

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>RETIREMENT PLAN OF SASOL (USA) COPORATION</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SASOL (USA) CORPORATION</u></p> <p><u>TRACY WILLIAMS</u> <u>12120 WICKCHESTER LANE</u> <u>HOUSTON, TX 77079</u></p>	<p>1c Effective date of plan <u>08/01/1984</u></p> <p>2b Employer Identification Number (EIN) <u>46-2043151</u></p> <p>2c Plan Sponsor's telephone number <u>281-588-3000</u></p> <p>2d Business code (see instructions) <u>325100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	TRACY WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFITS ADMINISTRATION COMMITTEE OF SASOL (USA) CORPORATION 12120 WICKCHESTER LANE HOUSTON, TX 77079		3b Administrator's EIN 46-2043151
		3c Administrator's telephone number 281-588-3000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	2101
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	1290
6a(2) Total number of active participants at the end of the plan year	6a(2)	1236
b Retired or separated participants receiving benefits.....	6b	90
c Other retired or separated participants entitled to future benefits	6c	669
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1995
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	29
f Total. Add lines 6d and 6e	6f	2024
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	34
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

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

A Name of plan <u>RETIREMENT PLAN OF SASOL (USA) COPORATION</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SASOL (USA) CORPORATION</u>	D Employer Identification Number (EIN) <u>46-2043151</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>245357294</u>
	b Actuarial value	2b	<u>251297418</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>106</u>	<u>7229704</u>
	b For terminated vested participants	<u>721</u>	<u>36366305</u>
	c For active participants	<u>1290</u>	<u>116171761</u>
	d Total	<u>2117</u>	<u>159767770</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.10 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>13412549</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>13412549</u>

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	<u>08/26/2025</u>
	<u>DAVID A. SAWYER, FSA, EA</u>	Date
	Type or print name of actuary	<u>23-06271</u>
	<u>DEFINITI LLC</u>	Most recent enrollment number
	Firm name	<u>281-296-1100</u>
	<u>3 HOLLAND ST. ERIE, PA 16507</u>	Telephone number (including area code)
	Address of the firm	

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

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

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	10125751	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	10125751	0
10	Interest on line 9 using prior year's actual return of <u>10.90</u> %	1103707	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3370544
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15</u> %		173583
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3544127
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11229458	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	144.87 %
15	Adjusted funding target attainment percentage	15	151.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	163.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/17/2024	5000	0	10/01/2024	260000	0		
05/02/2024	260000	0	11/05/2024	520000	0		
05/17/2024	400000	0	11/29/2024	380000	0		
06/27/2024	260000	0	12/31/2024	260000	0		
08/01/2024	260000	0	01/30/2025	260000	0		
08/30/2024	255000	0	02/28/2025	260000	0		
			Totals ▶	18(b)	3930000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3773903

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

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

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/24/2025	280000	0					
04/28/2025	270000	0					
			Totals ▶	18(b)		18(c)	

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

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

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 59
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 13412549
b Excess assets, if applicable, but not greater than line 31a			31b 13412549
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 3773903
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 3773903
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

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

A Name of plan RETIREMENT PLAN OF SASOL (USA) COPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SASOL (USA) CORPORATION	D Employer Identification Number (EIN) 46-2043151	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(b) 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

(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

(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

(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

(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

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

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

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

SEI PRIVATE TRUST COMPANY

23-3060382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	NONE	1562057	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>RETIREMENT PLAN OF SASOL (USA) COPORATION</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SASOL (USA) CORPORATION</u>	D Employer Identification Number (EIN) <u>46-2043151</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI CORE PROPERTY COLLECTIVE INV TR</u>		
b Name of sponsor of entity listed in (a): <u>SEI PRIVATE TRUST COMPANY</u>		
c EIN-PN <u>27-3224429-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19733686</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIIT STRUCTURED CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>SEI PRIVATE TRUST COMPANY</u>		
c EIN-PN <u>75-3251893-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29812187</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIIT SP SITUATIONS COLLECTIVE FUND</u>		
b Name of sponsor of entity listed in (a): <u>SEI PRIVATE TRUST COMPANY</u>		
c EIN-PN <u>27-0977453-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24043268</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI GLOBAL PRIVATE ASSETS</u>		
b Name of sponsor of entity listed in (a): <u>SEI PRIVATE TRUST COMPANY</u>		
c EIN-PN <u>84-3069065-136</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18822772</u>
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)

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN OF SASOL (USA) COPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SASOL (USA) CORPORATION	D Employer Identification Number (EIN) 46-2043151

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	790000	1070000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	233748	290107
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	261117
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	9975368	11637959
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	87467776	92411913
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	146938541	153753401
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	245405433	259424497
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	372846	366201
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	372846	366201
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	245032587	259058296

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3930000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3930000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2483	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2483
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5469908	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	72515900	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	71476884	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	13170398	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-4422313
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9234172
c Other income	2c		1662591
d Total income. Add all income amounts in column (b) and enter total	2d		30086255

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14498489	
(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)		14498489
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1517861	
(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)	44196	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1562057
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16060546

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14025709
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HAM, LANGSTON & BREZINA L.L.P.**

(2) EIN: **76-0448495**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547223.

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

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

A Name of plan RETIREMENT PLAN OF SASOL (USA) COPORATION	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 SASOL (USA) CORPORATION	D Employer Identification Number (EIN) 46-2043151	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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	102

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 checked="" 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 _____ 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 checked="" 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 checked="" 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): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 29.0 % Private Equity: 11.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.0 %
 High-Yield Debt: 16.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 0.0 % Other: 11.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 <hr/> This Form is Open to Public Inspection
--	--	--

Name of Plan	RETIREMENT PLAN OF SASOL (USA) COPORATION						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	46-2043151	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	77	5285		187	40692	
25 to 29	11			136	48438	
30 to 34	6			115	52600	
35 to 39	10			103	52838	
40 to 44	7			113	50797	
45 to 49	11			98	50194	
50 to 54	4			85	47416	
55 to 59	16			73	43646	
60 to 64	11			52	42944	
65 to 69	7			18		
70 & Up	9			10		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	11					
25 to 29	47	54080		4		
30 to 34	85	60810		37	59439	
35 to 39	68	61554		65	65649	
40 to 44	77	54247		40	63191	
45 to 49	54	57113		46	60731	
50 to 54	62	53773		50	61323	
55 to 59	54	54525		48	56355	
60 to 64	40	49054		30	56335	
65 to 69	12			6		
70 & Up	6			2		

Name of Plan	RETIREMENT PLAN OF SASOL (USA) COPORATION						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	46-2043151	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34	2					
35 to 39	33	66053		5		
40 to 44	44	68087		31	73346	
45 to 49	50	62453		34	70303	
50 to 54	45	62498		31	64944	
55 to 59	46	59235		54	63060	
60 to 64	32	56766		24	56644	
65 to 69	12			9		
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	12					
45 to 49	42	82464		8		
50 to 54	59	73051		45	72269	
55 to 59	59	66797		48	75808	
60 to 64	32	72189		34	76684	
65 to 69	9			2		
70 & Up	1					

Name of Plan	RETIREMENT PLAN OF SASOL (USA) COPORATION						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	46-2043151	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	4					
55 to 59	34	75829		10		
60 to 64	29	90087		41	96487	
65 to 69	1			13		
70 & Up				2		

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	RETIREMENT PLAN OF SASOL (USA) COPORATION						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	46-2043151	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	30587524	17219412	644895	48451831
2025	13140228	6638500	634285	20413013
2026	10848098	1332813	622645	12803556
2027	9458791	892054	610005	10960850
2028	8986137	233342	596389	9815868
2029	8796815	698500	581814	10077129
2030	7520378	515945	566295	8602618
2031	6498738	1007012	549839	8055589
2032	6461868	856886	532445	7851199
2033	5876044	1716500	514107	8106651
2034	5211246	729725	494819	6435790
2035	4553468	1729000	474579	6757047
2036	4287024	534865	453402	5275291
2037	4273261	1063847	431332	5768440
2038	3995989	1184728	408446	5589163
2039	3794886	863000	384863	5042749
2040	3819560	1318377	360736	5498673
2041	3433671	975108	336233	4745012
2042	3578675	977118	311541	4867334
2043	3534612	1999188	286851	5820651
2044	3620367	1237344	262356	5120067
2045	3328491	1152442	238246	4719179
2046	3095401	757694	214708	4067803
2047	2577209	344395	191922	3113526
2048	2354987	280524	170069	2805580

Name of Plan	RETIREMENT PLAN OF SASOL (USA) COPORATION						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	46-2043151	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	2080061	678674	149328	2908063
2050	1881768	525511	129861	2537140
2051	1498105	469436	111813	2079354
2052	1254703		95295	1349998
2053	1065323		80383	1145706
2054	745111		67111	812222
2055	575845		55465	631310
2056	472056		45389	517445
2057	395977		36793	432770
2058	350638		29557	380195
2059	278097		23547	301644
2060	221830		18617	240447
2061	184190		14619	198809
2062	159380		11408	170788
2063	138224		8851	147075
2064	123269		6830	130099
2065	114333		5242	119575
2066	105083		4001	109084
2067	97350		3035	100385
2068	90417		2285	92702
2069	83527		1706	85233
2070	77004		1262	78266
2071	70697		923	71620
2072	64611		667	65278
2073	58752		475	59227

**THE RETIREMENT PLAN OF
SASOL (USA) CORPORATION**

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
WITH INDEPENDENT AUDITOR'S REPORT
As of and for the Years Ended December 31, 2024 and 2023**

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023	5
Statement of Accumulated Plan Benefits As of December 31, 2023	6
Statement of Changes in Accumulated Plan Benefits For the Year Ended December 31, 2023	7
Notes to Financial Statements	8
Supplemental Schedule*:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) As of December 31, 2024	17
Schedule H, Line 4j – Schedule of Reportable Transactions For the Year Ended December 31, 2024	18

* All 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 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

The Benefits Administration Committee of the
Retirement Plan of Sasol (USA) Corporation:

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

We have performed audits of the financial statements of the Retirement Plan of Sasol (USA) Corporation (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").
- 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 on the Financial Statements

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

INDEPENDENT AUDITOR'S REPORT, continued

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 U.S. GAAP.

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 U.S. GAAP.

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

INDEPENDENT AUDITOR'S REPORT, continued

Other Matters – Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Hann, Langston & Buzina, LLP

Houston, Texas
October 13, 2025

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 153,753,401	\$ 146,938,541
Common collective trust funds	92,411,913	87,467,776
Limited partnerships	11,637,959	9,975,368
Money market funds	<u>261,117</u>	<u>-</u>
Total investments, at fair value	<u>258,064,390</u>	<u>244,381,685</u>
Employer contribution receivables	1,070,000	790,000
Accrued investment income	<u>290,107</u>	<u>233,748</u>
Total assets	<u>259,424,497</u>	<u>245,405,433</u>
LIABILITIES		
Administrative expenses payable	<u>366,201</u>	<u>372,846</u>
Net assets available for benefits	<u>\$ 259,058,296</u>	<u>\$ 245,032,587</u>

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

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Investment income:		
Interest and dividends	\$ 5,472,391	\$ 4,723,890
Net appreciation in fair value of investments	<u>20,683,864</u>	<u>21,555,008</u>
Total investment income	<u>26,156,255</u>	<u>26,278,898</u>
Employer contributions	<u>3,930,000</u>	<u>3,510,000</u>
Total additions	<u>30,086,255</u>	<u>29,788,898</u>
Deductions from net assets attributed to:		
Administrative expenses	1,562,057	1,483,151
Benefit payments	<u>14,498,489</u>	<u>9,729,988</u>
Total deductions	<u>16,060,546</u>	<u>11,213,139</u>
Net increase in net assets available for benefits	14,025,709	18,575,759
Net assets available for benefits, beginning of year	<u>245,032,587</u>	<u>226,456,828</u>
Net assets available for benefits, end of year	<u>\$ 259,058,296</u>	<u>\$ 245,032,587</u>

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

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2023*

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$ 6,196,709

Other participants

137,914,415

Total vested benefits

144,111,124

Non-vested benefits

7,958,444

Total actuarial present value of accumulated plan benefits

\$ 152,069,568

* The Plan presents accumulated plan benefits using beginning of year actuarial data.

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

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2023*

Actuarial present value of accumulated plan benefits at beginning of year	\$ 143,684,425
Increase (decrease) during the period attributable to:	
Benefit payments	(9,729,988)
Increase in interest due to decrease in discount period	10,411,457
Benefits accumulated and plan experience	8,461,142
Changes in actuarial assumptions	<u>(757,468)</u>
Net increase	<u>8,385,143</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 152,069,568</u>

* The Plan presents changes in accumulated plan benefits using beginning of year actuarial data.

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

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION

NOTES TO FINANCIAL STATEMENTS

1. Plan Description

The following brief description of the Retirement Plan of Sasol (USA) Corporation (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan and covers substantially all employees of Sasol (USA) Corporation (the "Company") and its subsidiaries, except for the following: (1) any employee covered by a collective bargaining agreement that does not provide for participation in the Plan; (2) an employee who is not a citizen or a resident alien of the United States; (3) any employee who is a leased employee; and (4) any employee who is classified as an expatriate. Effective January 1, 2017 the Plan document was amended and restated to include all prior amendments and comply with the latest tax laws and regulations. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility

Generally, employees enter the Plan on the first day of the month following their first hour of service provided they are scheduled to complete more than 1,000 hours of service during their first 12-month period of employment. Employees scheduled to complete fewer than 1,000 hours of service during their first 12 months of employment, but who complete 1,000 hours of service during such period, shall enter the Plan on the first day of the month following completion of 1,000 hours. Employees scheduled to complete fewer than 1,000 hours of service during their first 12 months of employment and who do not complete 1,000 hours of service during such period, shall enter the Plan on the first day of the Plan year following completion of the 1,000 hours of service requirement.

Retirement and Other Benefits

The Plan includes a cash balance plan feature. All employees, excluding Lake Charles Production and Maintenance Union employees, hired on or after January 1, 2000, are automatically enrolled under the cash balance feature. Active employees as of December 31, 1999, were offered the option to remain in the traditional plan design or to enroll in the new cash balance plan design on or before March 31, 2000. Active employees electing not to enroll in the new cash balance plan design remained in the traditional plan design. The Plan permits distributions of a participant's cash balance account upon termination, provided the participant is 100% vested.

Under the traditional plan design, benefits are generally calculated with a formula based upon the number of years of credited service multiplied by 1.2% of the participant's highest three-year average compensation plus 0.4% of the excess of the participant's highest three-year average compensation over a determined breakpoint, multiplied by the participant's years of credited service, capped at 35 years. Effective January 1, 2011, the Plan was amended to change the formula for calculating benefits under the traditional plan design. As amended, benefits on credited service earned prior to January 1, 2011 were not affected. Benefits on credited service earned on or after January 1, 2011 are calculated based upon the number of years of credited service earned after January 1, 2011 multiplied by 1.0% of the participant's highest three-year average compensation plus 0.4% of the excess of the participant's highest three-year average compensation over a determined breakpoint, multiplied by the participant's years of credited service, capped at 35 years. Other factors, such as date of hire, that affect the general formula are more fully explained in the Plan document.

Employees with three or more years of credited vesting service are entitled to annual pension benefits upon normal retirement at age 65. The Plan permits early retirement from ages 50 to 64 based on years of service and date of hire, as defined by the Plan. The Plan also allows for disability retirement if the employee is totally disabled after attaining age 40 and has completed 10 years of credited vesting service.

Under the cash balance plan design, cash balance accounts are generally calculated using a formula based upon pay credits and interest credits, which are applied to participants' accounts throughout their careers. Pay credits are earned based on age and years of credited service at the beginning of each calendar year. The calculation is based upon compensation received during the completed year multiplied by pay credits. Interest credits are earned each quarter and are based upon the average annual yield of the 30-year treasury bond for the month preceding the quarter, subject to a minimum rate of 5.00%.

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION

NOTES TO FINANCIAL STATEMENTS

1. Plan Description, continued

Participant's Account

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated compensation credits and interest credits at the end of every quarter. The compensation credits are allocated based on a percentage of the participants' certified compensation as defined in the plan document for that particular quarter. The applicable percentage ranges from 6% to 15% and is based on the participants' age plus years of credited service (as defined in the plan document) at the end of the quarter. Age and credited service are determined in whole years at the end of the quarter. Participants' hypothetical accounts also receive annual interest credits of 5% that is calculated at the end of every quarter.

Vesting

Participants under the cash balance plan become 100% vested upon completion of three years of credited vesting service or upon reaching age 65 while employed with the Company. Participants under the traditional plan design become 100% vested upon completion of five years of credit vesting service. Forfeitures arising under the Plan because of termination of employment prior to reaching the applicable years of credited vesting service shall be applied to reduce the cost of the Plan.

Payment of Retirement Benefits

The normal form of benefit is an actuarial equivalent straight life annuity for single participants and an actuarial equivalent 50% joint and survivor annuity for married participants. Unless a married participant elects in writing with notarized spousal consent to receive an alternate form of payment, the benefits are payable in the form of a qualified joint and survivor annuity with the spouse as the beneficiary. Certain general and temporary limitations exist on the benefits described above and are more fully explained in the Plan document. Participants may also elect other benefit options, including a lump sum payment, as described in the Plan document. Early retirement benefits are determined as discussed above and are reduced in accordance with Plan provisions.

2. Plan Administration

The Plan is administered by the Benefits Administration Committee (the "Committee") which is appointed by the board of directors of the Company. SEI Private Trust Company (the "Trustee" or "SEI") serves as the Plan's trustee and recordkeeper. Definiti LLC (formerly, Retirement Horizons, Inc.) serves as the Plan's actuary.

Funding Policy

The Company contributes such amounts as are necessary, based on actuarial calculations, to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants and their beneficiaries. The contributions to the Plan are based on the limitations of maximum tax-deductible contributions and minimum required contributions determined by the actuary. The yield (interest, dividends, and net realized and unrealized gains and losses) on Plan investments in excess of amounts established in the actuarial assumptions, plus any gains resulting from forfeiture of nonvested benefits, serve to reduce future contributions that would otherwise be required to provide the defined level of benefits under the Plan. The Company was not required to make contributions for 2024 and 2023 as it met the minimum funding requirements of ERISA, but the Company contributed \$3,930,000 and \$3,510,000 to the Plan during the years ended December 31, 2024 and 2023, respectively. Although it has not expressed any intention to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions set forth in ERISA.

Expenses

In accordance with the Plan document, all administrative expenses, unless paid by the Company at its discretion, are paid by the Plan. Expenses for Trustee and investment services amounted to \$1,562,057 and \$1,483,151 for the years ended December 31, 2024 and 2023, respectively. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION

NOTES TO FINANCIAL STATEMENTS

3. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated benefits at the date of the financial statements. Actual results could differ from those estimates.

Benefit Payments

Benefit payments are recorded when paid.

Valuation of Investments and Income Recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds and money market funds are valued at quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end. The Plan's interest in common collective trust funds are valued using NAV, as provided by the trust's investment advisors, as a practical expedient. The NAV is based on the fair values of the underlying investments of the trust at year-end.

The Plan is invested, as a limited partner, the Ampersand 2014 Limited Partnership (the "2014 Limited Partnership"), the Ampersand 2018 Limited Partnership (the "2018 Limited Partnership") and the Ampersand CF Limited Partnership (the "CF Limited Partnership") (together, the "Limited Partnerships").

The Plan's interest in the Limited Partnerships was 4.5% and 4.1% of total Plan investments at December 31, 2024 and 2023, respectively.

The CF Limited Partnership will terminate on October 29, 2025, unless extended for one additional one-year period by the general partner. Any additional extensions require agreement by the general partner and a majority interest of the limited partners. The 2018 Limited Partnership will terminate on March 15, 2028, unless extended for up to two additional one-year periods by the general partner. Any additional extensions require agreement of the general partner and a majority interest of the limited partners. The 2014 Limited Partnership will terminate on January 24, 2026, unless extended for up to two additional one-year periods by agreement of the general partner and a majority of the limited partners.

Income (loss) is generally allocated 99% to the limited partners and 1% to the general partners, as long as aggregate net losses of the Limited Partnerships, as defined in the agreements, exceed aggregate net profit of the Limited Partnerships on a cumulative basis. Otherwise, such net profits and net losses will be allocated 80% to the limited partners and 20% to the general partners.

The Limited Partnerships acquire, hold, invest in, manage, dispose of, and otherwise deal in and with securities of all kinds and descriptions, including, in particular, securities of companies operating in the specialty materials and chemicals fields. The investments of the Limited Partnerships are valued at fair value using NAV as a practical expedient. The NAV is based on the fair value of the underlying investments held by the partnership, as determined by the general partner, based upon quoted market values, if available. Values estimated by the general partner in the absence of readily ascertainable market values may differ from values that would have been used had a ready market for the securities existed, and the differences could be material. The Limited Partnerships maintain the majority of cash balances with one financial institution and as of December 31, 2024 and 2023, balances of cash and cash equivalents at the respective financial institution exceeded the federally insured limit.

In the statements of changes in net assets available for benefits, the Plan presents net appreciation in fair value of investments, which consists of the realized gains and losses on investments sold during the year, as well as, the unrealized appreciation or depreciation on investments held at the end of the year. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION

NOTES TO FINANCIAL STATEMENTS

4. Risks and Uncertainties

The Plan provides for various investments in mutual funds, money market funds, common collective trust funds and limited partnership interests. Investment securities in general are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in the values of investment securities in the near-term could materially affect investment balances reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions processes, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

5. Fair Value Measurements

Accounting Standards Codification Topic 820 ("ASC 820"), *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement |

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

In determining fair value, the Plan generally uses the market approach, which uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities.

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

Mutual funds and money market funds: Valued at the daily closing price as reported by the fund. Mutual funds and money market funds held by the Plan are open-end mutual funds and money market funds that are registered with the Security Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds and money market funds held by the Plan are deemed to be actively traded.

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
NOTES TO FINANCIAL STATEMENTS

5. Fair Value Measurements, continued

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

Limited Partnerships: The investments are valued at NAV as a practical expedient for measuring fair value. There are no readily available market quotations for these investments. The fair value is based on the Plan's ownership percentage of the underlying investments as provided by the fund managers.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 153,753,401	\$ -	\$ -	\$ 153,753,401
Money market funds	261,117			261,117
Investments measured at net asset value ^(a)				104,049,872
Total assets at fair value				\$ 258,064,390

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 146,938,541	\$ -	\$ -	\$ 146,938,541
Investments measured at net asset value ^(a)				97,443,144
Total assets at fair value				\$ 244,381,685

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

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
NOTES TO FINANCIAL STATEMENTS

5. Fair Value Measurements, continued

Fair Value of Investments in Entities that use NAV

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

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<u>December 31, 2024</u>				
Limited partnerships	\$ 11,637,959	\$ -	N/A	N/A ^(b)
Common/collective trust funds:				
Structured Credit	29,812,187	-	Quarterly	65 Days
Special Situations	24,043,268	-	Semi-annual	95 Days
Core Property	19,733,686	-	Quarterly	105 Days
Global Private Assets V	<u>18,822,772</u>	<u>9,605,671</u>	N/A	N/A
	<u>\$ 92,411,913</u>	<u>\$ 9,605,671</u>		
<u>December 31, 2023</u>				
Limited partnerships	\$ 9,975,368	\$ -	N/A	N/A ^(b)
Common/collective trust funds:				
Structured Credit	32,631,798	-	Quarterly	65 Days
Special Situations	20,630,804	-	Semi-annual	95 Days
Core Property	19,914,616	-	Quarterly	105 Days
Global Private Assets V	<u>14,290,558</u>	<u>12,554,584</u>	N/A	N/A
	<u>\$ 87,467,776</u>	<u>\$ 12,554,584</u>		

(b) Investments in limited partnerships may be redeemed at a value other than NAV based on numerous variables such as liquidation value and capital returns related to the investments. These investments cannot be redeemed with the investees at the Plan's discretion as the Plan receives distributions through the liquidation of the underlying assets of the investees.

6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee services rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Definiti LLC, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (in the event of death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits was calculated as of January 1, 2024 and accordingly, the Plan presents the Statement of Accumulated Plan Benefits and the Statement of Changes in Accumulated Plan Benefits using beginning of year actuarial data. Had the actuarial valuations been performed as of December 31, 2023, there would be no material differences.

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
NOTES TO FINANCIAL STATEMENTS

6. Actuarial Present Value of Accumulated Plan Benefits, continued

The changes in actuarial assumptions primarily represent a change in the mortality tables to Pri-2012 white collar mortality table projected generationally with Scale MP-2021 and was updated to use the 2024 IRS Applicable Mortality Table.

The significant actuarial assumptions underlying the actuarial valuation for January 1, 2024 are as follows:

Interest rate – pre-retirement	Discount rate	7.50%	
Interest rate – post-retirement	Lump sum interest rate (traditional formula):		
	Pre-2011	4.00%	
	Post-2010	4.00%	
Salary scale	<u>Age</u>		
	Less than 35	5.50%	
	36 – 50	4.00%	
	Over 50	2.50%	
	Weighted average	4.20%	
Social security wage base	3.50% per annum		
Cash balance account credits	5.00% per annum to project interest credits and the interest rate for actuarial equivalence conversion to normal form of payment.		
Demographic assumptions:			
Mortality rates	Pre-2011 lump sum – Plan defined mortality tables.		
	Post-2010 lump sum – 2023 IRS applicable mortality tables.		
	All other purposes – Pri-2012 white collar mortality table projected generationally with Scale MP-2022.		
Turnover	Percentage of employees withdrawing from employment during the year of age shown. No turnover is assumed once participant is retirement eligible.		
	<u>Age</u>	<u>Rate</u>	
	20	16%	
	25	12%	
	30	8%	
	35	6%	
	40	3%	
	45	3%	
	50	3%	
	55	3%	
	60	0%	
Disability rates	<u>Age</u>	<u>Male</u>	<u>Female</u>
	20	.03%	.03%
	25	.03%	.03%
	30	.03%	.04%
	35	.04%	.07%
	40	.08%	.13%
	45	.16%	.24%
	50	.33%	.40%
	55	.69%	.64%
	60	1.15%	.90%

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
NOTES TO FINANCIAL STATEMENTS

6. Actuarial Present Value of Accumulated Plan Benefits, continued

Retirement rates – active participants	<table border="0"> <tr> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Rate</u></th> </tr> <tr> <td style="text-align: center;">50-54</td> <td style="text-align: center;">5%</td> </tr> <tr> <td style="text-align: center;">55-69</td> <td style="text-align: center;">15%</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">15%</td> </tr> <tr> <td style="text-align: center;">61</td> <td style="text-align: center;">30%</td> </tr> <tr> <td style="text-align: center;">62</td> <td style="text-align: center;">70%</td> </tr> <tr> <td style="text-align: center;">63</td> <td style="text-align: center;">50%</td> </tr> <tr> <td style="text-align: center;">64</td> <td style="text-align: center;">25%</td> </tr> <tr> <td style="text-align: center;">65</td> <td style="text-align: center;">100%</td> </tr> </table>	<u>Age</u>	<u>Rate</u>	50-54	5%	55-69	15%	60	15%	61	30%	62	70%	63	50%	64	25%	65	100%	
<u>Age</u>	<u>Rate</u>																			
50-54	5%																			
55-69	15%																			
60	15%																			
61	30%																			
62	70%																			
63	50%																			
64	25%																			
65	100%																			
Retirement rates – deferred vested participants		Earliest retirement date as defined by Plan provisions.																		
Marriage assumptions		87% of participants are assumed to be married. Males are assumed to be three years older than their spouses.																		
Asset valuation		Fair market value																		

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

7. Termination of Plan

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

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

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

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

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION

NOTES TO FINANCIAL STATEMENTS

8. Information Certified by the Trustee (Unaudited)

The Plan administrator has elected the method of annual reporting and compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments disclosed in the financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years then ended, was obtained from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

9. Federal Income Tax Status

The Plan obtained a determination letter dated October 28, 2015, in which the IRS stated that the Plan, as then designed, was in compliance with Section 401(a) of the Internal Revenue Code of 1986, as amended (the "Code") and is therefore exempt from Federal income taxes under provisions of Section 501(a). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Related-Party Transactions

Certain Plan investments are in mutual funds, money market funds, common/collective trust funds, and limited partnerships managed by the Trustee, and therefore, such transactions qualify as party-in-interest transactions under ERISA. As described in Note 2, the Plan paid expenses to the trustee and advisors related to the plan operations. These transactions qualify as party-in-interest transactions, as defined by ERISA. Consequently, such transactions are covered by an exemption from the "prohibited" transactions provisions of ERISA and the Code.

11. Subsequent Events

Plan management has evaluated subsequent events through October 13, 2025, which is the date the financial statements were issued, and has concluded that there are no significant events to be reported.

SUPPLEMENTAL SCHEDULES

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 46-2043151
PN: 001

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Money market funds:				
*	SEI Private Trust Company	SEI Daily Income Trust - Government Fund	\$ 261,117	\$ 261,117
Mutual funds:				
*	SEI Private Trust Company	SEI Core Fixed Income Fund	68,008,757	62,028,957
*	SEI Private Trust Company	SIIT World Equity Ex US Fund	24,650,737	24,585,071
*	SEI Private Trust Company	SEI S&P 500 Index Fund	16,807,399	18,231,591
*	SEI Private Trust Company	SIIT US Equity Factor Allocation Fund	8,230,019	10,160,799
*	SEI Private Trust Company	SEI High Yield Bond Fund	9,664,208	8,307,669
*	SEI Private Trust Company	SEI Emerging Markets Equity Fund	9,485,405	8,238,099
*	SEI Private Trust Company	SIIT Dynamic Asset Allocation Fund	8,679,619	8,142,228
*	SEI Private Trust Company	SEI Extended Market Index Fund	7,287,453	7,954,838
*	SEI Private Trust Company	SIIT Emerging Markets Debt Fund	<u>6,411,437</u>	<u>6,104,149</u>
		Total mutual funds	<u>159,225,034</u>	<u>153,753,401</u>
Common collective trust funds:				
*	SEI Private Trust Company	SEI Structured Credit Collective Fund	2,109,618	29,812,187
*	SEI Private Trust Company	SEI Special Situations Collective Investment Trust Fund	8,471,637	24,043,268
*	SEI Private Trust Company	SEI Core Property Investment Trust Fund	7,100,000	19,733,686
*	SEI Private Trust Company	SEI Global Private Assets V Collective Investment Trust Fund	<u>17,542,119</u>	<u>18,822,772</u>
		Total common collective trust funds	<u>35,223,374</u>	<u>92,411,913</u>
	Ampersand CF Limited Partnership	Limited Partnership	2,651,193	6,126,806
	Ampersand 2018 Limited Partnership	Limited Partnership	<u>4,640,705</u>	<u>5,511,153</u>
		Total limited partnerships	<u>7,291,898</u>	<u>11,637,959</u>
		Total	<u>\$ 202,001,423</u>	<u>\$ 258,064,390</u>

* Represents party-in-interest transactions

See independent auditor's report

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 46-2043151
 PN: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Transactions</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
Single Transactions							
SEI Private Trust Company	Government Fund	1	\$ 50,000,000	\$ -	\$ 50,000,000	\$ 50,000,000	\$ -
SEI Private Trust Company	Government Fund	1	-	50,000,000	50,000,000	50,000,000	-
Series Transactions							
SEI Private Trust Company	SEI Core Fixed Income Fund	29	\$ 19,534,182	\$ -	\$ 19,534,182	\$ 19,534,182	\$ -
SEI Private Trust Company	SEI Core Fixed Income Fund	26	-	4,671,175	5,060,115	4,671,175	(388,939)

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Economic Assumptions

PPA Funding Target Interest Rates

Segment Rates with 4 month look-back

1st Segment Rate	4.75%
2 nd Segment Rate	4.87%
3 rd Segment Rate	5.59%
Lump Sum Rate	4.00%
Effective Rate	5.10%

Salary Scale

<u>Age</u>	<u>Rate</u>
Less than 35	5.5%
36 – 50	4.0%
Over 50	2.5%
Weighted average (from age 25)	4.2%

Cash Balance Account

5.00% per annum to project interest credits and the interest rate for actuarial equivalence conversion to normal form of payment

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Demographic Assumptions

Mortality

- Pre-retirement Separate mortality tables and generational projection scales for males and females as prescribed in Section 1.430(h)(3)-1 for the current plan year.

- Post-retirement
 - Lump Sums for Traditional Formula 2024 IRS Applicable Mortality

 - Annuity Payments Separate mortality tables and generational projection scales for males and females as prescribed in Section 1.430(h)(3)-1 for the current plan year.

Turnover

Percentage of employees withdrawing from employment during the year of age shown.

<u>Age</u>	<u>Rate</u>
20	16%
25	12%
30	8%
35	6%
40	3%
45	3%
50	3%
55	3%
60	0%

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Disability Rates

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	.03%	.03%
25	.03%	.03%
30	.03%	.04%
35	.04%	.07%
40	.08%	.13%
45	.16%	.24%
50	.33%	.40%
55	.69%	.64%
60	1.15%	.90%

Retirement Rates

➤ Active Participants

<u>Age</u>	<u>Rate</u>
50-54	5%
55-59	15%
60	15%
61	30%
62	70%
63	50%
64	25%
65	100%

➤ Deferred Vested Participants

Earliest retirement date as defined by plan provisions.

Marriage Assumptions

87% of participants are assumed to be married. Males are assumed to be three years older than their spouses.

Plan Related Expenses

The Target Normal Cost does not include any plan-related administrative expenses for the 2024 plan year. It is our understanding that only investment expenses are paid from the trust.

Other Assumptions

Form of Payment

All active and terminated vested participants are expected to elect lump sum payments with actuarial equivalence conversions based on underlying plan mortality basis and applicable valuation interest rate assumption. For annuitants, the optional form of payment elected at retirement.

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Maximum Benefit Limitations
Under IRC Sec. 415

\$275,000 effective for 2024.

Valuation Pay

For the Qualified Retirement Plan, annualized base pay rate in effect on valuation date loaded for overtime and bonus but not less than the total compensation for the prior plan year. The load is equal to 15% for Sasol Wax employees, 75% for Phenolics non-union hourly paid employees, 40% for Phenolics union hourly paid employees, 25% for all other Phenolics employees, 60% for other hourly paid employees, and 30% for all other employees. Current year compensation is limited by \$345,000.

Methods

Asset Valuation Method

The actuarial value of assets on the valuation date is equal to a smoothed fair value of assets. The smoothed value is equal to the actual fair value of assets (including discounted receivable contributions) plus two-thirds of the investment gain or loss from the prior year plus one-third of the investment gain or loss from two years ago. The investment gains and losses are determined by comparing the actual fair value of assets to the expected fair value. Additionally, the resulting asset value is limited to be no less than 90% and no more than 110% of the fair market value of assets.

Projected Unit Credit Actuarial
Cost Method

The Projected Unit Credit Actuarial Cost Method is used to determine the actuarial accrued liability in the calculation of the Maximum Deductible Limit. Under this method, the actuarial accrued liability is the actuarial present value of projected benefits allocated to all periods prior to the valuation year

Unit Credit Actuarial Cost Method

The Unit Credit Actuarial Cost Method is used to determine the Funding Target. The Target Normal Cost is the present value of the benefit which accrues for the active participants plus the plan related expenses assumed to be paid from the trust during the year.

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 46-2043151
 PN: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Transactions</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
Single Transactions							
SEI Private Trust Company	Government Fund	1	\$ 50,000,000	-	\$ 50,000,000	\$ 50,000,000	\$ -
SEI Private Trust Company	Government Fund	1	-	50,000,000	50,000,000	50,000,000	-
Series Transactions							
SEI Private Trust Company	SEI Core Fixed Income Fund	29	\$ 19,534,182	-	\$ 19,534,182	\$ 19,534,182	\$ -
SEI Private Trust Company	SEI Core Fixed Income Fund	26	-	4,671,175	5,060,115	4,671,175	(388,939)

SCHEDULE SB
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan
Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan RETIREMENT PLAN OF SASOL (USA) COPORATION		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SASOL (USA) CORPORATION		D Employer Identification Number (EIN) 46-2043151	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:			
a Market value	2a	245,357,294	
b Actuarial value	2b	251,297,418	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	106	7,229,704	7,229,704
b For terminated vested participants	721	36,366,305	36,366,305
c For active participants.....	1,290	116,171,761	122,110,404
d Total	2,117	159,767,770	165,706,413
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.10%	
6 Target normal cost			
a Present value of current plan year accruals	6a	13,412,549	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	13,412,549	

Statement by Enrolled Actuary

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

SIGN HERE

David A. Sawyer

Signature of actuary

8/26/2025

Date

DAVID A. SAWYER, FSA, EA

2306271

Type or print name of actuary

Most recent enrollment number

DEFINITI LLC

281-296-1100

Firm name

Telephone number (including area code)

3 HOLLAND ST.

ERIE PA 16507

Address of the firm

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

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

Schedule SB (Form 5500) 2024

v. 240311

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	10,125,751	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	10,125,751	0
10 Interest on line 9 using prior year's actual return of <u>10.90%</u>	1,103,707	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3,370,544
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15%</u>		173,583
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3,544,127
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	11,229,458	0

Part III Funding Percentages

14 Funding target attainment percentage	14	144.87%
15 Adjusted funding target attainment percentage	15	151.65%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	163.60%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/17/2024	5,000	0				
05/02/2024	260,000	0				
05/17/2024	400,000	0				
06/27/2024	260,000	0				
08/01/2024	260,000	0				
08/30/2024	255,000	0				
10/01/2024	260,000	0				
11/05/2024	520,000	0				
11/29/2024	380,000	0				
12/31/2024	260,000	0				
01/30/2025	260,000	0				
02/28/2025	260,000	0				
03/24/2025	280,000	0				
04/28/2025	270,000	0				
Totals ▶			18(b)	3,930,000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,773,903

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75%2nd segment:
4.87%3rd segment:
5.59% N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

59

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 13,412,549**b** Excess assets, if applicable, but not greater than line 31a..... **31b** 13,412,549**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment..... 0 0**b** Waiver amortization installment..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement..... 0 0 0**36** Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 3,773,903**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)..... **38a** 3,773,903**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

As retirement eligibility differs for participants hired before and after July 1, 1995, two sets of retirement rates are shown. The weighting used is based on the number of active participants applicable to either of the expected retirement ages developed below.

Participants Hired Before July 1, 1995

Age	Rate	Lives	Retiring	Weight
50	5.00%	100.00	5.00	2.50
51	5.00%	95.00	4.75	2.42
52	5.00%	90.25	4.51	2.35
53	5.00%	85.74	4.29	2.27
54	5.00%	81.45	4.07	2.20
55	15.00%	77.38	11.61	6.38
56	15.00%	65.77	9.87	5.52
57	15.00%	55.91	8.39	4.78
58	15.00%	47.52	7.13	4.13
59	15.00%	40.39	6.06	3.57
60	15.00%	34.33	5.15	3.09
61	30.00%	29.18	8.75	5.34
62	70.00%	20.43	14.30	8.87
63	50.00%	6.13	3.06	1.93
64	25.00%	3.06	0.77	0.49
65	100.00%	2.30	2.30	1.49
				57.35

Participants Hired After July 1, 1995

Age	Rate	Lives	Retiring	Weight
55	15.00%	100.00	15.00	8.25
56	15.00%	85.00	12.75	7.14
57	15.00%	72.25	10.84	6.18
58	15.00%	61.41	9.21	5.34
59	15.00%	52.20	7.83	4.62
60	15.00%	44.37	6.66	3.99
61	30.00%	37.71	11.31	6.90
62	70.00%	26.40	18.48	11.46
63	50.00%	7.92	3.96	2.49
64	25.00%	3.96	0.99	0.63
65	100.00%	2.97	2.97	1.93
				58.94

Combined Weighted Average = $[57.35 * 65 + 58.94 * 1225] / 1290 = 59$

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, LINE 19 – DISCOUNTED EMPLOYER CONTRIBUTIONS

Date Paid	Days After Valuation	Contributions	Effective Interest Rate	Interest Adjustment	Interest Adjusted Contributions
17-Jan-2024	16	\$5,000	5.10%	(\$11)	\$4,989
2-May-2024	122	\$260,000	5.10%	(\$4,287)	\$255,713
17-May-2024	137	\$400,000	5.10%	(\$7,399)	\$392,601
27-Jun-2024	178	\$260,000	5.10%	(\$6,231)	\$253,769
1-Aug-2024	213	\$260,000	5.10%	(\$7,439)	\$252,561
30-Aug-2024	242	\$255,000	5.10%	(\$8,273)	\$246,727
1-Oct-2024	274	\$260,000	5.10%	(\$9,530)	\$250,470
5-Nov-2024	309	\$520,000	5.10%	(\$21,443)	\$498,557
29-Nov-2024	333	\$380,000	5.10%	(\$16,859)	\$363,141
31-Dec-2024	365	\$260,000	5.10%	(\$12,617)	\$247,383
30-Jan-2025	395	\$260,000	5.10%	(\$13,626)	\$246,374
28-Feb-2025	424	\$260,000	5.10%	(\$14,598)	\$245,402
24-Mar-2025	448	\$280,000	5.10%	(\$16,584)	\$263,416
28-Apr-2025	483	\$270,000	5.10%	(\$17,200)	\$252,800
2024 Plan Year Contributions		<u>\$3,930,000</u>		<u>(\$156,097)</u>	<u>\$3,773,903</u>

2024 Plan Year Contributions	\$3,930,000
Interest Adjustment for Contributions made after the Beginning of the Plan Year	(\$156,097)
2024 Plan Year Discounted Contributions	<u>\$3,773,903</u>

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date	July 20, 1984. Amended effective January 2021.
Eligibility	Employees who were participants in the Retirement Plan of Conoco on July 19, 1984 are eligible to participate as of July 20, 1984. Employees of Premiere Polymers are eligible to participate as of October 1, 1990. Effective June 30, 1993, all employees of the Ceralox division shall not be eligible to participate in the plan. Employees covered by a collective bargaining agreement are excluded from the plan unless that agreement required that they be included. Employees of Sasol Wax and nonunion Sasol Phenolics became eligible to participate effective January 1, 2014. Employees of union Sasol Phenolics became eligible to participate effective July 1, 2014. All future employees are eligible to participate on the first of the month following completion of one year of credited service.
Employee Contributions	None
Vesting Service	Determined by aggregating all periods of credited service from the participant's hire date.
Benefit Accrual Service	1/12 th of a year of service is credited for each completed calendar month of service.
Retirement Dates	Normal – Attainment of age 65. Early – First of the month after attainment of age 50 and completion of 10 years of vesting service. Participants who commence employment on or after July 1, 1995 may elect to retire on the first of any month following age 55 and completion of 10 years of vesting service. Late – First of the month following termination of employment.

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Compensation	Regular compensation, overtime, shift differential, incentive-based and variable based compensation. For purposes of determining the cash balance pay credits, Base Compensation is compensation up to the Social Security Wage Base and Excess Compensation is compensation above the Social Security Wage Base.
Accrued Benefit	The amount computed payable at normal retirement using the participant's credited service and compensation as of the given date. For participants whose accrued benefit as of January 1, 1994 is based on compensation which exceeded \$150,000, the accrued benefit is the greater of the accrued benefit based on all service, or the sum of the accrued benefit as of January 1, 1994, plus a benefit based on service after January 1, 1994.
Actuarial Equivalence	
➤ Traditional Plan-Optional Forms	From the normal form of pension to a joint and survivor benefit – 1984 Unisex Pension Mortality Table and 7%.
➤ Traditional Plan-Lump Sum	The IRC Section 417(e)(3) applicable interest rates and mortality table for the second month prior to the month of distribution.
➤ Cash Balance-Normal Form	For conversions of account balance to normal form – Applicable Mortality and the 30-year Treasury Rate for the second month prior to the plan year of distribution.
➤ Cash Balance-Optional Forms	For conversion of the normal form of annuity to a joint & survivor annuity – Applicable Mortality Table and an interest rate of 8.0%

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Traditional Formula

Retirement Benefits

➤ Normal

A benefit calculated equal to the Pre-2011 Benefit Formula plus the Post 2010 Benefit Formula.

Pre-2011 Benefit Formula 1.2% of Final Average Compensation multiplied by years of pre-2011 credited service plus 0.4% of Final Average Compensation in excess of the Integration Level multiplied by years of pre-2011 credited service not in excess of 35.

Post-2010 Benefit Formula 1.0% of Final Average Compensation multiplied by years of post-2010 credited service plus 0.4% of Final Average Compensation in excess of the Integration Level multiplied by years of post-2010 credited service not in excess of 35 years less the pre-2011 credited service.

“Final Average Compensation” is the highest total plan compensation during any consecutive 36-month period divided by three.

The “Integration level” is the lesser of 150% of Covered Compensation for the current year or the taxable wage base for the year.

Covered Compensation” is the average of the taxable wage bases during the 35 calendar years ending with the calendar year in which the participant reaches his social security normal retirement age. The current year taxable wage base is used for all future years in determining the average.

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

- Early “
The participant may elect his accrued benefit payable at normal retirement or an immediate benefit with base and excess portions of the benefit reduced for early commencement. For the benefit earned under the pre-2011 benefit formula, the early retirement reduction is shown in the following table:

Percent of Earned Pension		
Age at <u>Retirement</u>	<u>Base Portion</u>	<u>Excess Portion</u>
65	100%	100%
64	100%	100%
63	100%	100%
62	100%	100%
61	97%	95%
60	94%	90%
59	91%	85%
58	88%	80%
57	85%	75%
56	82%	68.5%
55	79%	63%
54	73%	58%
53	68%	55%
52	63%	50%
51	60%	48%
50	56%	45%

For the benefit earned under the post-2010 benefit formula, the early retirement reduction is based on the Applicable Interest Rate and Mortality Table.

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

- Late
A benefit calculated as for Normal Retirement, but based on average compensation and credited service at the actual retirement date.

- Disability Benefit
An employee who terminates employment on or after attaining age 40 and completing 10 years of vesting service and is entitled to a disability benefit under the federal Social Security Act is eligible for a disability benefit under the plan. The benefit is calculated as for normal retirement using the average compensation and credited service in effect at the date of disability. This benefit is payable immediately without reduction for early commencement.

- Termination Benefit
An employee who terminates with five or more years of vesting service is eligible for a deferred monthly severance benefit. This benefit is calculated as for normal retirement based on average compensation and credited service at actual termination date. The benefit is payable at age 65, or on an actuarially reduced basis as early as age 50.

- Surviving Spouse Benefit
 - Immediate Benefit
A qualified surviving spouse of a participant who is eligible to receive an immediate benefit will receive 50% of the benefit which would have been payable if the employee had retired and elected the Qualified Joint and Survivor Annuity on the day prior to his death.

 - Deferred Benefit
A qualified surviving spouse of a participant who is not eligible to receive an immediate benefit will receive a benefit commencing on the date the participant would have been eligible to commence receiving a benefit. The amount will be 50% of the annual pension payable if the participant had separated from service at his date of death, survived until his earliest retirement date and retired with a Qualified Joint and Survivor annuity.

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Normal Benefit Form	Life Annuity
Optional Benefit Forms	(a) 50%, 75% or 100% Joint and Survivor Annuity. (b) Lump sum once a participant is eligible for benefit commencement. This option is not available to those receiving a disability benefit.
Cash Balance Formula	
Eligibility	Employees as of January 1, 2000 were given a one-time opportunity to elect a cash balance pension formula in lieu of the traditional plan formula. Future non-union employees enter the cash balance plan automatically on the first of the month following hire.
Vesting	Employees who terminate with three or more years of vesting service are eligible to receive benefits immediately or defer them until age 65.
Conversion Balances	Employees as of January 1, 2000 receive an opening account balance equal to the present value of their accrued benefit under the traditional Retirement Plan formula as of December 31, 1999. These calculations are based on a 6.5% interest assumption and the Unisex 1983 Group Annuity Mortality Table. Employees hired after January 1, 2000 receive an opening account balance of \$0.
Interest Credits	Employees earn interest credits in their cash balance accounts compounded on a quarterly effective basis, based on a nominal annual effective rate of 5%. Interest credits are applied to the account balance at the beginning of the quarter. Interest credits continue to accumulate beyond termination until benefit payments commence.

RETIREMENT PLAN OF SASOL (USA) CORPORATION
EIN #46-2043151 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Pay Credits

Eligible employees earn pay credits in their cash balance accounts as a percentage of their annual compensation, with pro-rata credit in their year of hire and year of termination. Pay credits are determined based on “points” (age plus vesting service) determined as of each January 1 according to the following table:

<i>Points as of January 1</i>	<i>Base Compensation</i>	<i>Excess Compensation</i>
Less than 50	6 %	9 %
50 to 59	8 %	11 %
60 to 69	10 %	13 %
70 or more	12 %	15 %

Effective January 2013, pay credits are now provided at the end of each quarter.

Accrued Benefit

The cash balance account is converted to an actuarial equivalent single life annuity payable at normal retirement date based on the “Applicable” interest rate and mortality table in effect as of the calculation date as specified by the Commissioned of the Internal Revenue Service. Please see the actuarial equivalence definition for more details.

Normal Benefit Form

Life Annuity

Optional Benefit Forms

- (a) 50% Joint and Survivor Annuity
- (b) 75% Joint and Survivor Annuity
- (c) 100% Joint and Survivor Annuity
- (d) Value Preserver Annuity
- (e) Lump sum

Changes in Plan Provisions

There have been no changes in plan provisions since the prior valuation.

THE RETIREMENT PLAN OF SASOL (USA) CORPORATION
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 46-2043151
PN: 001

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
Money market funds:				
*	SEI Private Trust Company	SEI Daily Income Trust - Government Fund	\$ 261,117	\$ 261,117
Mutual funds:				
*	SEI Private Trust Company	SEI Core Fixed Income Fund	68,008,757	62,028,957
*	SEI Private Trust Company	SIIT World Equity Ex US Fund	24,650,737	24,585,071
*	SEI Private Trust Company	SEI S&P 500 Index Fund	16,807,399	18,231,591
*	SEI Private Trust Company	SIIT US Equity Factor Allocation Fund	8,230,019	10,160,799
*	SEI Private Trust Company	SEI High Yield Bond Fund	9,664,208	8,307,669
*	SEI Private Trust Company	SEI Emerging Markets Equity Fund	9,485,405	8,238,099
*	SEI Private Trust Company	SIIT Dynamic Asset Allocation Fund	8,679,619	8,142,228
*	SEI Private Trust Company	SEI Extended Market Index Fund	7,287,453	7,954,838
*	SEI Private Trust Company	SIIT Emerging Markets Debt Fund	<u>6,411,437</u>	<u>6,104,149</u>
		Total mutual funds	<u>159,225,034</u>	<u>153,753,401</u>
Common collective trust funds:				
*	SEI Private Trust Company	SEI Structured Credit Collective Fund	2,109,618	29,812,187
*	SEI Private Trust Company	SEI Special Situations Collective Investment Trust Fund	8,471,637	24,043,268
*	SEI Private Trust Company	SEI Core Property Investment Trust Fund	7,100,000	19,733,686
*	SEI Private Trust Company	SEI Global Private Assets V Collective Investment Trust Fund	<u>17,542,119</u>	<u>18,822,772</u>
		Total common collective trust funds	<u>35,223,374</u>	<u>92,411,913</u>
	Ampersand CF Limited Partnership	Limited Partnership	2,651,193	6,126,806
	Ampersand 2018 Limited Partnership	Limited Partnership	<u>4,640,705</u>	<u>5,511,153</u>
		Total limited partnerships	<u>7,291,898</u>	<u>11,637,959</u>
		Total	<u>\$ 202,001,423</u>	<u>\$ 258,064,390</u>

* Represents party-in-interest transactions

See independent auditor's report