours. A partial year is credited if an employee works less than 1,615 hours. In no event shall credited service exceed 30 years.
Continuous Service	One year is credited for each plan year in which an employee works at least 1,000 hours.
Accrued Benefit	The monthly amount equal to the normal retirement benefit payable at the normal retirement date. If the participant has satisfied the service requirement for early retirement, he may elect to receive the deferred vested benefit before the normal retirement date, but no earlier than the early retirement date, in which case the benefit payable is the actuarial equivalent of the accrued normal retirement benefit.
Normal Retirement Date	Age 65.

Normal Retirement Benefit	The monthly amount is the product of (i) the number of years of credited service and (ii) corresponding benefit rates. Retirement on or after September 1, 1997 but prior to September 1, 1998: $22.00 per month Retirement on or after September 1, 1998 but prior to September 1, 1999: $24.00 per month Retirement on or after September 1,1999 but prior to September 1, 2000: $25.50 per month Retirement on or after September 1,2000 but prior to September 1, 2001: $26.50 per month Retirement on or after September 1,2001 but prior to September 1, 2002: $28.00 per month Retirement on or after September 1,2002 but prior to September 1, 2003: $30.00 per month Retirement on or after September 1,2003 but prior to September 1,2004: $32.00 per month Retirement on or after September 1,2004 but prior to September 1, 2005: $34.00 per month Retirement on or after September 1,2005 but prior to September 1, 2006: $36.00 per month Retirement on or after September 1, 2006 but prior to September 1, 2007: $37.00 per month Retirement on or after September 1, 2007: $38.00 per month
Early Retirement Date	Age 55 with at least 10 years of credited service.
Early Retirement Benefit	The monthly amount is the normal retirement benefit, reduced by 0.6% for each month by which the early retirement date precedes the normal retirement date.
Postponed Retirement	Any time after the normal retirement date.
Postponed Retirement Benefit	The monthly amount is the greater of (i) the normal retirement benefit determined using the benefit rate and credited service as of the retirement date, and (ii) the actuarial equivalent of the normal retirement benefit determined on the normal retirement date.

Death Benefit	
Preretirement Death Benefits	If the participant dies after having satisfied the service requirements for vesting, the surviving spouse receives 50% of the benefit that the participant would have been entitled to had he retired on the first day of the month of his death and had he not elected an optional form of benefit payment.
Postretirement Death Benefits	Only as provided for by the form of payment elected at retirement.
Vested Benefit	Benefits will vest 100% upon completion of five years of continuous service.
Normal Form of Payment	The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the retirement benefit shall be paid in the form of a life **annuity form.**
Optional Methods of Settlement	In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below: (1) 50% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary. (2) 5, 10 or 15 year period certain and life option (but not exceeding the life expectancy of the participant). (3) Single life annuity payable for the lifetime of the participant only.
Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since Prior Year

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Local Union 703 Employees

General Information

Effective Date of Amendment to Include Local Union 703 (Spicetec Employees)	July 25,2016
Eligibility	Employees represented by the Union at the Carol Stream, Illinois facility (Teamster Local #703) as of July 25, 2016 or later. Each eligible employee shall become a participant on the first day of the month coincident with or next following the date after (i) becoming an eligible employee, (ii) attaining age 21 and (iii) completing one year of service.
Service	
Credited Service	Credited service is generally equal to an employee's period of service during which he is a participant in the Plan (but not to exceed 30 years minus any Conagra credited service).
Vesting Service	One year of service is earned for each 365 days, beginning on the date you first complete an hour of service with Givaudan or related employer. Any years of service completed prior to age 18 will not be considered for vesting or early retirement purposes. For employees of Conagra Foods Food Ingredient Company ("Conagra") who became employees of Givaudan on July 25, 2016 as a result of the Asset Purchase Agreement, their service with Conagra is included for eligibility and vesting purposes.
Accrued Benefit	The monthly amount equal to the normal retirement benefit payable at the normal retirement date. If the participant has satisfied the service requirement for early retirement, he may elect to receive the deferred vested benefit before the normal retirement date, but no earlier than the early retirement date, in which case the benefit payable is the actuarial equivalent of the accrued normal retirement benefit.
Normal Retirement Date	Age 65.

Normal Retirement Benefit	The monthly retirement benefit is the product of (i) the number of years of credited service and (ii) the corresponding benefit rates. Credited service earned from November 14, 2015 through November 13, 2016 — $31.00 per month Credited service earned after November 13, 2016 — $32.00 per month Credited service earned after November 17, 2022 and before July 1, 2025 — $33.00 per month These increases reflect future years of service only (not retroactive to previous years).
Early Retirement Date	Age 55 with at least five years of credited service.
Early Retirement Benefit	The monthly amount is the normal retirement benefit, reduced by 3/10 of 1% for each of the first 60 months and 1/2 of 1% for each of the next 60 months by which the early retirement date precedes the normal retirement date.
Late Retirement	Any time after the normal retirement date.
Late Retirement Benefit	The monthly amount is the calculated in the same manner as for normal retirement but based on credited service through the late retirement date (but not to exceed 30 years minus any Conagra credited service).
Disability Benefit	If a participant becomes totally disabled after completing 10 years of service and is entitled to a disability benefit from the Social Security Administration, he is entitled to receive a disability retirement benefit based upon the benefit rate as of his date of disability and the credited service as of the date he stops working (but not to exceed 30 years minus any Conagra credited service). Disability benefits may commence on the earlier of normal retirement age or upon cessation of disability benefits under the Givaudan disability plan. There is no reduction for disability benefits payable prior to normal retirement age.

Death Benefit

Preretirement Death Benefits	If the participant dies after having satisfied the service requirements for vesting, the surviving spouse receives 50% of the accrued benefit as of his date of death and reduced by ½% for each 12 months in excess of five years that the spouse's age at the date of the participant's death is less than the participant's age at date of death or increased by ½% for each 12 months in excess of five years that the spouse's age at the date of the participant's death is more than the participant's age at date of death.
Postretirement Death Benefits	Only as provided for by the form of payment elected at retirement.
Vested Benefit	Benefits will vest 100% upon completion of five years of service.
Normal Form of Payment	The normal form of payment of a retirement benefit under the plan for a participant who has an eligible spouse on his benefit commencement date is a reduced benefit provided under a 50% qualified joint and survivor annuity unless the participant elects in writing, with the written consent of his or her spouse, not to take such qualified joint and survivor annuity. Otherwise, the normal form of the retirement benefit is a single life annuity.
Optional Methods of Settlement	In lieu of the normal form of pension, a participant may elect to receive an actuarially equivalent benefit payment under one of the options described below: (1) 50%, 75% or 100% joint and survivor option with survivor benefit payable to either spouse or beneficiary. (2) Life annuity with 120 months period certain option. (3) Single life annuity payable for the lifetime of the participant only.
Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

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

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

October 15, 2026

To: US Department of Labor

Subject: Explanation for Missing Auditor's Report – Form 5500 Filing for Pension Plan for Employees of Givaudan, EIN: 31-1707845, Plan Number: 002

Dear Sir/Madam,

The Form 5500 for Pension Plan for Employees of Givaudan for the plan year ended December 31, 2025 is being filed prior to completion of the Plan's independent audit.

The audit is currently in process, and the auditor's report is not yet available. We are actively working with our independent auditors to finalize the audit and will file an amended Form 5500 upon completion of the audit.

If you have any questions, please contact:

David West
Plan Administrator
Givaudan Fragrances Corporation
973-448-6500

Sincerely,

David West

Schedule SB Attachment (Form 5500) —2025 Plan Year
Pension Plan for Employees of Givaudan
EIN: 31-1707845 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 35,638,106	January 1, 2023	13	$ 3,613,342
Shortfall	$ (8,494,454)	January 1, 2024	14	$ (819,075)
Shortfall	$ 19,026,686	January 1, 2025	15	$ 1,753,664