# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
RETIREMENT PLAN OF SASOL (USA) COPORATION

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 08/01/1984

**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)
SASOL (USA) CORPORATION

TRACY WILLIAMS

12120 WICKCHESTER LANE
HOUSTON, TX 77079

**2b** Employer Identification Number (EIN)
46-2043151

**2c** Plan Sponsor's telephone number
281-588-3000

**2d** Business code (see instructions)
325100

**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. | 10/14/2026 | 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 ☐ 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** | 2024 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 1236 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1077 |
| **b** | Retired or separated participants receiving benefits | **6b** | 96 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 680 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1853 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 28 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1881 |
| **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** | 33 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A 1C

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

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 249679604 |
| **b** Actuarial value | **2b** | 244812011 |

**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 | 117 | 8687444 | 8687444 |
| **b** For terminated vested participants | 688 | 39483412 | 39483412 |
| **c** For active participants | 1236 | 116811002 | 121762684 |
| **d** Total | 2041 | 164981858 | 169933540 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.36 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 12737850 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 12737850 |

**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

08/26/2026
Date

DAVID A. SAWYER, FSA, EA
Type or print name of actuary

26-06271
Most recent enrollment number

DEFINITI LLC
Firm name

281-296-1100
Telephone number (including area code)

525 KEISLER DRIVE, SUITE 102
CARY, NC 27518

Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 11229458 | 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) | 11229458 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 6.23 % | 699595 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 3773903 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 % | | 192469 |
| 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 | | 3966372 |
| 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) | 11929053 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 137.04 % |
| 15 | Adjusted funding target attainment percentage | 15 | 144.06 % |
| 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 | 151.65 % |
| 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 |
|---|---|---|---|---|---|
| 05/27/2025 | 370000 | 0 | 11/24/2025 | 240000 | 0 |
| 06/24/2025 | 250000 | 0 | 12/22/2025 | 230000 | 0 |
| 07/11/2025 | 240000 | 0 | 01/23/2026 | 240000 | 0 |
| 08/20/2025 | 250000 | 0 | 02/26/2026 | 240000 | 0 |
| 09/18/2025 | 240000 | 0 | 03/24/2026 | 230000 | 0 |
| 10/16/2025 | 640000 | 0 | 04/24/2026 | 360000 | 0 |
| | | | Totals ► 18(b) | 3530000 | 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 | 3379671 |

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:

| | 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|---|
| **a** Segment rates: | 5.07 % | 5.31 % | 5.50 % | ☐ 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** | 12737850 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 12737850 |

| **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** | 3379671 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 3379671 |
| **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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
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

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

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

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 | 1344661 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

DEFINITI

85-0833363

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 | NONE | 101098 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name: HAM, LANGSTON & BREZNIA, L.L.P.
**b** EIN: 76-0448498
**c** Position: ACCOUNTANT
**d** Address: 11550 FAQUA STREET
SUITE 475
HOUSTON, TX 77034
**e** Telephone: 281-481-1040

Explanation: HAM, LANGSTON & BREZINA, LLP WAS ACQUIRED BY COHNREZNICK, LLP ON JULY 1, 2026

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
RETIREMENT PLAN OF SASOL (USA) COPORATION

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
SASOL (USA) CORPORATION

**D** Employer Identification Number (EIN)
46-2043151

**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: SEI CORE PROPERTY COLLECTIVE INV TR

**b** Name of sponsor of entity listed in (a): SEI PRIVATE TRUST COMPANY

| **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) |
|---|---|---|
| 27-3224429-045 | C | 13895708 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIIT STRUCTURED CREDIT FUND

**b** Name of sponsor of entity listed in (a): SEI PRIVATE TRUST COMPANY

| **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) |
|---|---|---|
| 75-3251893-024 | C | 234456419 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIIT SP SITUATIONS COLLECTIVE FUND

**b** Name of sponsor of entity listed in (a): SEI PRIVATE TRUST COMPANY

| **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) |
|---|---|---|
| 27-0977453-038 | C | 17232832 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEI GLOBAL PRIVATE ASSETS

**b** Name of sponsor of entity listed in (a): SEI PRIVATE TRUST COMPANY

| **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) |
|---|---|---|
| 84-3069065-136 | C | 24442864 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
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.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1070000 | 1070000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 290107 | 309604 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 261117 | 0 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | 11637959 | 13049593 |
| **(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) | 92411913 | 79027823 |
| **(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) | 153753401 | 174543666 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 259424497 | 268000686 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 366201 | 333471 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 366201 | 333471 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 259058296 | 267667215 |

## 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) | 3530000 | |
| **(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) | | 3530000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 2357 | |
| **(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) | | 2357 |
| **(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) | 6092764 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 6092764 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 55283292 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 54708386 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 574906 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 8652289 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 8652289 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -13384090 |
| (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) | | 31062760 |
| c Other income | 2c | | 1411634 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 37942620 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 27672998 | |
| (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) | | 27672998 |
| 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) | 101498 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 1299376 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 45285 | |
| (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) | 214544 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 1660703 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 29333701 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 8608919 |
| 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)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

**(1)** Name: COHNREZNICK, LLP **(2)** EIN: 33-4144829

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584405.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
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 | 152

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

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

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

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

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

| | | | |
|---|---|---|---|
| 6 a | Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | 6a | |
| b | Enter the amount contributed by the employer to the plan for this plan year ..... | 6b | |
| c | Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c | |

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:
Public Equity: 32.0 % Private Equity: 14.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.0 %
High-Yield Debt: 14.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 0.0 % Other: 9.0 %

**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 | Schedule SB, line 26a<br>Schedule of Active Participant Data | 2025 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | | This Form is Open to Public Inspection |

| Name of Plan | RETIREMENT PLAN OF SASOL (USA) COPORATION | | | | | | |
|---|---|---|---|---|---|---|---|
| Plan Year Begin Date | 01/01/2025 | Plan Year End Date | 12/31/2025 | 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 | 10 | | | 12 | | |
| 25 to 29 | 13 | | | 62 | 143023 | 9242 |
| 30 to 34 | 12 | | | 72 | 140346 | 11888 |
| 35 to 39 | 3 | | | 61 | 148376 | 12362 |
| 40 to 44 | 6 | | | 52 | 147700 | 16176 |
| 45 to 49 | 9 | | | 32 | 152478 | 14496 |
| 50 to 54 | 4 | | | 36 | 164022 | 23964 |
| 55 to 59 | 1 | | | 18 | | |
| 60 to 64 | 3 | | | 12 | | |
| 65 to 69 | 1 | | | 2 | | |
| 70 & Up | | | | | | |

| Attained Age | YEARS OF CREDITED SERVICE | | | | | |
|---|---|---|---|---|---|---|
| | 5 to 9 | | | 10 to 14 | | |
| | No. | Average | | No. | Average | |
| | | Compensation | Cash Balance | | Compensation | Cash Balance |
| Under 25 | | | | | | |
| 25 to 29 | 20 | 160141 | 28425 | | | |
| 30 to 34 | 63 | 154966 | 20308 | 7 | | |
| 35 to 39 | 85 | 161929 | 29177 | 43 | 179978 | 60366 |
| 40 to 44 | 75 | 167468 | 44298 | 39 | 176270 | 60849 |
| 45 to 49 | 53 | 161310 | 56404 | 26 | 183033 | 67325 |
| 50 to 54 | 56 | 164509 | 70194 | 32 | 178262 | 96239 |
| 55 to 59 | 45 | 182179 | 102595 | 21 | 183745 | 125432 |
| 60 to 64 | 19 | | | 10 | | |
| 65 to 69 | 15 | | | 4 | | |
| 70 & Up | 1 | | | 3 | | |

| Name of Plan | RETIREMENT PLAN OF SASOL (USA) COPORATION | | | | | | |
|---|---|---|---|---|---|---|---|
| **Plan Year Begin Date** | 01/01/2025 | **Plan Year End Date** | 12/31/2025 | **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 | | | | | | |
| 35 to 39 | 5 | | | | | |
| 40 to 44 | 16 | | | 1 | | |
| 45 to 49 | 20 | 192341 | 47326 | 6 | | |
| 50 to 54 | 12 | | | 13 | | |
| 55 to 59 | 12 | | | 8 | | |
| 60 to 64 | 5 | | | | | |
| 65 to 69 | 2 | | | 3 | | |
| 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 | | | | | | |
| 45 to 49 | 2 | | | | | |
| 50 to 54 | 21 | 207240 | 140740 | 3 | | |
| 55 to 59 | 15 | | | 12 | | |
| 60 to 64 | 6 | | | 6 | | |
| 65 to 69 | | | | 5 | | |
| 70 & Up | | | | 1 | | |

| Name of Plan | RETIREMENT PLAN OF SASOL (USA) COPORATION | | | | | | |
|---|---|---|---|---|---|---|---|
| **Plan Year Begin Date** | 01/01/2025 | **Plan Year End Date** | 12/31/2025 | **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** | | | | | | |
| **55 to 59** | 5 | | | | | |
| **60 to 64** | 4 | | | 3 | | |
| **65 to 69** | 5 | | | 5 | | |
| **70 & Up** | | | | 2 | | |

**Structured Attachment**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

**2025**

**This Form is Open to Public Inspection**

| Name of Plan | RETIREMENT PLAN OF SASOL (USA) COPORATION | | | | | | |
|---|---|---|---|---|---|---|---|
| **Plan Year Begin Date** | 01/01/2025 | **Plan Year End Date** | 12/31/2025 | **EIN** | 46-2043151 | **PN** | 001 |

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 31173606 | 4673674 | 774096 | 36621376 |
| 2026 | 12637284 | 3871043 | 762122 | 17270449 |
| 2027 | 11057232 | 2053820 | 748992 | 13860044 |
| 2028 | 9493501 | 2169395 | 734757 | 12397653 |
| 2029 | 9183760 | 3652773 | 719459 | 13555992 |
| 2030 | 8386863 | 2719204 | 703126 | 11809193 |
| 2031 | 7210808 | 2954501 | 685774 | 10851083 |
| 2032 | 7020121 | 2299951 | 667401 | 9987473 |
| 2033 | 6532404 | 2788553 | 647996 | 9968953 |
| 2034 | 5761451 | 1672372 | 627542 | 8061365 |
| 2035 | 5020284 | 2411025 | 606018 | 8037327 |
| 2036 | 4729089 | 2316866 | 583423 | 7629378 |
| 2037 | 4605430 | 1984540 | 559779 | 7149749 |
| 2038 | 4343460 | 566419 | 535137 | 5445016 |
| 2039 | 4193335 | 970857 | 509598 | 5673790 |
| 2040 | 4319791 | 1039334 | 483280 | 5842405 |
| 2041 | 3891548 | 2197624 | 456330 | 6545502 |
| 2042 | 4016885 | 1701149 | 428905 | 6146939 |
| 2043 | 3977405 | 2717031 | 401166 | 7095602 |
| 2044 | 3901199 | 1289455 | 373279 | 5563933 |
| 2045 | 3764403 | 3721408 | 345406 | 7831217 |
| 2046 | 3611794 | 1396034 | 317710 | 5325538 |
| 2047 | 3040328 | 1681918 | 290350 | 5012596 |
| 2048 | 2723720 | 2420587 | 263494 | 5407801 |
| 2049 | 2465668 | 1619521 | 237313 | 4322502 |

| Name of Plan | RETIREMENT PLAN OF SASOL (USA) COPORATION | | | | | | |
|---|---|---|---|---|---|---|---|
| Plan Year Begin Date | 01/01/2025 | Plan Year End Date | 12/31/2025 | EIN | 46-2043151 | PN | 001 |

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2050 | 2270253 | 1982952 | 211980 | 4465185 |
| 2051 | 1833368 | 2199167 | 187674 | 4220209 |
| 2052 | 1556622 | 1651757 | 164565 | 3372944 |
| 2053 | 1324300 | 3398518 | 142818 | 4865636 |
| 2054 | 921622 | 1234558 | 122595 | 2278775 |
| 2055 | 707810 | 1861698 | 104023 | 2673531 |
| 2056 | 617171 | 1703483 | 87206 | 2407860 |
| 2057 | 507547 | 792460 | 72196 | 1372203 |
| 2058 | 439707 | 823084 | 59006 | 1321797 |
| 2059 | 344788 | 887424 | 47597 | 1279809 |
| 2060 | 275801 | 1251460 | 37885 | 1565146 |
| 2061 | 230426 | 777088 | 29754 | 1037268 |
| 2062 | 196654 | 411459 | 23058 | 631171 |
| 2063 | 167548 | 130692 | 17628 | 315868 |
| 2064 | 146767 | 11820 | 13298 | 171885 |
| 2065 | 134744 | 11575 | 9900 | 156219 |
| 2066 | 122258 | 11310 | 7275 | 140843 |
| 2067 | 113364 | 11023 | 5280 | 129667 |
| 2068 | 105728 | 10712 | 3786 | 120226 |
| 2069 | 97697 | 10376 | 2684 | 110757 |
| 2070 | 90445 | 10013 | 1882 | 102340 |
| 2071 | 83462 | 9623 | 1305 | 94390 |
| 2072 | 76576 | 9203 | 896 | 86675 |
| 2073 | 69946 | 8756 | 608 | 79310 |
| 2074 | 63532 | 8280 | 407 | 72219 |

# 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, 2025 and 2024

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

To the Participants and Plan Administrator of the
The Retirement Plan of Sasol (USA) Corporation:

***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements***

We have performed an audit of the 2025 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 Statement of Net Assets Available for Benefits as of December 31, 2025, and Statement of Accumulated Plan Benefits as of December 31, 2025 and the related Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements (2025 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Retirement Plan of Sasol (USA) Corporation's 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025 stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

***Opinion on the 2025 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section

- the amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2025 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 2025 Financial Statements***

We conducted our audit 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 Retirement Plan of Sasol (USA) Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Responsibilities of Management for the Financial Statements for the 2025 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and

maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Retirement Plan of Sasol (USA) Corporation Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 for the 2025 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 audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Retirement Plan of Sasol (USA) Corporation 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 Retirement Plan of Sasol (USA) Corporation Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other 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, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental 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 Department of Labor'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).

**Auditor's Report on the 2024 Financial Statements**

Predecessor auditors performed an audit of the 2024 financial statements of The Retirement Plan of Sasol (USA) Corporation. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 9, 2025, indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CohnReznick LLP

Houston, TX
October 13, 2026

# THE RETIREMENT PLAN OF SASOL (USA) CORPORATION

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
### DECEMBER 31, 2025 AND 2024

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| Investments, at fair value: | | |
| Mutual funds | $ 174,543,666 | $ 153,753,401 |
| Common collective trust funds | 79,027,823 | 92,411,913 |
| Limited partnerships | 13,049,593 | 11,637,959 |
| Money market funds | - | 261,117 |
| Total investments, at fair value | 266,621,082 | 258,064,390 |
| Employer contribution receivables | 1,070,000 | 1,070,000 |
| Accrued investment income | 309,604 | 290,107 |
| Total assets | 268,000,686 | 259,424,497 |
| **LIABILITIES** | | |
| Administrative expenses payable | 333,471 | 366,201 |
| Net assets available for benefits | $ 267,667,215 | $ 259,058,296 |

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, 2025 AND 2024

| | 2025 | 2024 |
|---|---|---|
| Investment income: | | |
| Interest and dividends | $ 6,095,120 | $ 5,472,391 |
| Net appreciation in fair value of investments | 28,001,459 | 20,683,864 |
| Total investment income | 34,096,579 | 26,156,255 |
| Employer contributions | 3,530,000 | 3,930,000 |
| Total additions | 37,626,579 | 30,086,255 |
| Deductions from net assets attributed to: | | |
| Administrative expenses | 1,344,662 | 1,562,057 |
| Benefit payments | 27,672,998 | 14,498,489 |
| Total deductions | 29,017,660 | 16,060,546 |
| Net increase in net assets available for benefits | 8,608,919 | 14,025,709 |
| Net assets available for benefits, beginning of year | 259,058,296 | 245,032,587 |
| Net assets available for benefits, end of year | $ 267,667,215 | $ 259,058,296 |

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, 2024*

| | |
|---|---|
| Actuarial present value of accumulated plan benefits: | |
| Vested benefits: | |
| Participants currently receiving payments | $ 7,586,224 |
| Other participants | 138,021,336 |
| Total vested benefits | 145,607,650 |
| Non-vested benefits | 7,858,099 |
| Total actuarial present value of accumulated plan benefits | $ 153,465,659 |

* 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, 2024*

| | |
|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | $ 152,069,568 |
| Increase (decrease) during the period attributable to: | |
| Benefit payments | (14,498,489) |
| Increase in interest due to decrease in discount period | 10,861,524 |
| Benefits accumulated and plan experience | 10,486,964 |
| Changes in actuarial assumptions | (5,453,908) |
| Net increase | 1,396,091 |
| Actuarial present value of accumulated plan benefits at end of year | $ 153,465,659 |

* 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 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%.

## 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 (the "actuary") 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 2025 and 2024 as it met the minimum funding requirements of ERISA, however the Company elected to contribute $3,530,000 and $3,930,000 to the Plan during the years ended December 31, 2025 and 2024, 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 $1,344,662 and $1,562,057 for the years ended December 31, 2025 and 2024, 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.

## 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 in, as a limited partner, 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 4.9% and 4.5% of total Plan investments at December 31, 2025 and 2024, respectively.

In October 2025, the CF Limited Partnership commenced an orderly liquidation process which is expected to complete during 2026. 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.

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, 2025 and 2024, 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.

## 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:

- 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, 2025 and 2024.

*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.

**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, 2025 and 2024:

| | Assets at Fair Value as of December 31, 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | $ 174,543,666 | $ - | $ - | $ 174,543,666 |
| Investments measured at net asset value [(a)] | | | | 92,077,416 |
| Total assets at fair value | | | | $ 266,621,082 |

| | 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 |
| | $ 154,014,518 | - | - | $ 154,014,518 |
| Investments measured at net asset value [(a)] | | | | 104,049,872 |
| Total assets at fair value | | | | $ 258,064,390 |

(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.

**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, 2025 and 2024.

| | Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|---|---|---|---|---|
| **December 31, 2025** | | | | |
| Limited partnerships | $ 13,049,593 | $ - | N/A | N/A [(b)] |
| Common/collective trust funds: | | | | |
| Structured Credit | 23,456,419 | - | Quarterly | 65 Days |
| Special Situations | 17,232,832 | - | Semi-annual | 95 Days |
| Core Property | 13,895,708 | - | Quarterly | 105 Days |
| Global Private Assets V | 24,442,864 | 6,947,768 | N/A | N/A |
| | $ 92,077,416 | $ 6,947,768 | | |
| **December 31, 2024** | | | | |
| 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 | 18,822,772 | 9,605,671 | N/A | N/A |
| | $ 104,049,872 | $ 9,605,671 | | |

(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, 2025 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, 2024, there would be no material differences.

**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 2025 IRS Applicable Mortality Table.

The significant actuarial assumptions underlying the actuarial valuation for January 1, 2025 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 | Age | |
| | 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 – 2024 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.

| Age | Rate |
|---|---|
| 20 | 16% |
| 25 | 12% |
| 30 | 8% |
| 35 | 6% |
| 40 | 3% |
| 45 | 3% |
| 50 | 3% |
| 55 | 3% |
| 60 | 0% |

Disability rates

| Age | Male | Female |
|---|---|---|
| 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% |

**6. Actuarial Present Value of Accumulated Plan Benefits, continued**

Retirement rates – active participants

| Age | Rate |
|---|---|
| 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.

## 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, 2025 and 2024, 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, 2026, 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, 2025

**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 |
|---|---|---|---|---|
| Mutual funds: | | | | |
| * | SEI Private Trust Company | SEI Core Fixed Income Fund | 68,008,757 | 69,414,978 |
| * | SEI Private Trust Company | SIIT World Equity Ex US Fund | 24,650,737 | 28,220,741 |
| * | SEI Private Trust Company | SEI S&P 500 Index Fund | 16,807,399 | 20,968,267 |
| * | SEI Private Trust Company | SIIT US Equity Factor Allocation Fund | 8,230,019 | 11,667,674 |
| * | SEI Private Trust Company | SIIT Emerging Markets Debt Fund | 9,485,405 | 9,330,143 |
| * | SEI Private Trust Company | SIIT Dynamic Asset Allocation Fund | 8,679,619 | 9,306,978 |
| * | SEI Private Trust Company | SEI High Yield Bond Fund | 9,664,208 | 9,278,182 |
| * | SEI Private Trust Company | SEI Extended Market Index Fund | 7,287,453 | 9,205,271 |
| * | SEI Private Trust Company | SEI Emerging Markets Equity Fund | 6,411,437 | 7,151,432 |
| | | Total mutual funds | 159,225,034 | 174,543,666 |
| Common collective trust funds: | | | | |
| * | SEI Private Trust Company | SEI Global Private Assets V | 17,542,119 | 24,442,864 |
| * | SEI Private Trust Company | SEI Structured Credit Collective | 2,109,618 | 23,456,419 |
| * | SEI Private Trust Company | SEI Special Situations Collective | 8,471,637 | 17,232,832 |
| * | SEI Private Trust Company | SEI Core Property Collective Inv | 7,100,000 | 13,895,708 |
| | | Total common collective trust funds | 35,223,374 | 79,027,823 |
| | Ampersand CF Limited Partnership | Limited Partnership | 4,640,705 | 7,301,322 |
| | Ampersand 2018 Limited Partnership | Limited Partnership | 2,651,193 | 5,748,271 |
| | | Total limited partnerships | 7,291,898 | 13,049,593 |
| | | Total | $ 201,740,306 | $ 266,621,082 |

* 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, 2025

**EIN: 46-2043151**
**PN: 001**

| (a) Identity of Party Involved | (b) Description of Asset | Transactions | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|
| **Series Transactions (Category 3)** | | | | | | | |
| SEI Private Trust Company | SEI Core Fixed Income Fund | 30 | $ 14,285,931 | $ - | $ 14,285,931 | $ 14,285,931 | $ - |
| SEI Private Trust Company | SEI Core Fixed Income Fund | 26 | $ - | $ 8,885,875 | $ 9,489,776 | $ 8,885,875 | $ (603,903) |

**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 | 5.07% |
| 2nd Segment Rate | 5.31% |
| 3rd Segment Rate | 5.50% |
| Lump Sum Rate | 4.00% |
| Effective Rate | 5.36% |

Salary Scale

| Age | Rate |
|---|---|
| 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: 2025 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.

| Age | Rate |
|---|---|
| 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

| Age | Male | Female |
|---|---|---|
| 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

| Age | Rate |
|---|---|
| 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 2025 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 | $280,000 effective for 2025. |
| 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 $350,000. |
| **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, 2025

**EIN: 46-2043151**
**PN: 001**

| (a) Identity of Party Involved | (b) Description of Asset | Transactions | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|
| **Series Transactions (Category 3)** | | | | | | | |
| SEI Private Trust Company | SEI Core Fixed Income Fund | 30 | $ 14,285,931 | $ - | $ 14,285,931 | $ 14,285,931 | $ - |
| SEI Private Trust Company | SEI Core Fixed Income Fund | 26 | $ - | $ 8,885,875 | $ 9,489,776 | $ 8,885,875 | $ (603,903) |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 249,679,604 |
| **b** Actuarial value | **2b** | 244,812,011 |

**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 | 117 | 8,687,444 | 8,687,444 |
| **b** For terminated vested participants | 688 | 39,483,412 | 39,483,412 |
| **c** For active participants | 1,236 | 116,811,002 | 121,762,684 |
| **d** Total | 2,041 | 164,981,858 | 169,933,540 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.36% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 12,737,850 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 12,737,850 |

**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

8/26/2026
Date

DAVID A. SAWYER, FSA, EA
Type or print name of actuary

2606271
Most recent enrollment number

DEFINITI LLC
Firm name

281-296-1100
Telephone number (including area code)

525 Keisler Drive, Suite 102
Cary NC 27518
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 11,229,458 | 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) | 11,229,458 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 6.23% | 699,595 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 3,773,903 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10% | | 192,469 |
| | 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 | | 3,966,372 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 11,929,053 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 137.04 % |
| 15 | Adjusted funding target attainment percentage | 15 | 144.06 % |
| 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 | 151.65 % |
| 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 |
|---|---|---|---|---|---|
| 05/27/2025 | 370,000 | 0 | | | |
| 06/24/2025 | 250,000 | 0 | | | |
| 07/11/2025 | 240,000 | 0 | | | |
| 08/20/2025 | 250,000 | 0 | | | |
| 09/18/2025 | 240,000 | 0 | | | |
| 10/16/2025 | 640,000 | 0 | | | |
| 11/24/2025 | 240,000 | 0 | | | |
| 12/22/2025 | 230,000 | 0 | | | |
| 01/23/2026 | 240,000 | 0 | | | |
| 02/26/2026 | 240,000 | 0 | | | |
| 03/24/2026 | 230,000 | 0 | | | |
| 04/24/2026 | 360,000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 3,530,000 | 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 | 3,379,671 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 5.07 % | 5.31 % | 5.50% | |

| | | |
|---|---|---|
| **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** | 12,737,850 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 12,737,850 |

**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** | 3,379,671 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 3,379,671 |
| **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 * 55 + 58.94 * 1181] / 1236 = 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 |
|---|---|---|---|---|---|
| 27-May-25 | 146 | $370,000 | 5.36% | ($7,647) | $362,353 |
| 24-Jun-25 | 174 | $250,000 | 5.36% | ($6,146) | $243,854 |
| 11-Jul-25 | 191 | $240,000 | 5.36% | ($6,469) | $233,531 |
| 20-Aug-25 | 231 | $250,000 | 5.36% | ($8,126) | $241,874 |
| 18-Sep-25 | 260 | $240,000 | 5.36% | ($8,762) | $231,238 |
| 16-Oct-25 | 288 | $640,000 | 5.36% | ($25,831) | $614,169 |
| 24-Nov-25 | 327 | $240,000 | 5.36% | ($10,968) | $229,032 |
| 22-Dec-25 | 355 | $230,000 | 5.36% | ($11,388) | $218,612 |
| 23-Jan-26 | 387 | $240,000 | 5.36% | ($12,925) | $227,075 |
| 26-Feb-26 | 421 | $240,000 | 5.36% | ($14,027) | $225,973 |
| 24-Mar-26 | 447 | $230,000 | 5.36% | ($14,247) | $215,753 |
| 24-Apr-26 | 478 | $360,000 | 5.36% | ($23,793) | $336,207 |
| 2025 Plan Year Contributions | | $3,530,000 | | ($150,329) | $3,379,671 |

| | |
|---|---|
| 2025 Plan Year Contributions | $3,530,000 |
| Interest Adjustment for Contributions made after the Beginning of the Plan Year | ($150,329) |
| 2025 Plan Year Discounted Contributions | $3,379,671 |

**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.<br><br>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.<br><br>Late – First of the month following termination of employment. |

## 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% |

## 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.

**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 Retirement | Base Portion | Excess Portion |
| 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.

## 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.<br>(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:

| *Points as of January 1* | *Base Compensation* | *Excess Compensation* |
|---|---|---|
| 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, 2025

**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 |
|---|---|---|---|---|
| Mutual funds: | | | | |
| * | SEI Private Trust Company | SEI Core Fixed Income Fund | 68,008,757 | 69,414,978 |
| * | SEI Private Trust Company | SIIT World Equity Ex US Fund | 24,650,737 | 28,220,741 |
| * | SEI Private Trust Company | SEI S&P 500 Index Fund | 16,807,399 | 20,968,267 |
| * | SEI Private Trust Company | SIIT US Equity Factor Allocation Fund | 8,230,019 | 11,667,674 |
| * | SEI Private Trust Company | SIIT Emerging Markets Debt Fund | 9,485,405 | 9,330,143 |
| * | SEI Private Trust Company | SIIT Dynamic Asset Allocation Fund | 8,679,619 | 9,306,978 |
| * | SEI Private Trust Company | SEI High Yield Bond Fund | 9,664,208 | 9,278,182 |
| * | SEI Private Trust Company | SEI Extended Market Index Fund | 7,287,453 | 9,205,271 |
| * | SEI Private Trust Company | SEI Emerging Markets Equity Fund | 6,411,437 | 7,151,432 |
| | | Total mutual funds | 159,225,034 | 174,543,666 |
| Common collective trust funds: | | | | |
| * | SEI Private Trust Company | SEI Global Private Assets V | 17,542,119 | 24,442,864 |
| * | SEI Private Trust Company | SEI Structured Credit Collective | 2,109,618 | 23,456,419 |
| * | SEI Private Trust Company | SEI Special Situations Collective | 8,471,637 | 17,232,832 |
| * | SEI Private Trust Company | SEI Core Property Collective Inv | 7,100,000 | 13,895,708 |
| | | Total common collective trust funds | 35,223,374 | 79,027,823 |
| | Ampersand CF Limited Partnership | Limited Partnership | 4,640,705 | 7,301,322 |
| | Ampersand 2018 Limited Partnership | Limited Partnership | 2,651,193 | 5,748,271 |
| | | Total limited partnerships | 7,291,898 | 13,049,593 |
| | | Total | $ 201,740,306 | $ 266,621,082 |

* Represents party-in-interest transactions

See independent auditor's report