

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>09/01/2019</u> and ending <u>01/02/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>A. SCHULMAN, INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1957</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/01/1957</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/01/1957</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>A. SCHULMAN, INC</u> <u>3637 RIDGEWOOD ROAD</u> <u>COPLEY, OH 44321</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0514850</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-666-3751</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0514850</u>	2c Plan Sponsor's telephone number <u>330-666-3751</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>34-0514850</u>					
2c Plan Sponsor's telephone number <u>330-666-3751</u>					
2d Business code (see instructions) <u>326100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2020	BECKI PATTERSON HOLMES
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2853
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 1760 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 2K 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 01/02/2020		
A Name of plan A. SCHULMAN, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 A. SCHULMAN, INC	D Employer Identification Number (EIN) 34-0514850	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN CENTURY INVESTMENTS
44-6006315

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DIAMOND HILL FUNDS
31-6547095

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

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

FEDERATED

25-1111467

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

JPMORGAN

13-2624428

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

MAINSTAY

52-2206685

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

BAIRD

39-6037917

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

PIMCO FUNDS

95-2632339

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

VANGUARD

23-1945930

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 37 50 62 64	SERVICE PROVIDER	92684	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

(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 ☐

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)

(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 ☐

(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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 01/02/2020

A Name of plan <u>A. SCHULMAN, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>A. SCHULMAN, INC</u>	D Employer Identification Number (EIN) <u>34-0514850</u>	

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: <u>WELLS FARGO STABLE RETURN FUND F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>46-6933767-001</u>	d Entity code <u>C</u>	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: <u>W.F./BLACKROCK S&P MIDCAP IND CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2265235-001</u>	d Entity code <u>C</u>	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: <u>W.F./BLACKROCK S&P 500 INDEX CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>94-3224211-001</u>	d Entity code <u>C</u>	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: <u>WELLS FARGO/MFS VALUE CIT F</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>45-6648640-001</u>	d Entity code <u>C</u>	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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 01/02/2020		
A Name of plan A. SCHULMAN, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 A. SCHULMAN, INC	D Employer Identification Number (EIN) 34-0514850	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	3066896	0
(9) Value of interest in common/collective trusts	1c(9)	20133625	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	86210761	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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	109411282 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	109411282 0

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1262600
	(B) Participants	2a(1)(B)	1854938
	(C) Others (including rollovers)	2a(1)(C)	18083
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3135621
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)	56848
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	56848
(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)	1629378
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1629378
(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)		1183474
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		3692460
c Other income	2c		844
d Total income. Add all income amounts in column (b) and enter total	2d		9698625

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9652996	
(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)		9652996
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-52704
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	92684	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		92684
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9692976

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5649
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		109416931

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BOBER, MARKEY, FEDOROVICH & CO.**

(2) EIN: **34-1523030**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		32837
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)		X	
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.)		X	
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
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.	X		
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
LYONDELLBASELL SAVINGS PLAN	95-4160558	007

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 09/01/2019 and ending 01/02/2020

A Name of plan <u>A. SCHULMAN, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A. SCHULMAN, INC</u>	D Employer Identification Number (EIN) <u>34-0514850</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

A. SCHULMAN, INC. RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

January 2, 2020 and August 31, 2019

A. SCHULMAN, INC. RETIREMENT PLAN
ANNUAL REPORT INDEX
January 2, 2020 and August 31, 2019

The following financial statements and other information of A. Schulman, Inc. Retirement Plan are included herewith:

- Statements of Net Assets Available for Benefits as of January 2, 2020 and August 31, 2019;
- Statement of Changes in Net Assets Available for Benefits for the period ended January 2, 2020;
- Notes to Financial Statements.

The following supplemental schedules of A. Schulman, Inc. Retirement Plan included in the Annual Report of the Plan on Form 5500 file with the Department of Labor as of and for the year ended January 2, 2020 are included herewith:

- Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

All other supplemental schedules and notes for which provisions are made in the applicable rules and regulations of the Department of Labor are not required under the related instructions or are inapplicable and, therefore, have been omitted.

A. SCHULMAN, INC. RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
A. Schulman, Inc. Retirement Plan
Fairlawn, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of A. Schulman, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of January 2, 2020 and August 31, 2019, and the related statement of changes in net assets available for benefits for the period ended January 2, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with the modified cash basis of accounting. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis of Accounting

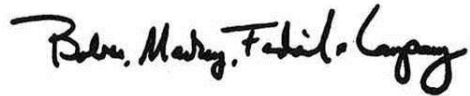
We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule, Schedule H Line 4a – Schedule of Delinquent Participant Contributions for the period ended January 2, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

September 21, 2020

A. SCHULMAN, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
January 2, 2020 and August 31, 2019

	January 2, 2020	August 31, 2019
ASSETS		
Investments, at fair value	\$ -	\$ 106,344,386
Notes receivable from participants	-	3,119,600
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 109,463,986</u>

The accompanying notes are an integral part of these financial statements.

A. SCHULMAN, INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
For the Period of September 1, 2019 to January 2, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Net appreciation in fair value of investments	\$ 4,875,934
Dividend income	1,629,378
	<u>6,505,312</u>
Interest income on notes receivable from participants	56,848
Contributions:	
Contributions from A. Schulman, Inc.	1,262,600
Contributions from employees	1,854,938
Rollover contributions	18,083
	<u>3,135,621</u>
Other income	<u>844</u>
TOTAL ADDITIONS	9,698,625
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants or their beneficiaries	9,652,996
Administrative expenses	92,684
	<u>9,745,680</u>
TOTAL DEDUCTIONS	9,745,680
NET DECREASE, PRIOR TO TRANSFER	(47,055)
TRANSFER OF NET ASSETS FROM THE PLAN	<u>(109,416,931)</u>
NET DECREASE	(109,463,986)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	<u>109,463,986</u>
END OF YEAR	<u><u>\$ -</u></u>

The accompanying notes are an integral part of these financial statements.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the A. Schulman, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution 401(k) Plan that provides retirement savings benefits to all salaried and hourly non-bargaining employees as well as certain bargaining employees of A. Schulman, Inc. (the “Company”) through tax deferred voluntary contributions by employees and discretionary contributions by the Company. Employees are eligible to participate in the Plan on the first day of the first pay period immediately following date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

A. Schulman, Inc. was acquired by LyondellBasell Industries N.V. (“LyondellBasell”) on August 21, 2018 in a stock sale, and the Company has subsequently been renamed LyondellBasell Advanced Polymers, Inc. Participants of the Plan remain employees of A. Schulman, Inc. and the Plan continued to serve the employees through January 2, 2020. As a result of this transaction, all the assets of the Plan were transferred on January 2, 2020 to another qualifying benefit plan sponsored by LyondellBasell with an effective date of December 31, 2019.

Employee Contributions

The Plan provided for pre-tax contributions by participants through payroll deduction. Participants who were at least 50 years of age could elect to defer an additional “catch-up” contribution of up to \$6,000 annually for 2019.

All employees were automatically enrolled at a 3% contribution rate unless an election to opt-out of the automatic enrollment was made by the employee. Deferral rates for employees automatically enrolled increased 1% per year to a maximum of 10%.

Employer Contributions

The Company made safe harbor contributions to the safe harbor account of each active participant based on a percentage of the participant’s compensation. Contributions were calculated for each payroll period and payment was made within a reasonable time after each payroll period. The Company made safe harbor contributions in an amount equal to 100% of the participant’s elective deferrals that did not exceed 5% of a participant’s compensation. For collectively bargained employees, the Company made a fixed non-elective contribution, as determined in accordance with the terms and conditions set forth in the current or any successor collectively bargained agreement.

Also, the Company could make a discretionary profit sharing contribution equal to an amount determined by the Board of Directors of the Company. Contributions were allocated by Wells Fargo Bank, N.A. (the “Trustee”) among participants based upon each individual participant’s defined compensation in relation to the total defined compensation paid to all participating employees. Allocation of contributions could not exceed certain limits imposed by the Internal Revenue Service (“IRS”). There were no discretionary profit sharing contributions for the Plan period ended January 2, 2020.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

Participant Accounts

The allocation of a participant's contributions to the investment funds was selected by the participant and could be changed daily. Participants could also elect to have all, or a portion of their prior contributions transferred between any of the available investment funds. Participants could change or suspend their contribution percentage.

Each participant's account was increased, or decreased as appropriate, with (a) the participant's contribution, (b) the Company's safe harbor contribution, including any additional discretionary profit sharing contribution, (c) net investment earnings based on the participant's account balance and composition, (d) administrative expenses, and (e) benefit payments. The benefit to which a participant was entitled was the benefit that can be provided from the participant's vested account.

Vesting

Participants were fully vested in all employee and safe harbor contributions. Vesting of profit-sharing and discretionary contributions occurred over a six-year period for Company employees.

Forfeitures

The non-vested portion of the profit-sharing contributions for all terminated employees were used to reduce the Plan Sponsor's contributions or to pay Plan expenses. As of January 2, 2020 and August 31, 2019, accumulated forfeitures amounted to \$118,158 and \$111,568, respectively. There were no forfeitures used to reduce Plan Sponsor contributions or to pay plan expenses for the period ended January 2, 2020.

Payment of Benefits

Upon termination of service or upon reaching age 59-1/2, a participant could elect to receive the value of his or her account in the form of a cash withdrawal, a direct rollover, or a distribution in the form of an annuity. Prior to age 59-1/2, an active employee could withdraw before-tax deposits only under certain hardship conditions as defined in the Plan document. Benefit claims were recognized as deductions from the Plan when they had been approved for payment and paid.

The Trustee determined the amount of benefits to be paid in accordance with the terms of the Plan. Mandatory payouts are required to commence no later than April 1 of the calendar year following the calendar year when a participant attains the age of 70-1/2.

The Plan allowed for automatic distributions upon termination of service for participants with vested account balances less than \$5,000. If the vested account balance was greater than \$1,000, but less than \$5,000, the balance would be involuntarily distributed through direct rollover into a qualified Individual Retirement Account unless the participant requested a lump sum distribution.

Notes Receivable from Participants

In connection with various acquisitions by the Plan Sponsor, borrowings initiated under former plans have been rolled over into the Plan. The Plan allowed for participants to borrow the lesser of \$1,000 up to a maximum of \$50,000, or 50% of their vested account balance. Loan terms ranged from 1 to 5 years or up to 15 years for the purchase of a primary residence. The loans initiated under the Plan were secured by

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

the balance in the participant's account and bore interest at a rate of the current prime lending rate plus 1%. The rollover loans bore interest at rates ranging from 4.25% to 9.25%. Principal and interest were paid ratably through payroll deductions.

Notes were delinquent when payments were missed. If the note was not paid up-to-date by the end of the calendar quarter, after the calendar quarter in which a payment was first delinquent, the note would be in default. In that event, the entire outstanding note balance, consisting of the missed payments, remaining principal, and all unpaid interest, would be reported to the IRS as taxable income to the participant. If a note had not been fully repaid by the end of its term, the outstanding balance would be treated as a deemed distribution and would be reported to the IRS as taxable income to the participant.

Administrative Expenses

The Company had elected to pay certain fees and expenses related to the operation of the Plan. Certain investment management fees, brokerage commissions and sweep fees were paid directly by the Plan.

Plan Termination

The Company had the right under the Plan to amend or discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants would be fully vested and, after payment of any liabilities of the Plan, the amounts allocated to the individual participant's accounts would be paid to them. The assets of the Plan were transferred into the qualified plan of LyondellBasell on January 2, 2020 with an effective date of December 31, 2019.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan were maintained on the modified cash basis, which reflected cash receipts and disbursements except for increases or decreases in the fair value of investments which were recognized currently. The accounts excluded expenses incurred but not paid and accruals for dividends and interest earned but not received. The modified cash basis is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value at January 2, 2020 and August 31, 2019. Gains and losses on investments that were purchased, sold or held during the period were included in net appreciation in fair value.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

Investment income consisted of dividend income. The net appreciation in the fair value of investments consisted of realized gains or losses and the unrealized appreciation (depreciation) on those investments. Dividend income was recognized when received. Purchases and sales of securities were recorded on a trade-date basis. Realized gains and losses from security transactions were reported based on historical cost.

Notes Receivable from Participants

Notes receivable from Plan participants were measured at their unpaid principal balance plus accrued interest.

Payment of Benefits

Benefits were recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through September 21, 2020, the date the financial statements were available to be issued.

NOTE 3 – FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan included in the Plan's financial statements, which was prepared by the Trustee, as of the and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee as of the and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, that such information is complete and accurate.

	January 2, 2020	August 31, 2019
Investments, at fair value	\$ -	\$ 106,344,386
Notes receivable from participants	\$ -	\$ 3,119,600
Dividend income	\$ 1,629,378	N/A
Interest income on notes receivable from participants	\$ 56,848	N/A
Net appreciation in fair value of investments	\$ 4,875,934	N/A

NOTE 4 – INVESTMENTS

Fair Value Measurements

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Company used a three-tier fair value hierarchy, which prioritized the inputs used in measuring fair value as follows:

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

- Level 1 – Valuation was based upon quoted prices (unadjusted) for identical assets or liabilities in active markets;
- Level 2 – Valuation was based upon quoted prices for similar assets or liabilities in active markets, or other inputs that were observable for the asset or liability, either directly or indirectly for substantially the full term of the financial instrument; and
- Level 3 – Valuation was based upon other unobservable inputs that were significant to the fair value measurement.

The classification of fair value measurements within the hierarchy was based upon the lowest level of input that was significant to the measurement. Investments that were measured at net asset value (“NAV”) per share are not classified in the fair value hierarchy. The fair value amounts presented in the below table was intended to permit reconciliation of the fair value hierarchy to total investments at fair value. Valuation methodologies used for assets measured at fair value were as follows:

- Mutual funds: Valued at fair value as determined by quoted market prices on active markets.
- Common collective trusts: Valued at the respective net asset value as reported by such trusts, which was a quoted price in a market that is not active.

The methods described above could produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believed its valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. As of January 2, 2020 all assets had been liquidated and transferred to the LyondellBasell qualified plan. Fair value measurements were as follows as of August 31, 2019:

	Level 1	Level 2	Level 3	Total
Common collective trusts	\$ -	\$ 11,055,030	\$ -	\$ 11,055,030
Mutual funds	86,210,761	-	-	86,210,761
Total investments in the hierarchy	<u>\$ 86,210,761</u>	<u>\$ 11,055,030</u>	<u>\$ -</u>	97,265,791

Investment measured at fair value using NAV as a practical expedient:

Common collective trust - stable value fund	9,078,595
Total investments at fair value	<u>\$106,344,386</u>

Units of the Plan’s investment in the common collective trust – stable value fund could be redeemed daily and required 12 months written notice of the intent of the Plan Sponsor to withdraw assets from the fund. There were no unfunded commitments related to the fund.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

NOTE 5 – TRANSACTIONS WITH PARTIES IN INTEREST

The Trustee served as the fund manager for a portion of the Plan assets. Trustee administrative expenses amounted to \$92,684 for the period ended January 2, 2020.

NOTE 6 – TAX STATUS OF THE TRUST

Effective September 1, 2014, the Plan adopted a non-standardized form of a prototype plan sponsored by the Trustee. The prototype plan had received an opinion letter from the IRS as to the prototype plan's qualified status. The prototype plan opinion letter had been relied upon by this Plan. The Plan had been amended since adoption. The Plan administrator believed the Plan was designed and was being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America required Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization had taken an uncertain tax position that more likely than not would be sustained upon examination by taxing authorities. The Plan administrator had analyzed the tax positions taken by the Plan, and had concluded that as of January 2, 2020, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 7 – LATE PARTICIPANT CONTRIBUTIONS

During the Plan years 2016 and 2018, the Company failed to timely remit participant employee contributions and participant loan repayments to the Plan on a timely basis. Such late remittances, including lost earnings, totaled \$32,837. The Company corrected this issue during 2020 with a qualified non-elective contribution to the LyondellBasell qualified plan.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statement to the Form 5500 as of August 31, 2019:

Net assets available for benefits per financial statements	\$ 109,463,986
Deemed distributions	<u>(52,704)</u>
Net assets per Form 5500	<u><u>\$ 109,411,282</u></u>

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the period ended January 2, 2020:

Net income per Form 5500	\$ 5,649
Change in deemed distributions	<u>(52,704)</u>
Decrease in net assets per financial statements	<u><u>\$ (47,055)</u></u>

A. SCHULMAN, INC. RETIREMENT PLAN
SCHEDULE H, 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Period of September 1, 2019 to January 2, 2020
EIN #34-0514850 Plan #001

Participant Contributions
Transferred Late to Plan

Check here if Late
Participant Loan
Repayments are
included: ☒

		Total that Constitute Nonexempt Prohibited Transactions			Total Fully
		Contributions Not	Contributions Corrected	Contributions Pending	Corrected Under
		Corrected	Outside VFCP	Correction in VFCP	VFCP and PTE 2002-51
\$	-	\$ 32,837	\$ -	\$ -	\$ -

A. SCHULMAN, INC. RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

January 2, 2020 and August 31, 2019

A. SCHULMAN, INC. RETIREMENT PLAN
ANNUAL REPORT INDEX
January 2, 2020 and August 31, 2019

The following financial statements and other information of A. Schulman, Inc. Retirement Plan are included herewith:

- Statements of Net Assets Available for Benefits as of January 2, 2020 and August 31, 2019;
- Statement of Changes in Net Assets Available for Benefits for the period ended January 2, 2020;
- Notes to Financial Statements.

The following supplemental schedules of A. Schulman, Inc. Retirement Plan included in the Annual Report of the Plan on Form 5500 file with the Department of Labor as of and for the year ended January 2, 2020 are included herewith:

- Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

All other supplemental schedules and notes for which provisions are made in the applicable rules and regulations of the Department of Labor are not required under the related instructions or are inapplicable and, therefore, have been omitted.

A. SCHULMAN, INC. RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
A. Schulman, Inc. Retirement Plan
Fairlawn, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of A. Schulman, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of January 2, 2020 and August 31, 2019, and the related statement of changes in net assets available for benefits for the period ended January 2, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with the modified cash basis of accounting. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis of Accounting

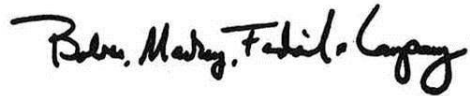
We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule, Schedule H Line 4a – Schedule of Delinquent Participant Contributions for the period ended January 2, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

September 21, 2020

A. SCHULMAN, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
January 2, 2020 and August 31, 2019

	January 2, 2020	August 31, 2019
ASSETS		
Investments, at fair value	\$ -	\$ 106,344,386
Notes receivable from participants	-	3,119,600
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 109,463,986</u>

The accompanying notes are an integral part of these financial statements.

A. SCHULMAN, INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
For the Period of September 1, 2019 to January 2, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Net appreciation in fair value of investments	\$ 4,875,934
Dividend income	1,629,378
	<u>6,505,312</u>
Interest income on notes receivable from participants	56,848
Contributions:	
Contributions from A. Schulman, Inc.	1,262,600
Contributions from employees	1,854,938
Rollover contributions	18,083
	<u>3,135,621</u>
Other income	<u>844</u>
TOTAL ADDITIONS	9,698,625
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants or their beneficiaries	9,652,996
Administrative expenses	92,684
	<u>9,745,680</u>
TOTAL DEDUCTIONS	<u>9,745,680</u>
NET DECREASE, PRIOR TO TRANSFER	(47,055)
TRANSFER OF NET ASSETS FROM THE PLAN	<u>(109,416,931)</u>
NET DECREASE	(109,463,986)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	<u>109,463,986</u>
END OF YEAR	<u><u>\$ -</u></u>

The accompanying notes are an integral part of these financial statements.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the A. Schulman, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution 401(k) Plan that provides retirement savings benefits to all salaried and hourly non-bargaining employees as well as certain bargaining employees of A. Schulman, Inc. (the “Company”) through tax deferred voluntary contributions by employees and discretionary contributions by the Company. Employees are eligible to participate in the Plan on the first day of the first pay period immediately following date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

A. Schulman, Inc. was acquired by LyondellBasell Industries N.V. (“LyondellBasell”) on August 21, 2018 in a stock sale, and the Company has subsequently been renamed LyondellBasell Advanced Polymers, Inc. Participants of the Plan remain employees of A. Schulman, Inc. and the Plan continued to serve the employees through January 2, 2020. As a result of this transaction, all the assets of the Plan were transferred on January 2, 2020 to another qualifying benefit plan sponsored by LyondellBasell with an effective date of December 31, 2019.

Employee Contributions

The Plan provided for pre-tax contributions by participants through payroll deduction. Participants who were at least 50 years of age could elect to defer an additional “catch-up” contribution of up to \$6,000 annually for 2019.

All employees were automatically enrolled at a 3% contribution rate unless an election to opt-out of the automatic enrollment was made by the employee. Deferral rates for employees automatically enrolled increased 1% per year to a maximum of 10%.

Employer Contributions

The Company made safe harbor contributions to the safe harbor account of each active participant based on a percentage of the participant’s compensation. Contributions were calculated for each payroll period and payment was made within a reasonable time after each payroll period. The Company made safe harbor contributions in an amount equal to 100% of the participant’s elective deferrals that did not exceed 5% of a participant’s compensation. For collectively bargained employees, the Company made a fixed non-elective contribution, as determined in accordance with the terms and conditions set forth in the current or any successor collectively bargained agreement.

Also, the Company could make a discretionary profit sharing contribution equal to an amount determined by the Board of Directors of the Company. Contributions were allocated by Wells Fargo Bank, N.A. (the “Trustee”) among participants based upon each individual participant’s defined compensation in relation to the total defined compensation paid to all participating employees. Allocation of contributions could not exceed certain limits imposed by the Internal Revenue Service (“IRS”). There were no discretionary profit sharing contributions for the Plan period ended January 2, 2020.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

Participant Accounts

The allocation of a participant's contributions to the investment funds was selected by the participant and could be changed daily. Participants could also elect to have all, or a portion of their prior contributions transferred between any of the available investment funds. Participants could change or suspend their contribution percentage.

Each participant's account was increased, or decreased as appropriate, with (a) the participant's contribution, (b) the Company's safe harbor contribution, including any additional discretionary profit sharing contribution, (c) net investment earnings based on the participant's account balance and composition, (d) administrative expenses, and (e) benefit payments. The benefit to which a participant was entitled was the benefit that can be provided from the participant's vested account.

Vesting

Participants were fully vested in all employee and safe harbor contributions. Vesting of profit-sharing and discretionary contributions occurred over a six-year period for Company employees.

Forfeitures

The non-vested portion of the profit-sharing contributions for all terminated employees were used to reduce the Plan Sponsor's contributions or to pay Plan expenses. As of January 2, 2020 and August 31, 2019, accumulated forfeitures amounted to \$118,158 and \$111,568, respectively. There were no forfeitures used to reduce Plan Sponsor contributions or to pay plan expenses for the period ended January 2, 2020.

Payment of Benefits

Upon termination of service or upon reaching age 59-1/2, a participant could elect to receive the value of his or her account in the form of a cash withdrawal, a direct rollover, or a distribution in the form of an annuity. Prior to age 59-1/2, an active employee could withdraw before-tax deposits only under certain hardship conditions as defined in the Plan document. Benefit claims were recognized as deductions from the Plan when they had been approved for payment and paid.

The Trustee determined the amount of benefits to be paid in accordance with the terms of the Plan. Mandatory payouts are required to commence no later than April 1 of the calendar year following the calendar year when a participant attains the age of 70-1/2.

The Plan allowed for automatic distributions upon termination of service for participants with vested account balances less than \$5,000. If the vested account balance was greater than \$1,000, but less than \$5,000, the balance would be involuntarily distributed through direct rollover into a qualified Individual Retirement Account unless the participant requested a lump sum distribution.

Notes Receivable from Participants

In connection with various acquisitions by the Plan Sponsor, borrowings initiated under former plans have been rolled over into the Plan. The Plan allowed for participants to borrow the lesser of \$1,000 up to a maximum of \$50,000, or 50% of their vested account balance. Loan terms ranged from 1 to 5 years or up to 15 years for the purchase of a primary residence. The loans initiated under the Plan were secured by

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

the balance in the participant's account and bore interest at a rate of the current prime lending rate plus 1%. The rollover loans bore interest at rates ranging from 4.25% to 9.25%. Principal and interest were paid ratably through payroll deductions.

Notes were delinquent when payments were missed. If the note was not paid up-to-date by the end of the calendar quarter, after the calendar quarter in which a payment was first delinquent, the note would be in default. In that event, the entire outstanding note balance, consisting of the missed payments, remaining principal, and all unpaid interest, would be reported to the IRS as taxable income to the participant. If a note had not been fully repaid by the end of its term, the outstanding balance would be treated as a deemed distribution and would be reported to the IRS as taxable income to the participant.

Administrative Expenses

The Company had elected to pay certain fees and expenses related to the operation of the Plan. Certain investment management fees, brokerage commissions and sweep fees were paid directly by the Plan.

Plan Termination

The Company had the right under the Plan to amend or discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants would be fully vested and, after payment of any liabilities of the Plan, the amounts allocated to the individual participant's accounts would be paid to them. The assets of the Plan were transferred into the qualified plan of LyondellBasell on January 2, 2020 with an effective date of December 31, 2019.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan were maintained on the modified cash basis, which reflected cash receipts and disbursements except for increases or decreases in the fair value of investments which were recognized currently. The accounts excluded expenses incurred but not paid and accruals for dividends and interest earned but not received. The modified cash basis is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value at January 2, 2020 and August 31, 2019. Gains and losses on investments that were purchased, sold or held during the period were included in net appreciation in fair value.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

Investment income consisted of dividend income. The net appreciation in the fair value of investments consisted of realized gains or losses and the unrealized appreciation (depreciation) on those investments. Dividend income was recognized when received. Purchases and sales of securities were recorded on a trade-date basis. Realized gains and losses from security transactions were reported based on historical cost.

Notes Receivable from Participants

Notes receivable from Plan participants were measured at their unpaid principal balance plus accrued interest.

Payment of Benefits

Benefits were recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through September 21, 2020, the date the financial statements were available to be issued.

NOTE 3 – FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan included in the Plan's financial statements, which was prepared by the Trustee, as of the and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee as of the and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, that such information is complete and accurate.

	January 2, 2020	August 31, 2019
Investments, at fair value	\$ -	\$ 106,344,386
Notes receivable from participants	\$ -	\$ 3,119,600
Dividend income	\$ 1,629,378	N/A
Interest income on notes receivable from participants	\$ 56,848	N/A
Net appreciation in fair value of investments	\$ 4,875,934	N/A

NOTE 4 – INVESTMENTS

Fair Value Measurements

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Company used a three-tier fair value hierarchy, which prioritized the inputs used in measuring fair value as follows:

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

- Level 1 – Valuation was based upon quoted prices (unadjusted) for identical assets or liabilities in active markets;
- Level 2 – Valuation was based upon quoted prices for similar assets or liabilities in active markets, or other inputs that were observable for the asset or liability, either directly or indirectly for substantially the full term of the financial instrument; and
- Level 3 – Valuation was based upon other unobservable inputs that were significant to the fair value measurement.

The classification of fair value measurements within the hierarchy was based upon the lowest level of input that was significant to the measurement. Investments that were measured at net asset value (“NAV”) per share are not classified in the fair value hierarchy. The fair value amounts presented in the below table was intended to permit reconciliation of the fair value hierarchy to total investments at fair value. Valuation methodologies used for assets measured at fair value were as follows:

- Mutual funds: Valued at fair value as determined by quoted market prices on active markets.
- Common collective trusts: Valued at the respective net asset value as reported by such trusts, which was a quoted price in a market that is not active.

The methods described above could produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believed its valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. As of January 2, 2020 all assets had been liquidated and transferred to the LyondellBasell qualified plan. Fair value measurements were as follows as of August 31, 2019:

	Level 1	Level 2	Level 3	Total
Common collective trusts	\$ -	\$ 11,055,030	\$ -	\$ 11,055,030
Mutual funds	86,210,761	-	-	86,210,761
Total investments in the hierarchy	<u>\$ 86,210,761</u>	<u>\$ 11,055,030</u>	<u>\$ -</u>	97,265,791

Investment measured at fair value using NAV as a practical expedient:

Common collective trust - stable value fund	9,078,595
Total investments at fair value	<u>\$106,344,386</u>

Units of the Plan’s investment in the common collective trust – stable value fund could be redeemed daily and required 12 months written notice of the intent of the Plan Sponsor to withdraw assets from the fund. There were no unfunded commitments related to the fund.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

NOTE 5 – TRANSACTIONS WITH PARTIES IN INTEREST

The Trustee served as the fund manager for a portion of the Plan assets. Trustee administrative expenses amounted to \$92,684 for the period ended January 2, 2020.

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Effective September 1, 2014, the Plan adopted a non-standardized form of a prototype plan sponsored by the Trustee. The prototype plan had received an opinion letter from the IRS as to the prototype plan's qualified status. The prototype plan opinion letter had been relied upon by this Plan. The Plan had been amended since adoption. The Plan administrator believed the Plan was designed and was being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America required Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization had taken an uncertain tax position that more likely than not would be sustained upon examination by taxing authorities. The Plan administrator had analyzed the tax positions taken by the Plan, and had concluded that as of January 2, 2020, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 7 – LATE PARTICIPANT CONTRIBUTIONS

During the Plan years 2016 and 2018, the Company failed to timely remit participant employee contributions and participant loan repayments to the Plan on a timely basis. Such late remittances, including lost earnings, totaled \$32,837. The Company corrected this issue during 2020 with a qualified non-elective contribution to the LyondellBasell qualified plan.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statement to the Form 5500 as of August 31, 2019:

Net assets available for benefits per financial statements	\$ 109,463,986
Deemed distributions	<u>(52,704)</u>
Net assets per Form 5500	<u><u>\$ 109,411,282</u></u>

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

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Net income per Form 5500	\$ 5,649
Change in deemed distributions	<u>(52,704)</u>
Decrease in net assets per financial statements	<u><u>\$ (47,055)</u></u>

A. SCHULMAN, INC. RETIREMENT PLAN
SCHEDULE H, 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Period of September 1, 2019 to January 2, 2020
EIN #34-0514850 Plan #001

Participant Contributions
Transferred Late to Plan

Check here if Late
Participant Loan
Repayments are
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		Total that Constitute Nonexempt Prohibited Transactions			Total Fully
		Contributions Not	Contributions Corrected	Contributions Pending	Corrected Under
		Corrected	Outside VFCP	Correction in VFCP	VFCP and PTE 2002-51
\$	-	\$ 32,837	\$ -	\$ -	\$ -

A. SCHULMAN, INC. RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

January 2, 2020 and August 31, 2019

A. SCHULMAN, INC. RETIREMENT PLAN
ANNUAL REPORT INDEX
January 2, 2020 and August 31, 2019

The following financial statements and other information of A. Schulman, Inc. Retirement Plan are included herewith:

- Statements of Net Assets Available for Benefits as of January 2, 2020 and August 31, 2019;
- Statement of Changes in Net Assets Available for Benefits for the period ended January 2, 2020;
- Notes to Financial Statements.

The following supplemental schedules of A. Schulman, Inc. Retirement Plan included in the Annual Report of the Plan on Form 5500 file with the Department of Labor as of and for the year ended January 2, 2020 are included herewith:

- Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

All other supplemental schedules and notes for which provisions are made in the applicable rules and regulations of the Department of Labor are not required under the related instructions or are inapplicable and, therefore, have been omitted.

A. SCHULMAN, INC. RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
A. Schulman, Inc. Retirement Plan
Fairlawn, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of A. Schulman, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of January 2, 2020 and August 31, 2019, and the related statement of changes in net assets available for benefits for the period ended January 2, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with the modified cash basis of accounting. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule, Schedule H Line 4a – Schedule of Delinquent Participant Contributions for the period ended January 2, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

September 21, 2020

A. SCHULMAN, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
January 2, 2020 and August 31, 2019

	<u>January 2, 2020</u>	<u>August 31, 2019</u>
ASSETS		
Investments, at fair value	\$ -	\$ 106,344,386
Notes receivable from participants	<u>-</u>	<u>3,119,600</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 109,463,986</u>

The accompanying notes are an integral part of these financial statements.

A. SCHULMAN, INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
For the Period of September 1, 2019 to January 2, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:	
Net appreciation in fair value of investments	\$ 4,875,934
Dividend income	1,629,378
	<u>6,505,312</u>
Interest income on notes receivable from participants	56,848
Contributions:	
Contributions from A. Schulman, Inc.	1,262,600
Contributions from employees	1,854,938
Rollover contributions	18,083
	<u>3,135,621</u>
Other income	<u>844</u>
TOTAL ADDITIONS	9,698,625
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants or their beneficiaries	9,652,996
Administrative expenses	92,684
	<u>9,745,680</u>
TOTAL DEDUCTIONS	<u>9,745,680</u>
NET DECREASE, PRIOR TO TRANSFER	(47,055)
TRANSFER OF NET ASSETS FROM THE PLAN	<u>(109,416,931)</u>
NET DECREASE	(109,463,986)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	<u>109,463,986</u>
END OF YEAR	<u><u>\$ -</u></u>

The accompanying notes are an integral part of these financial statements.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the A. Schulman, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution 401(k) Plan that provides retirement savings benefits to all salaried and hourly non-bargaining employees as well as certain bargaining employees of A. Schulman, Inc. (the “Company”) through tax deferred voluntary contributions by employees and discretionary contributions by the Company. Employees are eligible to participate in the Plan on the first day of the first pay period immediately following date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

A. Schulman, Inc. was acquired by LyondellBasell Industries N.V. (“LyondellBasell”) on August 21, 2018 in a stock sale, and the Company has subsequently been renamed LyondellBasell Advanced Polymers, Inc. Participants of the Plan remain employees of A. Schulman, Inc. and the Plan continued to serve the employees through January 2, 2020. As a result of this transaction, all the assets of the Plan were transferred on January 2, 2020 to another qualifying benefit plan sponsored by LyondellBasell with an effective date of December 31, 2019.

Employee Contributions

The Plan provided for pre-tax contributions by participants through payroll deduction. Participants who were at least 50 years of age could elect to defer an additional “catch-up” contribution of up to \$6,000 annually for 2019.

All employees were automatically enrolled at a 3% contribution rate unless an election to opt-out of the automatic enrollment was made by the employee. Deferral rates for employees automatically enrolled increased 1% per year to a maximum of 10%.

Employer Contributions

The Company made safe harbor contributions to the safe harbor account of each active participant based on a percentage of the participant’s compensation. Contributions were calculated for each payroll period and payment was made within a reasonable time after each payroll period. The Company made safe harbor contributions in an amount equal to 100% of the participant’s elective deferrals that did not exceed 5% of a participant’s compensation. For collectively bargained employees, the Company made a fixed non-elective contribution, as determined in accordance with the terms and conditions set forth in the current or any successor collectively bargained agreement.

Also, the Company could make a discretionary profit sharing contribution equal to an amount determined by the Board of Directors of the Company. Contributions were allocated by Wells Fargo Bank, N.A. (the “Trustee”) among participants based upon each individual participant’s defined compensation in relation to the total defined compensation paid to all participating employees. Allocation of contributions could not exceed certain limits imposed by the Internal Revenue Service (“IRS”). There were no discretionary profit sharing contributions for the Plan period ended January 2, 2020.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

Participant Accounts

The allocation of a participant's contributions to the investment funds was selected by the participant and could be changed daily. Participants could also elect to have all, or a portion of their prior contributions transferred between any of the available investment funds. Participants could change or suspend their contribution percentage.

Each participant's account was increased, or decreased as appropriate, with (a) the participant's contribution, (b) the Company's safe harbor contribution, including any additional discretionary profit sharing contribution, (c) net investment earnings based on the participant's account balance and composition, (d) administrative expenses, and (e) benefit payments. The benefit to which a participant was entitled was the benefit that can be provided from the participant's vested account.

Vesting

Participants were fully vested in all employee and safe harbor contributions. Vesting of profit-sharing and discretionary contributions occurred over a six-year period for Company employees.

Forfeitures

The non-vested portion of the profit-sharing contributions for all terminated employees were used to reduce the Plan Sponsor's contributions or to pay Plan expenses. As of January 2, 2020 and August 31, 2019, accumulated forfeitures amounted to \$118,158 and \$111,568, respectively. There were no forfeitures used to reduce Plan Sponsor contributions or to pay plan expenses for the period ended January 2, 2020.

Payment of Benefits

Upon termination of service or upon reaching age 59-1/2, a participant could elect to receive the value of his or her account in the form of a cash withdrawal, a direct rollover, or a distribution in the form of an annuity. Prior to age 59-1/2, an active employee could withdraw before-tax deposits only under certain hardship conditions as defined in the Plan document. Benefit claims were recognized as deductions from the Plan when they had been approved for payment and paid.

The Trustee determined the amount of benefits to be paid in accordance with the terms of the Plan. Mandatory payouts are required to commence no later than April 1 of the calendar year following the calendar year when a participant attains the age of 70-1/2.

The Plan allowed for automatic distributions upon termination of service for participants with vested account balances less than \$5,000. If the vested account balance was greater than \$1,000, but less than \$5,000, the balance would be involuntarily distributed through direct rollover into a qualified Individual Retirement Account unless the participant requested a lump sum distribution.

Notes Receivable from Participants

In connection with various acquisitions by the Plan Sponsor, borrowings initiated under former plans have been rolled over into the Plan. The Plan allowed for participants to borrow the lesser of \$1,000 up to a maximum of \$50,000, or 50% of their vested account balance. Loan terms ranged from 1 to 5 years or up to 15 years for the purchase of a primary residence. The loans initiated under the Plan were secured by

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

the balance in the participant's account and bore interest at a rate of the current prime lending rate plus 1%. The rollover loans bore interest at rates ranging from 4.25% to 9.25%. Principal and interest were paid ratably through payroll deductions.

Notes were delinquent when payments were missed. If the note was not paid up-to-date by the end of the calendar quarter, after the calendar quarter in which a payment was first delinquent, the note would be in default. In that event, the entire outstanding note balance, consisting of the missed payments, remaining principal, and all unpaid interest, would be reported to the IRS as taxable income to the participant. If a note had not been fully repaid by the end of its term, the outstanding balance would be treated as a deemed distribution and would be reported to the IRS as taxable income to the participant.

Administrative Expenses

The Company had elected to pay certain fees and expenses related to the operation of the Plan. Certain investment management fees, brokerage commissions and sweep fees were paid directly by the Plan.

Plan Termination

The Company had the right under the Plan to amend or discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants would be fully vested and, after payment of any liabilities of the Plan, the amounts allocated to the individual participant's accounts would be paid to them. The assets of the Plan were transferred into the qualified plan of LyondellBasell on January 2, 2020 with an effective date of December 31, 2019.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan were maintained on the modified cash basis, which reflected cash receipts and disbursements except for increases or decreases in the fair value of investments which were recognized currently. The accounts excluded expenses incurred but not paid and accruals for dividends and interest earned but not received. The modified cash basis is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value at January 2, 2020 and August 31, 2019. Gains and losses on investments that were purchased, sold or held during the period were included in net appreciation in fair value.

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

Investment income consisted of dividend income. The net appreciation in the fair value of investments consisted of realized gains or losses and the unrealized appreciation (depreciation) on those investments. Dividend income was recognized when received. Purchases and sales of securities were recorded on a trade-date basis. Realized gains and losses from security transactions were reported based on historical cost.

Notes Receivable from Participants

Notes receivable from Plan participants were measured at their unpaid principal balance plus accrued interest.

Payment of Benefits

Benefits were recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through September 21, 2020, the date the financial statements were available to be issued.

NOTE 3 – FINANCIAL DATA CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan included in the Plan's financial statements, which was prepared by the Trustee, as of the and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee as of the and for the period ended January 2, 2020 and as of and for the year ended August 31, 2019, that such information is complete and accurate.

	January 2, 2020	August 31, 2019
Investments, at fair value	\$ -	\$ 106,344,386
Notes receivable from participants	\$ -	\$ 3,119,600
Dividend income	\$ 1,629,378	N/A
Interest income on notes receivable from participants	\$ 56,848	N/A
Net appreciation in fair value of investments	\$ 4,875,934	N/A

NOTE 4 – INVESTMENTS

Fair Value Measurements

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Company used a three-tier fair value hierarchy, which prioritized the inputs used in measuring fair value as follows:

A. SCHULMAN, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
January 2, 2020 and August 31, 2019

- Level 1 – Valuation was based upon quoted prices (unadjusted) for identical assets or liabilities in active markets;
- Level 2 – Valuation was based upon quoted prices for similar assets or liabilities in active markets, or other inputs that were observable for the asset or liability, either directly or indirectly for substantially the full term of the financial instrument; and
- Level 3 – Valuation was based upon other unobservable inputs that were significant to the fair value measurement.

The classification of fair value measurements within the hierarchy was based upon the lowest level of input that was significant to the measurement. Investments that were measured at net asset value (“NAV”) per share are not classified in the fair value hierarchy. The fair value amounts presented in the below table was intended to permit reconciliation of the fair value hierarchy to total investments at fair value. Valuation methodologies used for assets measured at fair value were as follows:

- Mutual funds: Valued at fair value as determined by quoted market prices on active markets.
- Common collective trusts: Valued at the respective net asset value as reported by such trusts, which was a quoted price in a market that is not active.

The methods described above could produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believed its valuation methods were appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. As of January 2, 2020 all assets had been liquidated and transferred to the LyondellBasell qualified plan. Fair value measurements were as follows as of August 31, 2019:

	Level 1	Level 2	Level 3	Total
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Mutual funds	86,210,761	-	-	86,210,761
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NOTES TO FINANCIAL STATEMENTS
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A. SCHULMAN, INC. RETIREMENT PLAN
SCHEDULE H, 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Period of September 1, 2019 to January 2, 2020
EIN #34-0514850 Plan #001

Participant Contributions
Transferred Late to Plan

Check here if Late
Participant Loan
Repayments are
included: ☒

		Total that Constitute Nonexempt Prohibited Transactions			Total Fully
		Contributions Not	Contributions Corrected	Contributions Pending	Corrected Under
		Corrected	Outside VFCP	Correction in VFCP	VFCP and PTE 2002-51
\$	-	\$ 32,837	\$ -	\$ -	\$ -

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		Contributions Not	Contributions Corrected	Contributions Pending	Corrected Under
		Corrected	Outside VFCP	Correction in VFCP	VFCP and PTE 2002-51
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