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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                 |
| 1a      | Name of plan<br>LYONDELLBASELL SAVINGS PLAN                                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 007                                                                                                                                                                                                                                                                                                     |
| 1c      | Effective date of plan<br>01/01/1998                                                                                                                                                                                                                                                                                                   |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>LYONDELL CHEMICAL COMPANY<br><br>1221 MCKINNEY ST, STE 300<br>HOUSTON, TX 77010 |
| 2b      | Employer Identification Number (EIN)<br>95-4160558                                                                                                                                                                                                                                                                                     |
| 2c      | Plan Sponsor's telephone number<br>713-309-7200                                                                                                                                                                                                                                                                                        |
| 2d      | Business code (see instructions)<br>324110                                                                                                                                                                                                                                                                                             |

|                                                                                                                                                                                                                                                                                                                                        |                                                   |            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| 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. | 09/27/2024 | BOB GEER                                                     |
|                                                                                                                                                                                                                                                                                                                                        | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BENEFITS ADMINISTRATIVE COMMITTEE<br>LYONDELL CHEMICAL COMPANY<br>1221 MCKINNEY ST., STE. 300<br>HOUSTON, TX 77010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3b</b> Administrator's EIN<br>20-3443655<br><br><b>3c</b> Administrator's telephone number<br>713-309-7200<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                             |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>5</b> 10278                                                                                                                                                                                                                                                                                                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 7715<br><b>6a(2)</b> 8059<br><b>6b</b> 34<br><b>6c</b> 2453<br><b>6d</b> 10546<br><b>6e</b> 24<br><b>6f</b> 10570<br><b>6g(1)</b> 9870<br><b>6g(2)</b> 10154<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>7</b>                                                                                                                                                                                                                                                                                                                                   |

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

2E 2F 2G 2J 2K 2R 2T 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>LYONDELLBASELL SAVINGS PLAN                                              | B Three-digit plan number (PN) ▶                     | 007 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>LYONDELL CHEMICAL COMPANY        | D Employer Identification Number (EIN)<br>95-4160558 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FID INV INST OPS CO                                                                                        |
| 04-2647786                                                                                                 |

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

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

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

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | ADVISOR                                                                                           | 658194                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FID INV INST OPS CO

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 50 64<br>65 71      | RECORDKEEPER                                                                                      | 384941                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

UBS FINANCIAL SERVICES INC

13-2638166

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | INV MGMT                                                                                          | 141894                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

PWC

13-4008324

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | ACCOUNTANT/AUDITOR                                                                                | 140000                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| MULTIPLE MUTUAL FUND COMPANIES<br><br>04-2647786                    | SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |                                                                                                         | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| A Name of plan<br>LYONDELLBASELL SAVINGS PLAN                                                                                                                                                |  |                                                                                                                                                                                                                                   |                                                                                                         | B Three-digit plan number (PN) ▶ 007                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>LYONDELL CHEMICAL COMPANY                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         | D Employer Identification Number (EIN)<br>95-4160558                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LYONDELL,EQUISTAR,HOUSTON REFIN MT                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): LYONDELLCH EQUISTARCH HOUSTON REFIN                                                                                                               |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN 04-3452906-001                                                                                                                                                                      |  | d Entity code M                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2359740768 |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| c EIN-PN                                                                                                                                                                                     |  | d Entity code                                                                                                                                                                                                                     | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)            |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                                      |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                                   |  |                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                 |  |
| 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 1                                                      |                                                                                                 |  |

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>LYONDELLBASELL SAVINGS PLAN</b>                                              | <b>B</b> Three-digit plan number (PN) ►                            | <b>007</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LYONDELL CHEMICAL COMPANY</b>        | <b>D</b> Employer Identification Number (EIN)<br><b>95-4160558</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 2229346               | 2174887         |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 39322723              | 42905429        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 1964401631            | 2359740768      |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 2005953700            | 2404821084      |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 2005953700            | 2404821084      |

**Part II Income and Expense Statement**

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

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 53932212   |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 102024645  |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 17424596   |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 173381453 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 1981184    |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 1981184   |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            | 405366690 |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 580729327 |

**Expenses**

|                                                                                      |        |           |           |
|--------------------------------------------------------------------------------------|--------|-----------|-----------|
| e Benefit payment and payments to provide benefits:                                  |        |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 180945173 |           |
| (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)  |           | 180945173 |
| f Corrective distributions (see instructions) .....                                  | 2f     |           | 131586    |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |           | 172924    |
| h Interest expense .....                                                             | 2h     |           |           |
| i Administrative expenses:                                                           |        |           |           |
| (1) Salaries and allowances .....                                                    | 2i(1)  |           |           |
| (2) Contract administrator fees.....                                                 | 2i(2)  |           |           |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |           |           |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 140000    |           |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 800088    |           |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |           |           |
| (7) Actuarial fees .....                                                             | 2i(7)  |           |           |
| (8) Legal fees .....                                                                 | 2i(8)  |           |           |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |           |           |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |           |           |
| (11) Other expenses .....                                                            | 2i(11) | 384941    |           |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |           | 1325029   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |           | 182574712 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 398154615 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan .....                                   | 2l(1) |  | 835567    |
| (2) From this plan .....                                 | 2l(2) |  | 122798    |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **PRICEWATERHOUSECOOPERS**

(2) EIN: **13-4008324**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 8500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |         |

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

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

| <b>5b(1)</b> Name of plan(s)                                          | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|-----------------------------------------------------------------------|---------------------|--------------------|
| HOUSTON REFINING LP 401(K) AND SAVINGS PLAN FOR REPRESENTED EMPLOYEES | 76-0395303          | 065                |
|                                                                       |                     |                    |
|                                                                       |                     |                    |
|                                                                       |                     |                    |

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

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>LYONDELLBASELL SAVINGS PLAN                                              | B Three-digit plan number (PN) ▶                     | 007 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>LYONDELL CHEMICAL COMPANY        | D Employer Identification Number (EIN)<br>95-4160558 |     |

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

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

|                                                                  |                                                                                                                                                                                                                                                    |   |   |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1                                                                | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | 1 | 0 |
| 2                                                                | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107 |   |   |
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>15a</b><br><br><br><b>15b</b>                                                       |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>16a</b><br><br><br><b>16b</b>                                                       |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input checked="" type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A<br><b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____. |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

**LYONDELLBASELL SAVINGS PLAN**

**FINANCIAL STATEMENTS**

**As of December 31, 2023 and 2022  
and for the year ended December 31, 2023**

# LYONDELLBASELL SAVINGS PLAN

## INDEX TO FINANCIAL STATEMENTS

|                                                                | <u>Page</u> |
|----------------------------------------------------------------|-------------|
| Report of Independent Auditors                                 | 1           |
| Financial Statements:                                          |             |
| Statements of Net Assets Available for Benefits                | 5           |
| Statement of Changes in Net Assets Available for Benefits      | 6           |
| Notes to the Financial Statements                              | 7           |
| Supplemental Schedule Required by ERISA*                       |             |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 15          |

*\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.*



## **Report of Independent Auditors**

To the Administrator of LyondellBasell Savings Plan

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

We have performed an audit of the accompanying financial statements of LyondellBasell Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, including the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

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

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in

the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### ***Other Matter – Supplemental Schedule Required by ERISA***

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 ("supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Prinevaterhouse Coopers LLP*

Houston, Texas  
September 26, 2024

**LYONDELLBASELL SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                                                                             | <b>December 31,</b>     |                         |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
|                                                                                                                             | <b>2023</b>             | <b>2022</b>             |
| <b>ASSETS</b>                                                                                                               |                         |                         |
| Investment in Lyondell Chemical Company, Equistar Chemicals, LP,<br>and Houston Refining LP Master Trust, at fair value     | \$ 2,255,367,061        | \$ 1,837,228,082        |
| Investment in Lyondell Chemical Company, Equistar Chemicals, LP,<br>and Houston Refining LP Master Trust, at contract value | 104,373,707             | 127,173,549             |
| Employer contributions receivable                                                                                           | 2,174,887               | 2,229,346               |
| Notes receivable from participants                                                                                          | 45,751,699              | 41,895,709              |
| Net assets available for benefits                                                                                           | <u>\$ 2,407,667,354</u> | <u>\$ 2,008,526,686</u> |

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

**LYONDELLBASELL SAVINGS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                                                                              | <b>For the Year<br/>Ended<br/>December 31,<br/>2023</b> |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Contributions:                                                                                                               |                                                         |
| Participant                                                                                                                  | \$ 102,024,645                                          |
| Employer                                                                                                                     | 53,932,212                                              |
| Rollover                                                                                                                     | 17,424,596                                              |
| Total contributions                                                                                                          | <u>173,381,453</u>                                      |
| Investment income (loss) from the Lyondell Chemical Company, Equistar<br>Chemicals, LP, and Houston Refining LP Master Trust | 405,366,690                                             |
| Interest income on notes receivable from participants                                                                        | 2,081,545                                               |
| Benefits paid to participants                                                                                                | (181,076,760)                                           |
| Transaction fees                                                                                                             | <u>(1,325,029)</u>                                      |
| Net increase before plan transfers                                                                                           | 398,427,899                                             |
| Net asset transfer activity                                                                                                  | 712,769                                                 |
| Net increase                                                                                                                 | 399,140,668                                             |
| Net assets available for benefits:                                                                                           |                                                         |
| Beginning of year                                                                                                            | <u>2,008,526,686</u>                                    |
| End of year                                                                                                                  | <u><u>\$ 2,407,667,354</u></u>                          |

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

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 1. Description of Plan

*General* – The LyondellBasell Savings Plan (the “Plan”) is sponsored by Lyondell Chemical Company (“Lyondell” or the “Company”) and is a defined contribution plan for eligible employees and vested former employees of Lyondell Chemical Company, Basell USA Inc., Equistar Chemicals, LP, Houston Refining LP and A. Schulman, Inc.

Full-time or part-time eligible employees participate immediately in the Plan upon the beginning of employment with the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Participants should refer to the Plan document for a complete description of the Plan provisions. The Plan document is not incorporated by reference in these Financial Statements.

*Plan Administration* – The Plan is administered by the Benefits Administrative Committee (“BAC”), which consists of individuals appointed by the Lyondell Board of Directors (“LBD”). Fidelity Workplace Services LLC (“FWS”) is the Plan’s recordkeeper. Plan assets are maintained in the Lyondell Chemical Company, Equistar Chemicals, LP, and Houston Refining LP Master Trust (“Master Trust”) under the custody of Fidelity Management Trust Company (“Trustee”). The Trustee makes payments in accordance with the provisions of the Plan. Lyondell pays certain administrative expenses of the Plan.

*Transaction Fees* – Any transaction fees related to withdrawals are paid by the participants from their accounts directly to FWS and are included in the Statement of Changes in Net Assets Available for Benefits.

*Contributions* – Subject to the Internal Revenue Code limitation on the maximum amount of an employee’s contributions on a pre-tax basis of \$22,500 in 2023, participants may contribute from 1% to 50% of their eligible earnings to the Plan through pre-tax payroll deductions (“Elective Deferrals”) and from 1% to 20% of their eligible earnings through after-tax payroll deductions (“Savings Contributions”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to a maximum amount of \$7,500 in 2023. The Plan offers Roth deferrals as an additional payroll deduction option as well as in-Plan Roth conversions.

Lyondell and the participating employers make matching contributions on behalf of participants at the rate of 100% of the Elective Deferrals up to a maximum matching contribution of 6% of each participant’s eligible earnings. Participants are eligible for matching contributions immediately upon enrollment in the Plan. As of January 1, 2009, matching contributions and earnings thereon are immediately fully vested. However, some participant accounts may include unvested amounts transferred from other plans participating in the Master Trust (e.g., in connection with a change in employment classification) or from amounts not vested at the time of the participant’s termination from employment prior to January 1, 2009.

*Investment Elections* – There are twenty-six core investment options under the Plan, along with a self-directed brokerage account. In addition, the Plan offers a discretionary managed account service provided by Strategic Advisers, Inc. (“Strategic Advisers”) that participants may elect to utilize for a fee deducted from the participant’s Plan account. Under this service, Strategic Advisers serves as the investment manager, and actively manages the investment of the participant’s Plan account among the core investment options.

The Plan, the Company and their representatives do not guarantee the investment fund performance. Participation in the Plan is voluntary and participants are responsible for their investment decisions.

The core investment options provide a variety of investment styles and securities. The funds include conservative to aggressive investment fund choices and are monitored periodically by the Benefits Finance Committee (“BFC”), which consists of individuals appointed by the LBD.

The self-directed brokerage account, which provides a wide array of investments, is an option for those active investors participating in the Plan who are willing to assume the individual responsibility for monitoring the

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS

performance of their investments, including researching, evaluating, and tracking each investment in which they invest. The BFC does not monitor the performance of the self-directed brokerage account.

Participants are permitted to change their investment elections for future contributions at any time or change how their existing account balance is invested by transferring money between the different funds at any time.

All participant assets are held in the Master Trust. Contributions are invested, based on participants' instructions, in any of the various above-described investment options, and the BFC is not responsible for the investment decisions of individual participants.

*Participant Accounts* – Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings (losses). Allocations are based on participant earnings or account balances, as defined by the terms of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

*Benefits Paid to Participants* – A participant's vested account balance will be distributed in a single lump sum upon termination of employment for any reason, except that the participant must consent to a distribution prior to attainment of age 65 or death. The Plan also gives participants the option of electing a series of substantially equal monthly, quarterly, semi-annual or annual cash installments over a specified period of time or of a specified dollar amount until the participant's accounts are exhausted. However, if a participant's vested account balance is \$1,000 or less, the participant's vested account balance will be distributed as soon as practicable after termination without the participant's consent.

The Plan permits in-service withdrawals of Elective Deferrals under certain hardship conditions as defined by the Plan. Savings Contributions may be withdrawn in total or partial amounts at any time. In addition, all contributions are available for in-service withdrawal in total or partial amounts if the participant has attained age 59½.

*Notes Receivable from Participants* – The Plan permits employees to borrow from their vested account balance, as defined by the Plan and subject to a per loan minimum of \$1,000 and \$15,000 for general-purpose and residential loans, respectively, and a per loan maximum of the lesser of \$50,000 (reduced by the highest outstanding loan balance over the preceding 12 months) or 50% of the participant's vested account balance (reduced by any other outstanding loan balance). The interest rate currently charged for loans is a fixed rate equal to the prime rate as supplied by Reuters as of the last business day of the month preceding the date the loan application was received by the Plan, subject to a 6% maximum while a participant is on military leave of absence. The loans are secured by a portion of the balance in the participant's account and bear interest at rates ranging from 3.25% to 9.50%. Repayment periods range from one to five years for general-purpose loans and one to ten years for residential loans. The loans and interest are repaid ratably through payroll deductions. Repaid principal and interest are added to investment funds according to the current investment elections of the participant. When a participant terminates employment with the Company and its affiliates, the unpaid balance of the participant's loan(s) may continue to be repaid in a manner other than by payroll deduction. If a loan payment is not made by the last day of the calendar quarter following the calendar quarter in which it was due, the loan will be declared in default, and the outstanding balance (including accrued interest) will be automatically treated as a deemed distribution to the participant.

*Termination Provision* – Although it has not expressed any intent to do so, Lyondell has the right to terminate the Plan at any time subject to the provisions of ERISA and the Internal Revenue Code (the "Code"). In the event of Plan termination, all participants will be fully vested in their accounts.

## 2. Summary of Significant Accounting Policies

*Basis of Accounting* – The financial statements of the Plan are prepared in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP").

*Presentation Currency* – Amounts are expressed in dollars unless otherwise noted.

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS

*Notes Receivable From Participants* – Borrowings on a participant's vested account balance in the Plan are carried as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest, on the Statements of Net Assets Available for Benefits.

*Investment Valuation and Income Recognition* – The fair value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income (loss) less actual distributions. The Master Trust's assets are allocated among participating plans by assigning to each plan those transactions which can be specifically identified and by allocating among all plans, in proportion to the fair value of the assets assigned to each plan, income (loss) and expenses resulting from the collective investment of the assets of the Master Trust. The Plan's investments are stated at fair value, except for the fully benefit-responsive group annuity contract ("GAC"), which is stated at contract value (See Note 8). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The BFC determines the Plan's valuation policies utilizing information provided by the investment advisers and Trustee. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are accounted for on the trade date. Gains or losses on the sale or distribution of securities are computed on an average cost basis. Dividend income is accrued on the ex-dividend date and interest income is accrued as earned. The net appreciation or depreciation in the fair value of investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation of those investments, is included in "Investment gain (loss) from the Lyondell Chemical Company, Equistar Chemicals, LP, and Houston Refining LP Master Trust" in the Statement of Changes in Net Assets Available for Benefits.

*Transfer Activity* – Transfer activity includes transfers to and from other plans participating in the Master Trust.

*Benefits Paid to Participants* – Benefits are recorded when paid.

*Use of Estimates* – The preparation of the Plan's financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

*Risks and Uncertainties* – The Master Trust provides for various investment options in any combination of money market funds, mutual funds, common stock, bonds, and other investments consisting of stock options, rights, and warrants. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Changes in the values of investment securities will continue to occur in the near term and such changes could materially affect participant's account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

# LYONDELLBASELL SAVINGS PLAN

## NOTES TO THE FINANCIAL STATEMENTS

### 3. Tax Status

The IRS has determined and informed the Company by a letter dated December 12, 2014 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. U.S. GAAP requires the Plan’s management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (“IRS”). The plan administrator has analyzed the tax positions of the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan is a qualified plan under Sections 401(a) and (k) of the Code. The BAC believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, the related trust is tax-exempt. Accordingly, no provision is made for federal income taxes.

### 4. Reconciliation of the Plan Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the Plan’s net assets available for benefits per the financial statements at December 31, 2023 and 2022 to Schedule H of Form 5500:

|                                                                | December 31,            |                         |
|----------------------------------------------------------------|-------------------------|-------------------------|
|                                                                | 2023                    | 2022                    |
| Net assets available for benefits per the financial statements | \$ 2,407,667,354        | \$ 2,008,526,686        |
| Deemed distributions of participant loans                      | (2,846,271)             | (2,572,986)             |
| Net assets available for benefits per Schedule H of Form 5500  | <u>\$ 2,404,821,083</u> | <u>\$ 2,005,953,700</u> |

The following is a reconciliation of total distributions paid to participants per the financial statements for the year ended December 31, 2023 to Schedule H of Form 5500:

|                                                                      | 2023                  |
|----------------------------------------------------------------------|-----------------------|
| Total benefits paid to participants per the financial statements     | \$ 181,076,760        |
| Deemed distributions of participant loans                            | 172,925               |
| Total distributions paid to participants per Schedule H of Form 5500 | <u>\$ 181,249,685</u> |

Amounts allocated to deemed distributions of participant loans are recorded as notes receivable in the financial statements and recorded as an expense on Schedule H of Form 5500.

*Deemed Distribution* – A participant loan is deemed distributed during the plan year under the provisions of Internal Revenue Code section 72(p) and Treasury Regulation section 1.72(p)-1 if the participant loan is treated as a direct investment solely of the participant’s individual account and the participant has failed during the year to make a repayment when due (including any grace period). For financial statement purposes, the loan balance is still considered as an outstanding loan until the loan obligation has been satisfied, and to the extent the loan balance cannot be offset against withdrawable amounts at the time of default, it is not treated as an actual distribution until such time that the participant’s vested account balance is fully distributed.

# LYONDELLBASELL SAVINGS PLAN

## NOTES TO THE FINANCIAL STATEMENTS

### 5. Information Certified by the Plan's Trustee

The plan administrator has elected the method of compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and schedule are complete and accurate:

- Plan interest in the Master Trust, at fair value, at December 31, 2023 and 2022, respectively
- Plan interest in the Master Trust, at contract value, at December 31, 2023 and 2022, respectively
- Investment income (loss) from the Master Trust
- Investment amounts as shown in Note 6 and Note 7

### 6. Lyondell Chemical Company, Equistar Chemicals, LP, and Houston Refining LP Master Trust

The Master Trust is a pooled investment trust composed of the beneficial interests of certain participating defined contribution plans of Lyondell Chemical Company, Equistar Chemicals, LP, and Houston Refining LP, all of which are related entities.

The Plan's investment assets are held in a trust account with the Trustee and consist of a specific interest in the Master Trust.

The net assets available for benefits as of December 31, 2023 are as follows:

|                                   | December 31, 2023       |                                 |
|-----------------------------------|-------------------------|---------------------------------|
|                                   | Master Trust            | Plan's Interest in Master Trust |
| <b>ASSETS</b>                     |                         |                                 |
| Investments, at fair value:       |                         |                                 |
| Mutual Funds                      | \$ 2,057,570,220        | \$ 1,955,420,339                |
| Self-Directed Brokerage Account   | 323,978,008             | 294,280,946                     |
| Total Investments, at fair value  | 2,381,548,228           | 2,249,701,285                   |
| Investment, at contract value:    | 113,000,343             | 104,373,707                     |
| Total investments in Master Trust | 2,494,548,571           | 2,354,074,992                   |
| Cash                              | 5,750,744               | 5,665,776                       |
| Total net assets in Master Trust  | <u>\$ 2,500,299,315</u> | <u>\$ 2,359,740,768</u>         |

# LYONDELLBASELL SAVINGS PLAN

## NOTES TO THE FINANCIAL STATEMENTS

The net assets available for benefits as of December 31, 2022 are as follows:

|                                   | December 31, 2022       |                                 |
|-----------------------------------|-------------------------|---------------------------------|
|                                   | Master Trust            | Plan's Interest in Master Trust |
| <b>ASSETS</b>                     |                         |                                 |
| Investments, at fair value:       |                         |                                 |
| Mutual Funds                      | \$ 1,682,835,806        | \$ 1,594,951,196                |
| Self-Directed Brokerage Account   | 262,339,769             | 239,330,442                     |
| Total Investments, at fair value  | 1,945,175,575           | 1,834,281,638                   |
| Investment, at contract value:    | 137,114,958             | 127,173,549                     |
| Total investments in Master Trust | 2,082,290,533           | 1,961,455,187                   |
| Cash                              | 2,946,444               | 2,946,444                       |
| Total net assets in Master Trust  | <u>\$ 2,085,236,977</u> | <u>\$ 1,964,401,631</u>         |

The components of total investment income (loss) of the Master Trust for the year ended December 31, 2023 are as follows:

|                                                   |                       |
|---------------------------------------------------|-----------------------|
| Investment income (loss):                         |                       |
| Net appreciation in the fair value of investments | \$ 408,067,991        |
| Interest and dividend income:                     |                       |
| Interest income                                   | 3,351,020             |
| Dividend income                                   | 19,539,815            |
| Total                                             | 22,890,835            |
| Total investment income (loss)                    | <u>\$ 430,958,826</u> |

## 7. Fair Value Measurements

ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. ASC 820 also specifies a fair value hierarchy based upon the observability of inputs used in valuation techniques. Observable inputs (highest level) reflect market data obtained from independent sources, while unobservable inputs (lowest level) reflect internally-developed market assumptions. In accordance with ASC 820, fair value measurements are classified using the following hierarchy:

Level 1 – Quoted prices for identical instruments in active markets.

Level 2 – Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs or significant value-drivers are observable in active markets.

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS

Level 3 – Model-derived valuations in which one or more significant inputs or significant value-drivers are unobservable.

When available, quoted market prices are used to determine fair value and such measurements are classified within Level 1. In some cases where market prices are not available, observable market-based inputs are used to calculate fair value, in which case the measurements are classified within Level 2. If quoted or observable market prices are not available, fair value is based upon internally-developed models that use, where possible, current market-based parameters such as interest rates, yield curves and currency rates. These measurements are classified within Level 3.

Fair value measurements are classified according to the lowest level input or value-driver that is significant to the valuation. A measurement may therefore be classified within Level 3 even though there may be significant inputs that are readily observable.

*Changes in Fair Value Levels* – Management reviews the disclosures regarding fair value measurements annually at year end. If an instrument classified as Level 1 subsequently ceases to be actively traded, it is transferred out of Level 1. In such cases, instruments are reclassified as Level 2, unless the measurement of its fair value requires the use of significant unobservable inputs, in which cases it is reclassified as Level 3.

Valuation methodologies used for major investment types measured at fair value include:

Core plan investment options and self-directed brokerage account:

*Mutual funds* – Valued at the net asset value price of shares held by the Master Trust at year end.

*Money market funds* – Valued at the net asset value price of shares held by the Master Trust at year end.

Investments held in self-directed brokerage account:

*Common stock* – Valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate bonds* – Certain bonds that are not traded on an exchange are valued at the quoted closing price reported by pricing services. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

*U.S. government and agency securities* – Certain securities are valued at the closing price reported on the active market on which the individual securities are traded.

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

## LYONDELLBASELL SAVINGS PLAN

### NOTES TO THE FINANCIAL STATEMENTS

The investments of the Master Trust that are measured at fair value as of December 31, 2023 are summarized below:

|                                   | December 31, 2023       |                         |                   |             |
|-----------------------------------|-------------------------|-------------------------|-------------------|-------------|
|                                   | Fair Value              | Level 1                 | Level 2           | Level 3     |
| Mutual Funds                      | \$ 2,057,570,220        | \$ 2,057,570,220        | \$ —              | \$ —        |
| Self-Directed Brokerage Account   | 323,978,008             | 323,531,190             | 446,818           | —           |
| Total investments in Master Trust | <u>\$ 2,381,548,228</u> | <u>\$ 2,381,101,410</u> | <u>\$ 446,818</u> | <u>\$ —</u> |

The investments of the Master Trust that are measured at fair value as of December 31, 2022 are summarized below:

|                                   | December 31, 2022       |                         |                   |             |
|-----------------------------------|-------------------------|-------------------------|-------------------|-------------|
|                                   | Fair Value              | Level 1                 | Level 2           | Level 3     |
| Mutual Funds                      | \$ 1,682,835,806        | \$ 1,682,835,806        | \$ —              | \$ —        |
| Self-Directed Brokerage Account   | 262,339,769             | 262,076,283             | 263,486           | —           |
| Total investments in Master Trust | <u>\$ 1,945,175,575</u> | <u>\$ 1,944,912,089</u> | <u>\$ 263,486</u> | <u>\$ —</u> |

#### 8. Fully Benefit-Responsive Investment Contract

The Master Trust invests in a fully benefit-responsive GAC. The GAC primary investment objective is to provide preservation of principal, maintain a stable interest rate, and provide daily liquidity at contract value for Participant withdrawals and transfers. The GAC is reported at contract value. The contract value is generally equal to the principal amounts invested in the underlying investments, plus interest accrued at a crediting rate established under the contract, less any adjustments for withdrawals. There are no events that limit the ability of the Master Trust to transact at contract value with the issuer nor events which prevent the issuer from terminating the contract with the Plan and settling at contract value. The total contract value of the GAC is \$113,000,343 and \$137,114,958 at December 31, 2023 and 2022, respectively.

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

Certain Master Trust investments are shares of mutual funds managed by Fidelity Management & Research Company. Fidelity Management Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. These party-in-interest transactions are permissible under the provisions of ERISA.

#### 10. Subsequent Events

The Company has evaluated subsequent events through September 26, 2024, the date the financial statements were available to be issued.

**LYONDELLBASELL SAVINGS PLAN**

**Schedule H, Line 4i- Schedule of Assets (Held at End of Year)  
As of December 31, 2023**

| (a)                 | (b) Identity of issue,<br>borrower, lessor or<br>similar party | (c) Description of investment including<br>maturity date, rate of interest, collateral, par,<br>or maturity value | (d) Cost | (e) Current<br>Value |
|---------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| * INVESTMENT        | INTEREST IN THE<br>MASTER TRUST                                | Lyondell Chemical Company, Equistar<br>Chemicals, LP, and Houston Refining LP<br>Master Trust                     | **       | \$ 2,359,740,768     |
| * PARTICIPANT LOANS |                                                                | Interest rates ranging from 3.25%-9.50%;                                                                          |          | \$ 42,905,428        |

\* Denotes a party-in-interest transaction as defined by ERISA.

\*\* Cost is omitted for participant-directed investments.

Information certified as complete and accurate by Fidelity Management Trust Company, Trustee

# Schedule C, Line 2(h) Formula Descriptions

Lyondellbasell Savings Plan  
EIN:95-4160558 , PN: 007  
Plan Year Ending: December 31, 2023

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

| Payor Name                               | EIN/Address                       | Street Address 2  | City          | State | Zip   | Compensation |
|------------------------------------------|-----------------------------------|-------------------|---------------|-------|-------|--------------|
| INVESCO ENERGY INVESTOR CLASS            | 11 GREENWAY PLAZA;                | STE 100           | HOUSTON       | TX    | 77046 | 0.004        |
| INVESCO DIVIDEND INCOME FUND A           | 11 GREENWAY PLAZA;                | STE 100           | HOUSTON       | TX    | 77046 | 0.40%        |
| INVESCO STEELPATH MLP INCOME A           | 11 GREENWAY PLAZA;                | STE 100           | HOUSTON       | TX    | 77046 | 0.40%        |
| AMG GW&K SMALL CAP VALUE CLASS N         | 600 STEAMBOAT RD,                 | STE 300           | GREENWICH     | CT    | 6830  | 0.10%        |
| AMG YACKTMAN FOCUSED N                   | 600 STEAMBOAT RD,                 | STE 300           | GREENWICH     | CT    | 6830  | 0.39%        |
| AMG YACKTMAN FUND I                      | 600 STEAMBOAT RD,                 | STE 300           | GREENWICH     | CT    | 6830  | 0.39%        |
| RICE HALL JAMES MICRO CAP PORT INSTL     | 1 FREEDOM VALLEY DR               |                   | OAKS          | PA    | 19456 | 0.40%        |
| EDGEWOOD GROWTH FUND INSTL CL            | 1 FREEDOM VALLEY DR               |                   | OAKS          | PA    | 19456 | 0.40%        |
| AEGIS VALUE FUND INC                     | 6862 ELM ST,                      |                   | MCLEAN        | VA    | 22101 | 0.40%        |
| ADV PREFERRED GOLD BULLION STRAT INV     | 1445 RESEARCH BLVD                | SUITE 530         | ROCKVILLE     | MD    | 20850 | 0.15%        |
| ADVISORS PRFD QUANFDMANAGED INCOME INVST | 1445 RESEARCH BLVD                | SUITE 530         | ROCKVILLE     | MD    | 20850 | 0.40%        |
| QUANTIFIED GOVT'T INC TACTICAL INVSTR    | 1445 RESEARCH BLVD                | SUITE 530         | ROCKVILLE     | MD    | 20850 | 0.40%        |
| QUANTIFIED TACTICAL SECTOR FUND INVESTOR | 1445 RESEARCH BLVD                | SUITE 530         | ROCKVILLE     | MD    | 20850 | 0.40%        |
| ADVISORS PRFD QUANFDMARKET LEADERS INVST | 1445 RESEARCH BLVD                | SUITE 530         | ROCKVILLE     | MD    | 20850 | 0.04%        |
| QUANTIFIED COMMON GROUND FD INVST        | 1445 RESEARCH BLVD                | SUITE 530         | ROCKVILLE     | MD    | 20850 | 0.40%        |
| QUANTIFIED TACTICAL FIXED INC INVST      | 1445 RESEARCH BLVD                | SUITE 530         | ROCKVILLE     | MD    | 20850 | 0.40%        |
| ADVISORS PREFERRED QUANTIFIED STF INVST  | 1445 RESEARCH BLVD                | SUITE 530         | ROCKVILLE     | MD    | 20850 | 0.10%        |
| INVESCO GLOBAL OPPORTUNITIES A           | 11 GREENWAY PLAZA;                | STE 100           | HOUSTON       | TX    | 77046 | 0.25%        |
| ALGER SMALL CAP FOCUS CLASS Z            | 600 PLAZA ONE                     | 6TH FL            | JERSEY CITY   | NJ    | 7311  | 0.40%        |
| ALGER SMALL CAP FOCUS CLASS I            | 600 PLAZA ONE,                    | 6TH FL            | JERSEY CITY   | NJ    | 7311  | 0.40%        |
| AB HIGH INCOME CLASS A                   | 8000 IH 10 W;                     | STE 1400, 14TH FL | SAN ANTONIO   | TX    | 78230 | 0.40%        |
| ALLSPRING GLOBAL LONG/SHORT EQUITY A     | 525 MARKET ST MAC A0103 122       |                   | SAN FRANCISCO | CA    | 94105 | 0.40%        |
| AMERICAN BEACON LARGE CAP VALUE R5       | 220 E LAS COLINAS BLVD,           | STE 1200          | IRVING        | TX    | 75039 | \$0.00       |
| AMERICAN BEACON LARGE CAP INVESTOR       | 220 E LAS COLINAS BLVD,           | STE 1200          | IRVING        | TX    | 75039 | 0.40%        |
| AMERICAN BALANCED CLASS F1               | 3500 WISEMAN BLVD                 |                   | SAN ANTONIO   | TX    | 78251 | 0.40%        |
| AMER BEACON BRDGWAY LARGE CAP VAL INVST  | 220 E LAS COLINAS BLVD,           | STE 1200          | IRVING        | TX    | 75039 | 0.40%        |
| AMERICAN BEACON AHL MNGD FUTR STRA INVS  | 220 E LAS COLINAS BLVD,           | STE 1200          | IRVING        | TX    | 75039 | 0.40%        |
| AMERICAN CENTURY SMALL CAP VALUE INV     | 4400 MAIN ST 1ST FL               |                   | KANSAS CITY   | MO    | 64111 | 0.02%        |
| AMERICAN MUTUAL FUNDCLASS F1             | 3500 WISEMAN BLVD                 |                   | SAN ANTONIO   | TX    | 78251 | 0.02%        |
| ARTISAN GLOBAL DISCOVERY INVESTOR        | 875 E WISCONSIN AVE               | STE 800           | MILWAUKEE     | WI    | 53202 | 0.02%        |
| ARTISAN GLOBAL OPPORTUNITIES INV         | 875 E WISCONSIN AVE               | STE 800           | MILWAUKEE     | WI    | 53202 | 0.02%        |
| ARTISAN GLOBAL VALUE FD INVST SHARES     | 875 E WISCONSIN AVE               | STE 800           | MILWAUKEE     | WI    | 53202 | 0.02%        |
| BNY MELLON CORE PLUS CL A                | 144 GLENN CURTISS BLVD            | 8TH FL            | UNIONDALE     | NY    | 11556 | 0.15%        |
| BNY MELLON DYNAMIC VALUE A               | 144 GLENN CURTISS BLVD            | 8TH FL            | UNIONDALE     | NY    | 11556 | 0.38%        |
| BARON ASSET                              | 767 5TH AVE                       | 49TH FL           | NEW YORK      | NY    | 10153 | 0.40%        |
| BARON GROWTH                             | 767 5TH AVE                       | 49TH FL           | NEW YORK      | NY    | 10153 | 0.40%        |
| BARON OPPORTUNITY FUND                   | 767 5TH AVE                       | 49TH FL           | NEW YORK      | NY    | 10153 | 0.30%        |
| BARON DISCOVERY FUNDRETAIL SHARES        | 767 5TH AVE                       | 49TH FL           | NEW YORK      | NY    | 10153 | 0.15%        |
| BARON PARTNERS FUND                      | 767 5TH AVE                       | 49TH FL           | NEW YORK      | NY    | 10153 | 0.40%        |
| BARON FOCUSED GROWTH CLASS I             | 767 5TH AVE                       | 49TH FL           | NEW YORK      | NY    | 10153 | 0.08%        |
| BARON REAL ESTATE FUND RETAIL            | 767 5TH AVE                       | 49TH FL           | NEW YORK      | NY    | 10153 | 0.40%        |
| BARON GLOBAL ADVANTAGE FD RETAIL         | 767 5TH AVE                       | 49TH FL           | NEW YORK      | NY    | 10153 | 0.15%        |
| BLACKROCK TECHNOLOGYOPPORTUNITIES CL A   | 40 EAST                           | 52ND ST           | NEW YORK      | NY    | 10022 | 0.40%        |
| BLACKROCK INTERNATIONAL FD A             | 40 EAST                           | 52ND ST           | NEW YORK      | NY    | 10022 | 0.40%        |
| BLACKROCK TOTAL RETURN INSTITUTIONAL     | 40 EAST                           | 52ND ST           | NEW YORK      | NY    | 10022 | 0.40%        |
| BLACKROCK STRATEGIC INCOME OPPTS INSTL   | 40 EAST                           | 52ND ST           | NEW YORK      | NY    | 10022 | 0.40%        |
| BLACKROCK SYSTEMATICMULTI STRAT INV A    | 40 EAST                           | 52ND ST           | NEW YORK      | NY    | 10022 | 0.40%        |
| WILLIAM BLAIR EMERG MARKETS GRTH FD CL N | 222 WEST ADAMS ST,                | 12TH FL           | CHICAGO       | IL    | 60606 | 0.40%        |
| BNY MELLON S&P 500 INDEX FUND            | 144 GLENN CURTISS BLVD            | 8TH FL            | UNIONDALE     | NY    | 11556 | 0.15%        |
| BROWN ADVISORY SUSTAIN GROWTH INV        | 777 E. WISCONSIN AVE,             | 4TH FL            | MILWAUKEE     | WI    | 53202 | 0.40%        |
| BUFFALO FLEXIBLE INCOME FUND             | 615 E. MICHIGAN ST                |                   | MILWAUKEE     | WI    | 53202 | 0.40%        |
| BUFFALO DISCOVERY FUND                   | 615 E. MICHIGAN ST                |                   | MILWAUKEE     | WI    | 53202 | 0.40%        |
| CALVERT CORE BOND FUND CL A              | 4550 MONTGOMERY AVE               | STE 1000 N        | BETHESDA      | MD    | 20814 | 0.40%        |
| CALVERT EQUITY FUND CLASS A              | 4550 MONTGOMERY AVE               | STE 1000 N        | BETHESDA      | MD    | 20814 | 0.15%        |
| CALVERT INTRNTL RESPBL INDEX A           | 4550 MONTGOMERY AVE               | STE 1000 N        | BETHESDA      | MD    | 20814 | 0.35%        |
| CALVERT EMERGING MARKETS EQUITY CL A     | 4550 MONTGOMERY AVE               | STE 1000 N        | BETHESDA      | MD    | 20814 | 0.40%        |
| CARILLON CLARIVEST INTERNATIONAL STK I   | P. O. BOX 33022                   |                   | ST PETERSBURG | FL    | 33733 | 0.40%        |
| CARILLON SCOUT MID CAP FUND CL I         | P. O. BOX 33022                   |                   | ST PETERSBURG | FL    | 33733 | 0.40%        |
| COLUMBIA ACORN CLASS I                   | 225 FRANKLIN ST, BX25 10320       |                   | BOSTON        | MA    | 2110  | 0.40%        |
| COLUMBIA TOTAL RETURN BOND CL A          | 225 FRANKLIN ST, BX25 10320       |                   | BOSTON        | MA    | 2110  | 0.40%        |
| COLUMBIA ADAPTIVE RISK ALLOCATION CL C   | 225 FRANKLIN ST, BX25 10320       |                   | BOSTON        | MA    | 2110  | 0.40%        |
| COLUMBIA SELIGMAN TECH AND INFO CL A     | 225 FRANKLIN ST, BX25 10320       |                   | BOSTON        | MA    | 2110  | 0.40%        |
| DFA US CORE EQUITY I                     | 6300 BEE CAVES ROAD, BUILDING ONE |                   | AUSTIN        | TX    | 78746 | 0.40%        |
| DFA EMERGING MRKTS CORE EQU PORTF        | 6300 BEE CAVES ROAD, BUILDING ONE |                   | AUSTIN        | TX    | 78746 | 0.40%        |
| DFA US HIGH RELATIVE PROFIT PORT INSTL   | 6300 BEE CAVES ROAD, BUILDING ONE |                   | AUSTIN        | TX    | 78746 | 0.40%        |
| DFA TARGETED CREDIT PORTFOLIO INSTL      | 6300 BEE CAVES ROAD, BUILDING ONE |                   | AUSTIN        | TX    | 78746 | 0.40%        |
| DFA GLOBAL CORE PLUS FIXED INC INSTL     | 6300 BEE CAVES ROAD, BUILDING ONE |                   | AUSTIN        | TX    | 78746 | 0.10%        |
| DIREXION MONTHLY NASDAQ100BULL2X INV     | 155 SEAPORT BOULEVARD, STE P8     |                   | BOSTON        | MA    | 2210  | 0.12%        |
| DOUBLELINE TOTAL RETURN BOND FD CL I     | 777 EAST WISCONSIN AVE            |                   | MILWAUKEE     | WI    | 53202 | 0.40%        |
| DOUBLELINE TOTAL RT BOND FD CL N         | 777 EAST WISCONSIN AVE            |                   | MILWAUKEE     | WI    | 53202 | 0.40%        |
| DOUBLELINE CORE FIXED INCOME FD CL N     | 777 EAST WISCONSIN AVE            |                   | MILWAUKEE     | WI    | 53202 | 0.15%        |
| DRIEHAUS EMERGING MARKETS                | 25 EAST ERIE ST                   |                   | CHICAGO       | IL    | 60611 | 0.15%        |
| DRIEHAUS SMALL CAP GROWTH INVESTOR CL    | 25 EAST ERIE ST                   |                   | CHICAGO       | IL    | 60611 | 0.40%        |
| EATON VANCE MULTI - ASSET CREDIT FD CL A | TWO INTERNATIONAL PLACE           |                   | BOSTON        | MA    | 2110  | 0.40%        |
| AMERICAN EUROPACIFICGROWTH CLASS A       | 3500 WISEMAN BLVD                 |                   | SAN ANTONIO   | TX    | 78251 | 0.12%        |
| AMERICAN EUROPACIFICGROWTH CLASS F1      | 3500 WISEMAN BLVD                 |                   | SAN ANTONIO   | TX    | 78251 | 0.40%        |
| FMI INTERNATIONAL                        | 777 EAST WISCONSIN AVE            |                   | MILWAUKEE     | WI    | 53202 | 0.37%        |
| FMI COMMON STOCK FUND                    | 777 EAST WISCONSIN AVE            |                   | MILWAUKEE     | WI    | 53202 | 0.37%        |
| FEDERATED HERMES STR VAL DIV CL IS       | 4000 ERICSSON DR                  |                   | WARRENDALE    | PA    | 15086 | 0.39%        |
| FEDERATED HERMES KAUFMANN FUND CL R      | 4000 ERICSSON DR                  |                   | WARRENDALE    | PA    | 15086 | 0.40%        |
| FEDERATED HERMES PRUDENT BEAR CL IS      | 4000 ERICSSON DR                  |                   | WARRENDALE    | PA    | 15086 | 0.40%        |
| FAM DIVIDEND FOCUS FUND                  | 384 NORTH GRAND ST                |                   | COBLESKILL    | NY    | 12043 | 0.40%        |
| SEAFARER OVERSEAS GROWTH & INCOME INV    | 1290 BROADWAY, STE 1100           |                   | DENVER        | CO    | 80203 | 0.40%        |
| FIRST EAGLE GOLD CLASS A                 | 1345 AVE OF THE AMERICAS          | 48TH FLR          | NEW YORK      | NY    | 10105 | 0.40%        |

# Schedule C, Line 2(h) Formula Descriptions

Lyondellbasell Savings Plan  
EIN:95-4160558 , PN: 007  
Plan Year Ending: December 31, 2023

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

| Payor Name                               | EIN/Address               | Street Address 2 | City               | State | Zip   | Compensation |
|------------------------------------------|---------------------------|------------------|--------------------|-------|-------|--------------|
| FIRST EAGLE GLOBAL CLASS A               | 1345 AVE OF THE AMERICAS  | 48TH FLR         | NEW YORK           | NY    | 10105 | 0.40%        |
| FIRST EAGLE GLOBAL CLASS I               | 1345 AVE OF THE AMERICAS  | 48TH FLR         | NEW YORK           | NY    | 10105 | 0.10%        |
| FIRSTHAND TECHNOLOGYOPPORTUNITIES FUND   | 150 ALMADEN BLVD          | STE 1250         | SAN JOSE           | CA    | 95113 | 0.40%        |
| DF DENT MIDCAP GROWTH FUND INVESTOR      | 2 EAST READ ST 6TH FL     |                  | BALTIMORE          | MD    | 21202 | 0.06%        |
| FRANKLIN DYNATECH FUND A                 | 100 FOUNTAIN PARKWAY      |                  | ST. PETERSBURG     | FL    | 33716 | 0.40%        |
| FRANKLIN INCOME CLASS A1                 | 100 FOUNTAIN PARKWAY      |                  | ST. PETERSBURG     | FL    | 33716 | 0.40%        |
| FRANKLIN GOLD AND PRECIOUS METALS CL A   | 100 FOUNTAIN PARKWAY      |                  | ST. PETERSBURG     | FL    | 33716 | 0.40%        |
| FRANKLIN REAL ESTATESECURITIES CLASS A   | 100 FOUNTAIN PARKWAY      |                  | ST. PETERSBURG     | FL    | 33716 | 0.40%        |
| FRANKLIN SMALL-MID CAP GROWTH A          | 100 FOUNTAIN PARKWAY      |                  | ST. PETERSBURG     | FL    | 33716 | 0.40%        |
| FRANKLIN BIOTECH DISCOVERY FUND A        | 100 FOUNTAIN PARKWAY      |                  | ST. PETERSBURG     | FL    | 33716 | \$18.00      |
| AMERICAN FUNDAMENTALINVESTORS CLASS A    | 3500 WISEMAN BLVD         |                  | SAN ANTONIO        | TX    | 78251 | 0.37%        |
| AMERICAN FUNDAMENTALINVESTORS CL F1      | 3500 WISEMAN BLVD         |                  | SAN ANTONIO        | TX    | 78251 | 0.40%        |
| POLEN GROWTH FUND RETAIL SHARES          | 1825 NW CORPORATE BLVD    | , STE 300        | BOCA RATON         | FL    | 33431 | 0.40%        |
| GABELLI GOLD FUND CLAAA                  | 401 THEODORE FREMD. AVE.  |                  | RYE                | NY    | 10580 | 0.15%        |
| GABELLI SMALL CAP GROWTH AAA             | 401 THEODORE FREMD. AVE.  |                  | RYE                | NY    | 10580 | \$12.00      |
| GMO RESOURCES FUND I                     | 40 ROWES WHARF            |                  | BOSTON             | MA    | 2110  | 0.10%        |
| AMERICAN GROWTH FUND OF AMERICA CLASS A  | 3500 WISEMAN BLVD         |                  | SAN ANTONIO        | TX    | 78251 | 0.40%        |
| GUINNESS ATKINSON GLOBAL INNOVATORS      | 2220 E. ROUTE 66,         | STE 226          | GLEN DORA          | CA    | 91740 | \$16.00      |
| JOHN HANCOCK REGIONAL BANK CL A          | 601 CONGRESS ST.,         | 9TH FL.          | BOSTON             | MA    | 2210  | \$16.00      |
| OAKMARK FUND INVESTOR CLASS              | 111 SOUTH WACKER DR.      |                  | CHICAGO            | IL    | 60606 | \$16.00      |
| OAKMARK INTL INVESTOR CL                 | 111 SOUTH WACKER DR.      |                  | CHICAGO            | IL    | 60606 | \$16.00      |
| OAKMARK EQUITY & INCOME INVESTOR CL      | 111 SOUTH WACKER DR.      |                  | CHICAGO            | IL    | 60606 | \$16.00      |
| OAKMARK GLOBAL SELECT FD INVESTOR        | 111 SOUTH WACKER DR.      |                  | CHICAGO            | IL    | 60606 | \$16.00      |
| HARTFORD SCHROEDERS EMRG MRKT EQTY CL A  | 100 MATSONFORD RD,        | STE 300          | RADNOR             | PA    | 19087 | \$18.00      |
| HENNESSY CORNERSTONEMID CAP 30 INSTL CL  | 7250 REDWOOD BLVD.,       | STE 200          | NOVATO             | CA    | 94945 | 0.37%        |
| HENNESSY GAS UTILITYINVESTOR CL          | 7250 REDWOOD BLVD.,       | STE 200          | NOVATO             | CA    | 94945 | 0.40%        |
| AMERICAN INCOME FUND OF AMERICA CLASS F1 | 3500 WISEMAN BLVD         |                  | SAN ANTONIO        | TX    | 78251 | 0.35%        |
| THE INTERNET FUND                        | 470 PARK AVE SOUTH        |                  | NEW YORK           | NY    | 10016 | 0.15%        |
| INTREPID ENDURANCE FUND INVESTOR CLASS   | 1400 MARSH LANDING PKWY.  | STE 106          | JACKSONVILLE BEACH | FL    | 32250 | \$18.00      |
| AMERICAN INVESTMNT CO OF AMERICA CL A    | 3500 WISEMAN BLVD         |                  | SAN ANTONIO        | TX    | 78251 | 0.40%        |
| WCM FOCUSED INTL GROWTH FUND INVESTOR    | 2220 EAST ROUTE 66,       | STE 226          | GLEN DORA          | CA    | 91740 | 0.35%        |
| DELAWARE IVY SCIENCE& TECHNOLOGY CL A    | 2005 MARKET ST            |                  | PHILADELPHIA       | PA    | 19103 | 0.35%        |
| JPMORGAN HEDGED EQUITY CLASS I           | 1111 POLARIS PARKWAY      |                  | COLUMBUS           | OH    | 43240 | 0.35%        |
| JACOB INTERNET                           | 727 2ND ST, STE 106       |                  | HERMOSA BEACH      | CA    | 90254 | \$0.00       |
| JANUS HENDERSON TRITON T                 | 151 DETROIT ST.           |                  | DENVER             | CO    | 80206 | 0.40%        |
| JANUS HENDERSON GLOBAL SELECT T          | 151 DETROIT ST.           |                  | DENVER             | CO    | 80206 | 0.15%        |
| JANUS HENDERSON GLOB TECH & INNOV T      | 151 DETROIT ST.           |                  | DENVER             | CO    | 80206 | 0.40%        |
| JANUS HENDERSON GL LIFE SCIENCES T       | 151 DETROIT ST.           |                  | DENVER             | CO    | 80206 | 0.37%        |
| JANUS HENDERSON ENTERPRISE T             | 151 DETROIT ST.           |                  | DENVER             | CO    | 80206 | 0.40%        |
| JANUS HENDERSON RESEARCH T               | 151 DETROIT ST.           |                  | DENVER             | CO    | 80206 | 0.40%        |
| JANUS HENDERSON BALANCED T               | 151 DETROIT ST.           |                  | DENVER             | CO    | 80206 | \$18.00      |
| JANUS HENDERSON GL REAL ESTATE T         | 151 DETROIT ST.           |                  | DENVER             | CO    | 80206 | 0.40%        |
| JENSEN QUALITY GROWTH FD CL J            | 811 E. WISCONSIN AVE,     | 8TH FL           | MILWAUKEE          | WI    | 53202 | 0.40%        |
| JOHN HANCOCK SMALL CAP CORE FUND CL I    | 601 CONGRESS ST.,         | 9TH FL.          | BOSTON             | MA    | 2210  | 0.15%        |
| JOHN HANCOCK INTL GROWTH FUND CL I       | 601 CONGRESS ST.,         | 9TH FL.          | BOSTON             | MA    | 2210  | 0.40%        |
| JPMORGAN US LG CAP CORE PLUS CLASS I     | 1111 POLARIS PARKWAY      |                  | COLUMBUS           | OH    | 43240 | 0.35%        |
| JPMORGAN EQUITY INCOME CLASS I           | 1111 POLARIS PARKWAY      |                  | COLUMBUS           | OH    | 43240 | 0.35%        |
| JPMORGAN LARGE CAP GROWTH CLASS A        | 1111 POLARIS PARKWAY      |                  | COLUMBUS           | OH    | 43240 | 0.35%        |
| JPMORGAN LARGE CAP GROWTH CLASS I        | 1111 POLARIS PARKWAY      |                  | COLUMBUS           | OH    | 43240 | 0.35%        |
| KINETICS SMALL CAP OPPORTUNITIES         | 470 PARK AVE SOUTH        |                  | NEW YORK           | NY    | 10016 | 0.35%        |
| KINETICS MARKET OPPORTUNITIES FD         | 470 PARK AVE SOUTH        |                  | NEW YORK           | NY    | 10016 | 0.35%        |
| LAZARD GLOBAL LISTEDINFRASTRUCTURE OPEN  | 30 ROCKEFELLER PLAZA,     | 57TH FL.         | NEW YORK           | NY    | 10112 | 0.35%        |
| LAZARD INTL STRAT EQUITY PORT OPEN CL    | 30 ROCKEFELLER PLAZA,     | 57TH FL.         | NEW YORK           | NY    | 10112 | 0.35%        |
| LOCORR MACRO STRATEGIES FD CL I          | 261 SCHOOL AVE,           | , 4TH FL         | EXCELSIOR          | MN    | 55331 | 0.40%        |
| LOOMIS SAYLES GROWTHCL Y                 | 399 BOYLSTON ST,          | 8TH FL           | BOSTON             | MA    | 2116  | 0.10%        |
| LOOMIS SAYLES GROWTH CL A                | 399 BOYLSTON ST,          | 8TH FL           | BOSTON             | MA    | 2116  | 0.15%        |
| LOOMIS SAYLES BOND RETAIL SHARES         | 399 BOYLSTON ST,          | 8TH FL           | BOSTON             | MA    | 2116  | 0.40%        |
| LORD ABBETT EMERG MRKTS CORP DEBT A      | 90 HUDSON ST              | 10th FL          | JERSEY CITY        | NJ    | 7302  | 0.15%        |
| LORD ABBETT SHORT DURATION INCOME CL A   | 90 HUDSON ST              | 10th FL          | JERSEY CITY        | NJ    | 7302  | 0.40%        |
| LORD ABBETT FLOATING RATE FD CL A        | 90 HUDSON ST              | 10th FL          | JERSEY CITY        | NJ    | 7302  | 0.15%        |
| LORD ABBETT BOND DEBENTURE CLASS A       | 90 HUDSON ST              | 10th FL          | JERSEY CITY        | NJ    | 7302  | 0.40%        |
| MFS INTERNATIONAL GROWTH FD CL I         | 111 HUNTINGTON AVE        |                  | BOSTON             | MA    | 2199  | 0.40%        |
| MFS NEW DISCOVERY VALUE FUND CL I        | 111 HUNTINGTON AVE        |                  | BOSTON             | MA    | 2199  | 0.40%        |
| MADISON DIVIDEND INCOME FUND CL Y        | 550 SCIENCE DR            |                  | MADISON            | WI    | 53711 | 0.40%        |
| MAINSTAY EPOCH CAPITAL GROWTH A          | 30 HUDSON ST,             | 23RD FL          | ARLINGTON          | NJ    | 7032  | 0.15%        |
| MARSICO GLOBAL FUND                      | 235 WEST GALENA ST        |                  | MILWAUKEE          | WI    | 53212 | 0.15%        |
| MATTHEW 25                               | P.O. BOX 2479             |                  | JENKINTOWN         | PA    | 19046 | 0.40%        |
| MATTHEWS PACIFIC TIGER FUND              | 4 EMBARCADERO CENTER      | STE 550          | SAN FRANCISCO      | CA    | 94111 | 0.35%        |
| MATTHEWS INDIA FUND                      | 4 EMBARCADERO CENTER      | STE 550          | SAN FRANCISCO      | CA    | 94111 | 0.37%        |
| METROPOLITAN WEST TOT RETURN BOND CL M   | 865 S FIGUEROA            | ST 1400          | LOS ANGELES        | CA    | 90071 | 0.37%        |
| METROPOLITAN WEST TOTAL RETURN CLASS I   | 865 S FIGUEROA            | ST 1400          | LOS ANGELES        | CA    | 90071 | 0.37%        |
| MORGAN STANLEY DISCOVERY PORT CL A       | 522 FIFTH AVE,            | 4TH FL           | NEW YORK           | NY    | 10036 | 0.37%        |
| MORGAN STANLEY GROWTH PORTFOLIO A        | 522 FIFTH AVE,            | 4TH FL           | NEW YORK           | NY    | 10036 | 0.08%        |
| MORGAN STA INST INC.INCEPTION PORT CL A  | 522 FIFTH AVE,            | 4TH FL           | NEW YORK           | NY    | 10036 | 0.08%        |
| MORGAN STANLEY INSIGHT A                 | 522 FIFTH AVE,            | 4TH FL           | NEW YORK           | NY    | 10036 | 0.40%        |
| MORGAN STANLEY GLOBAL OPPORTUNITY I      | 522 FIFTH AVE,            | 4TH FL           | NEW YORK           | NY    | 10036 | 0.40%        |
| MORGAN STANLEY INSTLINTERNTL OPP CL A    | 522 FIFTH AVE,            | 4TH FL           | NEW YORK           | NY    | 10036 | 0.40%        |
| RATIONAL STRATEGIC ALLOCATION CL A       | 80 ARKAY DR,              | STE 110          | HAUPPAUGE          | NY    | 11788 | 0.40%        |
| EVENTIDE HEALTHCARE AND LIFE SCIENCES N  | 80 ARKAY STE 110          |                  | HAUPPAUGE          | NY    | 11788 | 0.40%        |
| NEUBERGER BERMAN LRG CAP VALUE TRUST     | 1290 AVE OF THE AMERICAS, | 22ND FL          | NEW YORK           | NY    | 10104 | 0.40%        |
| NEUBERGER BERMAN LARGE CAP VALUE INVE    | 1290 AVE OF THE AMERICAS, | 22ND FL          | NEW YORK           | NY    | 10104 | 0.35%        |
| NEUBERGER BERMAN FOCUS INVESTOR CL       | 1290 AVE OF THE AMERICAS, | 22ND FL          | NEW YORK           | NY    | 10104 | 0.10%        |
| NEUBERGER BERMAN REAL ESTATE TRUST CL    | 1290 AVE OF THE AMERICAS, | 22ND FL          | NEW YORK           | NY    | 10104 | 0.40%        |
| NEUBERGER BERMAN HIGH INC BD IVT         | 1290 AVE OF THE AMERICAS, | 22ND FL          | NEW YORK           | NY    | 10104 | 0.40%        |

## Schedule C, Line 2(h) Formula Descriptions

Lyondellbasell Savings Plan  
 EIN:95-4160558 , PN: 007  
 Plan Year Ending: December 31, 2023

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

| Payor Name                               | EIN/Address                       | Street Address 2 | City          | State | Zip   | Compensation |
|------------------------------------------|-----------------------------------|------------------|---------------|-------|-------|--------------|
| AMERICAN NEW PERSPECTIVE CLASS F1        | 3500 WISEMAN BLVD                 |                  | SAN ANTONIO   | TX    | 78251 | 0.40%        |
| AMERICAN NEW WORLD CLASS F1              | 3500 WISEMAN BLVD                 |                  | SAN ANTONIO   | TX    | 78251 | 0.40%        |
| ALTEGRIS FUTURES EVOLUTION CL I          | 1200 PROSPECT ST,                 | STE 400          | LAJOLLA       | CA    | 92037 | 0.15%        |
| INVENOMIC INSTL CL                       | 211 CONGRESS ST                   | 7TH FL           | BOSTON        | MA    | 2110  | 0.40%        |
| HCM INCOME PLUS FUNDINVESTOR             | 1145 HEMBREE ROAD                 |                  | ROSWELL       | GA    | 30076 | 0.10%        |
| HCM DIVIDEND SECTOR PLUS FUND INVESTOR   | 1145 HEMBREE ROAD                 |                  | ROSWELL       | GA    | 30076 | 0.40%        |
| HCM TACTICAL GROWTH FUND INVESTOR        | 1145 HEMBREE ROAD                 |                  | ROSWELL       | GA    | 30076 | \$0.00       |
| PFG MFS AGGRESSIVE GROWTH STRATEGY R     | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | \$16.00      |
| PFG JP MORGAN TACTICAGGRESSIVE STRAT R   | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | \$16.00      |
| PFG BNY MELLON DIVERSIFIER STRAT R       | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG MEEDER TACTICAL STRATEGY FUND R      | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | \$16.00      |
| PFG JP MORGAN TACTICMODERATE STRATEGY R  | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.37%        |
| PFG ACTIVE CORE BOND STRATEGY FUND CL R  | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.37%        |
| PFG INVESCO EQ FACTROTATION STRATEGY R   | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.10%        |
| PFG JANUS HENDERSON BALANCED STRATEGY R  | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.08%        |
| PFG TACTICAL INCOME STRATEGY CL R        | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG EQUITY INDEX FOCUSED STRATEGY R      | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG SECTOR EQUITY BUS CYCLE STRAT R      | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG BR TRGT ALLOCAT EQ STRATEGY FD CL R  | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG AMERICAN FUNDS GROWTH STRAT CL R     | 777 108TH AVE NE,                 | STE 2100         | BELLEVUE      | WA    | 98004 | 0.40%        |
| NUVEEN DIVIDEND GROWTH CLASS C           | 333 WEST WACKER DR                |                  | CHICAGO       | IL    | 60606 | 0.40%        |
| BLACK OAK EMERGING TECHNOLOGY FUND       | 225 PICTORIA DR,                  | STE 450          | CINCINNATI    | OH    | 45246 | 0.40%        |
| OBERWEIS INTL OPPORTUNITIES INVSTR       | 3333 WARRENVILLE RD,              | STE. 500         | LISLE         | IL    | 60532 | 0.40%        |
| PIMCO TOTAL RETURN CLASS A               | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO INTL BD FD U SDOLLAR-HEDGED A      | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO EMERGING MARKETS BOND FUND A       | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PARNASSUS VALUE EQUITY INVESTOR          | 1 MARKET ST STEUART TOWER         | STE 1600         | SAN FRANCISCO | CA    | 94105 | 0.40%        |
| PARNASSUS MID CAP                        | 1 MARKET ST STEUART TOWER         | STE 1600         | SAN FRANCISCO | CA    | 94105 | 0.40%        |
| PARNASSUS CORE EQUITY INVESTOR           | 1 MARKET ST STEUART TOWER         | STE 1600         | SAN FRANCISCO | CA    | 94105 | 0.40%        |
| PARNASSUS CORE EQUITY INSTL              | 1 MARKET ST STEUART TOWER         | STE 1600         | SAN FRANCISCO | CA    | 94105 | 0.40%        |
| PEAR TREE POLARIS FRGN VALUE ORDINARY    | 55 OLD BEDFORD ROAD               |                  | LINCOLN       | MA    | 1773  | 0.40%        |
| PERMANENT PORTFOLIO                      | 600 MONTGOMERY ST                 | STE 4100         | SAN FRANCISCO | CA    | 94111 | 0.07%        |
| CONQUER RISK DEFENSIVE BULL I            | 777 BRICKELL AVE                  | STE 500          | MIAMI         | FL    | 33131 | 0.40%        |
| CONQUER RISK TACTICAL OPP FUND I         | 777 BRICKELL AVE                  | STE 500          | MIAMI         | FL    | 33131 | 0.40%        |
| CONQUER RISK TACTICAL ROTATION I         | 777 BRICKELL AVE                  | STE 500          | MIAMI         | FL    | 33131 | 0.40%        |
| CONQUER RISK MANAGEDVOLATILITY FUND I    | 777 BRICKELL AVE                  | STE 500          | MIAMI         | FL    | 33131 | 0.40%        |
| PIMCO INTL BOND FUND (UNHEDGED) A        | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO INVESTMENT GR CREDIT BOND FUND A   | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO STOCKSPUS ABSOLUTE RTRN CL A       | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO ALL ASSET FUNDCLASS A              | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO INCOME FUND CL A                   | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.10%        |
| PIMCO STOCKSPUS SMALL FUND A             | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO STOCKSPUS SHORT FUND A             | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.38%        |
| PIMCO INCOME CL I3                       | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.15%        |
| PIMCO FLEXIBLE CREDIT INC FD INSTL       | 1633 BROADWAY                     |                  | NEW YORK      | NY    | 10019 | 0.15%        |
| T ROWE PRICE COMM & TECHNOLOGY INVESTOR  | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE GROWTH STOCK                | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE HEALTH SCIENCES             | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE GLOBAL TECHNOLOGY           | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE RET 2040 FD                 | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| PRIMECAP ODYSSEY GROWTH FUND             | 2020 E. FINANCIAL WAY,            | STE 100          | GLENDORA      | CA    | 91741 | 0.40%        |
| PRINCIPAL DIVERSIFIED INC INST           | 620 COOLIDGE DR,                  | STE 300          | FOLSOM        | CA    | 95630 | 0.40%        |
| PRINCIPAL GLOBAL MULTI-STRATEGY CL A     | 620 COOLIDGE DR,                  | STE 300          | FOLSOM        | CA    | 95630 | 0.40%        |
| AKRE FOCUS FUND RETAIL                   | 777 E. WISCONSIN AVE.             | 4TH FL           | MILWAUKEE     | WI    | 53202 | 0.40%        |
| VILLERE BALANCED                         | 601 POYDRAS ST                    | STE 1808         | NEW ORLEANS   | LA    | 70130 | 0.15%        |
| INTERNET ULTRASECTORPRO FD INVESTOR      | 7501 WISCONSIN AVE,               | STE 1000 E TOWER | BETHESDA      | MD    | 20814 | 0.15%        |
| ULTRA NASDAQ-100 PRO FUND INVESTOR CLASS | 7501 WISCONSIN AVE,               | STE 1000 E TOWER | BETHESDA      | MD    | 20814 | 0.15%        |
| PGIM FLOATING RATE INCOME CL Z           | 655 BROAD ST                      |                  | NEWARK        | NJ    | 7102  | 0.15%        |
| PGIM TOTAL RETURN BOND CL A              | 655 BROAD ST                      |                  | NEWARK        | NJ    | 7102  | 0.15%        |
| PGIM SHRT DUR MULTI- SECT BND CL Z       | 655 BROAD ST                      |                  | NEWARK        | NJ    | 7102  | 0.15%        |
| PGIM HIGH YIELD CL Z                     | 655 BROAD ST                      |                  | NEWARK        | NJ    | 7102  | 0.15%        |
| PUTNAM LARGE CAP VALCLASS A              | 1 POST OFFICE SQ MAILZONE G3C     |                  | BOSTON        | MA    | 2109  | 0.10%        |
| BOSTON PARTNERS SM CAP VALUE II INVS     | 223 WILMINGTON W CHESTER PIKE 216 |                  | CHADDS FORD   | PA    | 19317 | 0.15%        |
| RIVERNORTH/DOUBLE LINE STRATEGIC INC I   | 325 NORTH LASALLE ST,             | STE 645          | CHICAGO       | IL    | 60654 | 0.40%        |
| T ROWE PRICE DIVIDEND GROWTH             | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE CAP APPRECIATION            | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE U.S EQUITY RESEARCH FD      | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE BLUE CHIP GROWTH INC        | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE ALL CAP OPPORTUNITIES INVST | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.10%        |
| T ROWE PRICE NEW ERA                     | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE INTL DISCOVERY FUND         | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.10%        |
| T ROWE PRICE GLOBAL CONSUMER FUND INVEST | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE OVERSEAS STOCK FUND         | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE EMERGING EUROPE FUND        | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.40%        |
| T ROWE PRICE GLOBAL STOCK                | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE VALUE                       | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE SCIENCE& TECHNOLOGY         | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE SMALL CAP VALUE FUND        | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE INTRTD US SM CAP GR EQUITY  | 4515 PAINTERS MILL RD             |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| RYDEX NASDAQ 100 INV CLASS               | 9601 BLACKWELL RD                 | STE 500          | ROCKVILLE     | MD    | 20850 | 0.15%        |
| RYDEX NASDAQ 100 2X STRATEGY CL C        | 9601 BLACKWELL RD                 | STE 500          | ROCKVILLE     | MD    | 20850 | 0.15%        |
| RYDEX MONTHLY REBAL NASDAQ 100 2X STRA H | 9601 BLACKWELL RD                 | STE 500          | ROCKVILLE     | MD    | 20850 | 0.15%        |
| STATE STREET S&P INDEX FUND              | ONE LINCOLN ST.                   |                  | BOSTON        | MA    | 2111  | 0.15%        |
| AVE MARIA RISING DIVIDEND FUND           | 801 W. ANN ARBOR TRAIL            | STE 244          | PLYMOUTH      | MI    | 48170 | 0.15%        |

# Schedule C, Line 2(h) Formula Descriptions

Lyondellbasell Savings Plan  
EIN:95-4160558 , PN: 007  
Plan Year Ending: December 31, 2023

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

| Payor Name                               | EIN/Address                 | Street Address 2 | City           | State      | Zip       | Compensation |
|------------------------------------------|-----------------------------|------------------|----------------|------------|-----------|--------------|
| SHELTON SUSTAINABLE EQUITY INVESTOR      | P.O. BOX 87                 |                  | DENVER         | CO         | 802010087 | 0.15%        |
| SHELTON NASDAQ 100 INDEX INVESTOR        | P.O. BOX 87                 |                  | DENVER         | CO         | 802010087 | 0.15%        |
| AMERICAN SMALLCAP WORLD CLASS F1         | 3500 WISEMAN BLVD           |                  | SAN ANTONIO    | TX         | 782514321 | 0.15%        |
| SPROTT GOLD EQUITY FUND INVESTOR         | 200 BAY ST,                 | STE 2600         | TORONTO        | CA         | M5J 2J1   | 0.15%        |
| STEWART GLOBAL EQ INCOME CL A            | 15375 MEMORIAL DR.,         | STE 200          | HOUSTON        | TX         | 77079     | 0.15%        |
| TCW EMERGING MARKETS INCOME CL N         | 865 S FIGUERA ST,           | 22ND FL          | LOS ANGELES    | CA         | 90071     | 0.15%        |
| TCW TOTAL RETURN BOND CLASS N            | 865 S FIGUERA ST,           | 22ND FL          | LOS ANGELES    | CA         | 90071     | 0.40%        |
| TANAKA GROWTH FUND CLASS R               | 369 LEXINGTON AVE,          | FL 20            | NEW YORK       | NY         | 10017     | 0.07%        |
| TEMPLETON GLOBAL TOTAL RETURN CL A       | 100 FOUNTAIN PARKWAY        |                  | ST. PETERSBURG | FL         | 33716     | 0.40%        |
| THOMPSON BOND FUND                       | 1255 FOURIER DR             | STE 200          | MADISON        | WI         | 53717     | 0.05%        |
| THORNBURG STRATEGIC INCOME FUND CL I     | 2300 NORTH RIDGETOP RD      |                  | SANTA FE       | NM         | 87506     | 0.40%        |
| THRIVENT MID CAP STOCK FUND CL A         | 4321 N. BALLARD ROAD        |                  | APPLETON       | WI         | 54919     | 0.40%        |
| TIMOTHY PLAN DEFENSIVE STRAT CL A        | 80 ARKAY DR,                | STE 110          | HAUPPAUGE      | NY         | 11788     | 0.15%        |
| TOUCHSTONE LARGE CAP FUND CL Y           | 303 BROADWAY,               | STE 1100         | CINCINNATI     | OH         | 45202     | 0.37%        |
| TOUCHSTONE FOCUSED CLASS Y               | 303 BROADWAY,               | STE 1100         | CINCINNATI     | OH         | 45202     | 0.40%        |
| TOUCHSTONE SANDS CAP SEL GRWTH Z         | 303 BROADWAY,               | STE 1100         | CINCINNATI     | OH         | 45202     | 0.40%        |
| TRANSAMERICA CAPITAL GROWTH CL A         | 4333 EDGEWOOD RD NE         |                  | CEDAR RAPIDS   | IA         | 52499     | 0.40%        |
| PERFORMANCE TRUST TOTAL RETRN BND INST   | 500 WEST MADISON,           | STE 470          | CHICAGO        | IL         | 60661     | 0.35%        |
| VICTORY HIGH INCOME FD A                 | 4900 TIEDEMAN RD            | 4TH FL           | BROOKLYN       | OH         | 44114     | 0.40%        |
| VICTORY NASDAQ-100 INDEX FUND            | 4900 TIEDEMAN RD            | 4TH FL           | BROOKLYN       | OH         | 44114     | \$16.00      |
| WESTWOOD SALIENT SELECT INCOME A         | 1 FREEDOM VALLEY DR         |                  | OAKS           | PA         | 19456     | 0.25%        |
| VAN ECK CM COMMODITYINDEX FUND Y         | 666 3RD AVE,                | 9TH FL           | NEW YORK       | NY         | 10017     | 0.15%        |
| VAN ECK INTERNATN'L INVESTORS GOLD CL A  | 666 3RD AVE,                | 9TH FL           | NEW YORK       | NY         | 10017     | 0.10%        |
| VICTORY MUNDER MULTICAP FD CL A          | 4900 TIEDEMAN RD            | 4TH FL           | BROOKLYN       | OH         | 44114     | 0.08%        |
| VIRTUS ALPHASIMPLEX MANAG FUTURE STRAT I | 100 SUMMIT LAKE DR 201      |                  | GREENFIELD     | MA         | 1301      | 0.40%        |
| VIRTUS ALPHASIMPLEX MANAG FUTURE STRAT C | 100 SUMMIT LAKE DR 201      |                  | GREENFIELD     | MA         | 1301      | 0.10%        |
| VIRTUS ALPHASIMPLEX MANAG FUTURE STRAT A | 100 SUMMIT LAKE DR 201      |                  | GREENFIELD     | MA         | 1301      | 0.15%        |
| VIRTUS NEWFLEET SHRTDURATION HIGH INC A  | 100 SUMMIT LAKE DR 201      |                  | GREENFIELD     | MA         | 1301      | 0.10%        |
| WASATCH EMERGING MARKTS SM CAP INSTL     | 505 WAKARA WAY,             | STE 300          | SALT LAKE CITY | UT         | 84108     | 0.40%        |
| WASATCH EMERGING INDIA FUND              | 505 WAKARA WAY,             | STE 300          | SALT LAKE CITY | UT         | 84108     | 0.40%        |
| ALLSPRING LARGE CAP GROWTH FUND A        | 525 MARKET ST MAC A0103 122 |                  | SAN FRANCISCO  | CA         | 94105     | 0.40%        |
| ALLSPRING LARGE CAP CORE FUND A          | 525 MARKET ST MAC A0103 122 |                  | SAN FRANCISCO  | CA         | 94105     | 0.40%        |
| ALLSPRING REAL RETURN FUND INST          | 525 MARKET ST MAC A0103 122 |                  | SAN FRANCISCO  | CA         | 94105     | 0.10%        |
| ALLSPRING SPECIAL MID CAP VLUE INST      | 525 MARKET ST MAC A0103 122 |                  | SAN FRANCISCO  | CA         | 94105     | 0.15%        |
| ALLSPRING GROWTH FUND A                  | 525 MARKET ST MAC A0103 122 |                  | SAN FRANCISCO  | CA         | 94105     | 0.40%        |
| ALLSPRING GOVERNMENTSECURITIES FD A      | 525 MARKET ST MAC A0103 122 |                  | SAN FRANCISCO  | CA         | 94105     | 0.40%        |
| ALLSPRING DISCOVERY SMID CAP GROWTH A    | 525 MARKET ST MAC A0103 122 |                  | SAN FRANCISCO  | CA         | 94105     | 0.40%        |
| WESTERN ASSET CORE PLUS BOND FUND INSTL  | 100 FOUNTAIN PARKWAY        |                  | ST. PETERSBURG | FL         | 33716     | 0.15%        |
| AB HIGH INCOME A                         | 18 RUE ENGINE               |                  | LUXEMBOURG     | LUXEMBOURG | L-245     | 0.50%        |
| BNYM GLB FX INC I                        | 200 PARK AVENUE             |                  | NEW YORK       | NY         | 10166     | 0.15%        |
| MM SHORT-DUR BOND                        | 20-3247785                  |                  |                |            |           | 0.15%        |

**LYONDELLBASELL SAVINGS PLAN**

**Schedule H, Line 4i- Schedule of Assets (Held at End of Year)  
As of December 31, 2023**

| (a)                 | (b) Identity of issue,<br>borrower, lessor or<br>similar party | (c) Description of investment including<br>maturity date, rate of interest, collateral, par,<br>or maturity value | (d) Cost | (e) Current<br>Value |
|---------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| * INVESTMENT        | INTEREST IN THE<br>MASTER TRUST                                | Lyondell Chemical Company, Equistar<br>Chemicals, LP, and Houston Refining LP<br>Master Trust                     | **       | \$ 2,359,740,768     |
| * PARTICIPANT LOANS |                                                                | Interest rates ranging from 3.25%-9.50%;                                                                          |          | \$ 42,905,428        |

\* Denotes a party-in-interest transaction as defined by ERISA.

\*\* Cost is omitted for participant-directed investments.

Information certified as complete and accurate by Fidelity Management Trust Company, Trustee