

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HALLIBURTON RETIREMENT AND SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HALLIBURTON COMPANY</u></p> <p><u>HALLIBURTON PLAZA 1, SUITE 2112</u> <u>3000 N. SAM HOUSTON PKWY E.</u> <u>HOUSTON, TX 77032-3219</u></p>	<p>1c Effective date of plan <u>01/01/1944</u></p> <p>2b Employer Identification Number (EIN) <u>75-2677995</u></p> <p>2c Plan Sponsor's telephone number <u>281-575-3000</u></p> <p>2d Business code (see instructions) <u>211120</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	KIRT ADAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	KIRT ADAMS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor HALLIBURTON CO. BENEFITS COMMITTEE HALLIBURTON PLAZA 1, SUITE 2112 3000 N. SAM HOUSTON PKWY E. HOUSTON, TX 77032-3219	3b Administrator's EIN 75-2677995 3c Administrator's telephone number 281-575-3000
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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
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5 Total number of participants at the beginning of the plan year	5	26254
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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)	15306
a(2) Total number of active participants at the end of the plan year	6a(2)	14859
b Retired or separated participants receiving benefits.....	6b	668
c Other retired or separated participants entitled to future benefits	6c	8888
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	24415
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	297
f Total. Add lines 6d and 6e	6f	24712
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)	26015
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)	24396
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1179

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3F 3H

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

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

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HALLIBURTON RETIREMENT AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HALLIBURTON COMPANY	D Employer Identification Number (EIN) 75-2677995	

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-3532603

(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?
64 65	NONE	1169951	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER INVESTMENT CONSULTING, INC.

13-2834414

(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?
38	NONE	293053	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65	NONE	169525	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WEAVER AND TIDWELL, LLP

75-0786316

(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?
10	NONE	32550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

QDRO CONSULTANTS COMPANY, LLC

34-1820650

(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?
16 70	NONE	13050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	7561	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HALLIBURTON RETIREMENT AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HALLIBURTON COMPANY</u>	D Employer Identification Number (EIN) <u>75-2677995</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STABLE VALUE STRATEGY</u>				
b Name of sponsor of entity listed in (a): <u>HALLIBURTON COMPANY</u>				
c EIN-PN <u>80-6176426-101</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>454369000</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BOND INDEX STRATEGY</u>				
b Name of sponsor of entity listed in (a): <u>HALLIBURTON COMPANY</u>				
c EIN-PN <u>80-6176426-105</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>66818000</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 INDEX STRATEGY</u>				
b Name of sponsor of entity listed in (a): <u>HALLIBURTON COMPANY</u>				
c EIN-PN <u>80-6176426-106</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>749572000</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-US EQUITY STRATEGY</u>				
b Name of sponsor of entity listed in (a): <u>HALLIBURTON COMPANY</u>				
c EIN-PN <u>80-6176426-110</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>90802000</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP EQUITY STRATEGY</u>				
b Name of sponsor of entity listed in (a): <u>HALLIBURTON COMPANY</u>				
c EIN-PN <u>80-6176426-111</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>151272000</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>2045 RETIREMENT PORTFOLIO</u>				
b Name of sponsor of entity listed in (a): <u>HALLIBURTON COMPANY</u>				
c EIN-PN <u>80-6176426-134</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>346997000</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE BOND STRATEGY</u>				
b Name of sponsor of entity listed in (a): <u>HALLIBURTON COMPANY</u>				
c EIN-PN <u>80-6176426-116</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>21713000</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **NON US EQUITY INDEX STRATEGY**

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

c EIN-PN 80-6176426-117	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43585000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INCOME RETIREMENT PORTFOLIO**

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

c EIN-PN 80-6176426-118	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65250000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **2015 RETIREMENT PORTFOLIO**

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

c EIN-PN 80-6176426-121	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	46807000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **2020 RETIREMENT PORTFOLIO**

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

c EIN-PN 80-6176426-122	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	131790000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **2025 RETIREMENT PORTFOLIO**

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

c EIN-PN 80-6176426-123	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	214181000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **2030 RETIREMENT PORTFOLIO**

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

c EIN-PN 80-6176426-124	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	260495000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **2035 RETIREMENT PORTFOLIO**

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

c EIN-PN 80-6176426-125	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	285767000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **2040 RETIREMENT PORTFOLIO**

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

c EIN-PN 80-6176426-126	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	314406000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG TARGET DATE RETIREMENT**

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

c EIN-PN 80-6176426-127	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	646002000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INFLATION SENSITIVE STRATEGY**

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

c EIN-PN 80-6176426-130	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15773000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP EQUITY STRATEGY**

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

c EIN-PN 80-6176426-131	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 346162000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL/MID CAP EQUITY INDEX STRATEGY**

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

c EIN-PN 80-6176426-135	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181124000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NORTHERN TRUST COLLECT GOV'T STIF**

b Name of sponsor of entity listed in (a): **THE NORTHERN TRUST COMPANY**

c EIN-PN 45-6138589-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2358000
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HALLIBURTON RETIREMENT AND SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HALLIBURTON COMPANY	D Employer Identification Number (EIN) 75-2677995

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	33899000	34929000
(2) Participant contributions	1b(2)	0	45000
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	55894000	66366000
(9) Value of interest in common/collective trusts	1c(9)	5953000	2358000
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	4153435000	4432885000
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4249181000	4536583000
Liabilities			
g Benefit claims payable.....	1g	440000	209000
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	457000	361000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	897000	570000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4248284000	4536013000

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)	108441000	
(B) Participants.....	2a(1)(B)	163227000	
(C) Others (including rollovers).....	2a(1)(C)	6173000	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		277841000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	4590000	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4590000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		494674000
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		391000
d Total income. Add all income amounts in column (b) and enter total	2d		777496000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	487826000	
(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)		487826000
f Corrective distributions (see instructions)	2f		251000
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)	308000	
(3) Recordkeeping fees	2i(3)	1339000	
(4) IQPA audit fees	2i(4)	33000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	8000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1690000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		489767000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		287729000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WEAVER AND TIDWELL, LLP**

(2) EIN: **75-0786316**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HALLIBURTON RETIREMENT AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HALLIBURTON COMPANY</u>	D Employer Identification Number (EIN) <u>75-2677995</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

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): 04-6568107

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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 _____.

Halliburton Retirement and Savings Plan

Financial Report

December 31, 2024

C O N T E N T S

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Financial Statements

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Supplementary Information

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted, because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Participants and Benefits Committee of the
Halliburton Retirement and Savings Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of US GAAP.

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

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

Other Matter — Supplementary Information Required by ERISA

The supplementary information listed in the table of contents as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary information, 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 US GAAS. For information included in the supplementary information 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 supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplementary information, other than the information in the supplementary information that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplementary information 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).

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Houston, Texas
September 4, 2025

Halliburton Retirement and Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

Thousands of dollars

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
Plan's interest in Master Trust, at fair value	\$ 3,938,754	\$ 3,594,693
Plan's interest in Master Trust, at contract value	494,131	558,742
Interest in common/collective trusts	2,358	5,953
	<u>4,435,243</u>	<u>4,159,388</u>
Total investments	4,435,243	4,159,388
Receivables		
Notes receivable from participants	66,366	55,894
Company contributions, net of forfeitures	34,929	33,899
Participant contributions	45	-
	<u>101,340</u>	<u>89,793</u>
Total receivables	101,340	89,793
Total assets	4,536,583	4,249,181
LIABILITIES		
Accrued administrative expenses	361	457
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,536,222</u>	<u>\$ 4,248,724</u>

The Notes to Financial Statements are an integral part of these statements.

Halliburton Retirement and Savings Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

Thousands of dollars

	2024	2023
ADDITIONS		
Plan's interest in Master Trust net investment activity	\$ 494,674	\$ 564,027
Other income	391	273
Contributions		
Participants	163,227	156,150
Company, net of forfeitures	108,441	115,590
Rollovers	6,173	9,107
Total contributions	277,841	280,847
Interest on notes receivable from participants	4,590	3,049
Total additions	777,496	848,196
DEDUCTIONS		
Benefits paid to participants	488,308	432,837
Administrative expenses	1,690	1,753
Total deductions	489,998	434,590
Net increase	287,498	413,606
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	4,248,724	3,835,118
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 4,536,222	\$ 4,248,724

The Notes to Financial Statements are an integral part of these statements.

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Note 1. Description of the Plan

The Halliburton Retirement and Savings Plan (the Plan) is a defined contribution plan maintained for the benefit of certain employees of Halliburton Company and certain subsidiaries (the Company). The Plan was established in accordance with Sections 401(a) and 401(k) of the Internal Revenue Code of 1986 (IRC), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan provides only general information. Participants should refer to the plan document or summary plan description for a more complete description of the Plan's provisions.

Eligibility

All employees of the Company are eligible for immediate participation in the Plan upon their date of hire unless they are among the ineligible populations as defined in the plan document. Generally, employees are ineligible to participate in the Plan if they are: (1) covered by a collective bargaining agreement, unless the agreement provides for coverage of the employee group; (2) nonresident aliens with no earned income from the Company from sources within the United States of America (United States); (3) covered by any other funded plan of deferred compensation of any foreign subsidiary of the Company with respect to employment in the United States; (4) leased employees or independent contractors; or (5) eligible to participate in any other plan of the Company that is intended to meet the requirements of Section 401(a) of the IRC, other than the Halliburton Retirement Plan (a defined benefit plan).

Contributions

Employees

Eligible employees may elect to contribute up to 50% of their eligible earnings to the tax-deferred savings feature as the Plan through periodic payroll deductions, subject to certain limitations under the IRC on tax-deferred savings and eligible earnings. No amendment has been issued to this contribution percentage in 2024 or 2023.

Eligible employees may elect to contribute up to 50% of their eligible earnings as a pre-tax Roth contribution under the Plan through payroll deductions, subject to certain limitations under the IRC. No amendment has been issued to this contribution percentage in 2024 or 2023. Eligible employees are permitted to roll over balances from other qualified Roth 401(k) plans or Roth individual retirement accounts (Roth IRAs) into the Plan, as specified in the plan document.

The Plan contains an automatic enrollment feature for eligible employees. These employees are automatically enrolled to contribute 6% of their eligible compensation to the Plan on a pretax basis following 30 days' notice of the automatic enrollment feature and to have their deductions automatically increased by 1% for four successive years beginning on the January 1 following the first anniversary of their dates of hire, unless they affirmatively take action to opt out of the automatic enrollment or escalation process. Contributions made under the automatic enrollment process are invested in the Target Date Portfolio (TDP) closest to the year in which the participant is expected to reach age 65, unless the participant affirmatively chooses another investment option or any combination of investment options available under the Plan. Participants in the Plan who are contributing less than 6% of their eligible compensation to the Plan also have their contributions automatically increased to 6% each year unless they affirmatively take action to opt out of the change. Participants have the opportunity to stop or change their contribution and investment option elections at any time, with changes among investment options subject to the investment transfer policy.

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Eligible employees who are age 50 or older before the close of the plan year may elect to make catch-up contributions, subject to certain limitations under the IRC on tax-deferred savings and eligible earnings.

Eligible employees are permitted to roll over balances from other qualified plans or individual retirement accounts (IRAs) into the Plan, as specified in the plan document. In the absence of participant investment direction, the TDP closest to the year in which the participant is expected to reach age 65 is the default investment alternative for rollovers into the Plan.

Employer

Eligible employees who make tax-deferred contributions, Roth contributions, and/or catch-up contributions will receive company matching contributions equal to 100% of each dollar contributed not to exceed 4% of their eligible compensation contributed during the applicable pay period, plus 50% of each dollar contributed in excess of 4%, but not to exceed 6%, of their eligible compensation contributed during the applicable pay period. This contribution is intended to satisfy a safe harbor contribution formula permitted by Internal Revenue Service (IRS) regulations. By making the safe harbor matching contribution, the Plan will automatically satisfy the nondiscrimination requirements that otherwise would apply to 401(k) contributions made by the Plan.

The Company may also provide an annual contribution on behalf of each eligible employee of a discretionary percentage of eligible compensation or a set amount. Eligible employees are not required to make any contributions to the Plan in order to receive an annual contribution. To be eligible to receive an allocation of any annual contribution, an employee must be employed by the Company or one of its controlled group members as of December 31 of the preceding year or be on an approved leave of absence as of such date. Eligible employees will also receive an allocation of any annual contribution if they terminate their employment with the Company or one of its controlled group members during the plan year due to retirement, death, or disability. The Company made an annual non-elective contribution of \$34,905,216 in 2025 for the 2024 plan year. Similarly, an annual non-elective contribution of \$33,898,995 was made in 2024 for the 2023 plan year.

In the absence of participant investment direction, the TDP closest to the year in which the participant is expected to reach age 65 is the default investment alternative for all employer contributions.

Plan Accounts

The Company has entered into a master trust agreement for the Halliburton Company Employee Benefit Master Trust (Master Trust). The Master Trust was established for the collective investment of certain defined contribution and defined benefit plans sponsored by the Company or its affiliates, including the Plan. The Plan maintains a clearing account that invests in a short-term investment fund to facilitate the payment of benefits and receipt of contributions to the Plan.

Investment Transfers

The Plan allows participants to make transfers of their account balances among the Plan's investment options, subject to the Plan's investment transfer policy. The amount of the transfer may be all or any portion of the participant's account balance. The Plan's investment transfer policy places certain waiting periods on transfers and reallocations into and out of all of the investment options.

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Administration

The Halliburton Company Benefits Committee (Benefits Committee) controls and manages the operation and administration of the Plan. The Halliburton Company Investment Committee (Investment Committee) controls and manages the operation and administration of the Master Trust. The Northern Trust Company (Northern Trust) is the Plan's trustee and custodian. Fidelity Workplace Services LLC (Fidelity) is the Plan's record keeper.

Notes Receivable from Participants

Participants may borrow from their vested account balances a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 (reduced by the highest outstanding loan balance in all company-sponsored plans in the prior 12 months) or 50% of their vested account balance. A participant may not have more than one loan outstanding at any time. Loans bear interest at one percent above the prime rate of interest obtained from Reuters Reporting Service as of the first business day of the month in which the loan is made. A loan originated under the Plan must be repaid within five years (10 years for primary residence loans) through payroll deductions and is collateralized by the participant's account balance. If a participant fails to comply with the repayment terms of a loan, the Benefits Committee or its designee may deem such defaulted loan as a distribution when the loan is considered uncollectible from the participant, in accordance with applicable law.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer matching and non-elective contributions, as well as the participant's share of investment income, appreciation (depreciation), and any related administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their tax-deferred savings contributions, Roth contributions, Roth Rollover contributions, and related earnings. Participants become fully vested in Company matching contributions and related earnings upon completion of two years of vesting service and in annual contributions and related earnings upon completion of three years of vesting service. Regardless of years of vesting service, participants automatically become vested in all Company contributions upon the occurrence of (1) reaching their normal retirement date (age 65) while employed by the Company or (2) termination of employment with the Company due to death or disability.

Participants who terminate employment before becoming fully vested forfeit their nonvested balances in accordance with the terms of the Plan. Forfeited nonvested accounts totaled \$3,055,685 at December 31, 2024 and \$5,876,454 at December 31, 2023. These accounts may be used to reduce future Company contributions. During 2024 and 2023, Company contributions were reduced by \$11,700,000 and \$1,888,931, respectively, from forfeited nonvested accounts.

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Distributions

Participants or their designated beneficiaries may elect to receive a distribution upon retirement, termination, disability, or death. Direct rollovers to an IRA or other eligible retirement plan are permitted. Termination, retirement, and disability distributions are made in the form of lump-sum payments or periodic installments, as elected by the participant. Distributions upon the death of a participant are generally made in the form of a lump-sum payment or periodic installments, as elected by the designated beneficiary. Certain joint and survivor annuities are available upon election to participants who had a balance under the Plan prior to June 1998, as provided under the terms of the Plan.

While employed, participants may make in-service withdrawals from their after-tax contribution accounts, contributions to which were allowed under the Plan prior to 2004, or from their rollover contribution accounts, as provided in the Plan document. In-service withdrawals from a participant's tax-deferred savings contribution account can be made in the event of a proven financial hardship or to an employee who is performing service in the uniformed services (as described in the IRC), subject to limitations under the Plan. Certain additional in-service withdrawals are permitted for account balances transferred from acquired company plans, as provided in the Plan document. In-service withdrawals from all vested accounts under the Plan are permitted upon attainment of age 59-1/2.

Investment Earnings

Investment earnings on participants' accounts are allocated proportionately based on their relative account balance in each investment option.

Plan Termination

The Board of Directors of the Company may amend, modify, or terminate the Plan at any time. The Chief Executive Officer of the Company may terminate the Plan and may amend the Plan if such amendment has a cost impact within the Chief Executive Officer's approval authority or if the amendment is required to acquire or maintain the qualified status of the Plan. No plan termination is contemplated. If a plan termination should occur, the accounts of all participants would immediately become fully vested and be paid in accordance with the terms of the Plan.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements were prepared using the accrual basis of accounting in accordance with United States generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with United States generally accepted accounting principles requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Valuation of Investments

All investments of the Master Trust are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. See Note 3 for discussion of benefit-responsive investment contracts. 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. See Note 4 for discussion of fair value measurements.

The Plan invests in interest-bearing cash held outside of the Master Trust by the trustee in a short-term investment fund that is valued at cost, which approximates fair value. The Plan considers all highly liquid investments with an original maturity of three months or less to be interest-bearing cash.

Contributions

Contributions from Plan participants and the matching contributions from the Company are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest is recorded when earned. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Risks and Uncertainties

The investment options are exposed to various risks, such as interest rate, market, credit, inflation, economic, geopolitical, and regulatory risks. Market risks include global events, which could impact the value of investment securities, such as pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term.

Securities Transactions and Investment Income of the Master Trust

The Plan records interest on interest-bearing cash held outside of the Master Trust when earned. Purchases and sales of securities held outside of the Master Trust are recorded on a trade-date basis.

Purchases and sales of securities in the Master Trust are also recorded on a trade-date basis. Interest income of Master Trust investments is recorded when earned. Dividends on Master Trust investments are recorded on the ex-dividend date. Realized gains and losses on investments sold by the Master Trust plus unrealized appreciation and depreciation on investments of the Master Trust plus investment income of the Master Trust, including interest, dividends, and other income, less expenses related to the direct management of the Master Trust is presented as "Plan's interest in Master Trust net investment activity" on the Statement of Changes in Net Assets Available for Benefits.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Administrative Expenses

All Plan expenses, other than those elected to be paid by the Company, are eligible to be paid by the Master Trust on behalf of the Plan. Investment-related expenses and expenses related to the direct management of the Master Trust are shared on an equitable basis by all participating plans in the Master Trust and are included in "Plan's interest in Master Trust net investment activity" in the Statement of Changes in Net Assets Available for Benefits. Expenses specifically related to administration of the plans are either charged to the individual plan that incurred the expense or allocated among all plans, as appropriate, and are reflected as "Administrative expenses" in the Statement of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan has evaluated subsequent events through September 4, 2025, the date the financial statements were available to be issued.

Note 3. Investment Assets Held in the Master Trust

Certain assets of the Plan are combined with the assets of certain other benefit plans participating in the Master Trust. The combination of the participating plans' assets is only for investment purposes, and the plans continue to operate under their current, respective plan documents, as amended. Master Trust assets are allocated among participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and certain administrative expenses) that pertain to a specific plan or by allocating transactions that do not pertain to a specific plan among all plans in proportion to the fair value of the assets assigned to each plan.

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Following is a summary of Master Trust net assets and the Plan's interest in Master Trust net assets as of December 31, 2024 and 2023:

Thousands of dollars	December 31			
	2024		2023	
	Master Trust	Plan's Interest in Master Trust	Master Trust	Plan's Interest in Master Trust
Assets				
Investments at fair value				
Collective Trusts	\$ 3,137,930	\$ 3,107,280	\$ 2,232,873	\$ 2,195,132
Common Stocks	645,849	643,786	1,067,964	1,065,597
Government Bonds, including MBS	99,681	99,531	83,921	83,778
Cash & Equivalents	41,416	37,908	71,569	71,457
Mutual Funds	15,774	15,774	15,697	15,697
Corporate Bonds, including convertibles	15,791	15,768	155,145	154,982
Privately Issued Mortgage-backed Securities	11,636	11,618	8,349	8,335
Asset-Backed Securities	8,037	8,025	4,893	4,885
Equities - Other	7,318	7,314	7,995	7,989
Registered Investment Companies	3,612	3,607	3,837	3,830
Preferred Stocks	1,377	1,376	1,231	1,230
	3,988,421	3,951,987	3,653,474	3,612,912
Investments at contract value				
Synthetic investment contracts	494,697	494,131	559,472	558,742
Total investments	4,483,118	4,446,118	4,212,946	4,171,654
Receivables				
Other	4,787	4,767	4,695	4,669
Interest	1,641	1,635	4,438	4,430
Receivable for investments sold	869	868	7,639	7,626
Dividends	714	712	1,607	1,605
Total receivables	8,011	7,982	18,379	18,330
Total assets	4,491,129	4,454,100	4,231,325	4,189,984
Liabilities				
Payables for investments purchased	19,299	19,270	33,932	33,876
Other payables	1,950	1,945	2,678	2,673
Total liabilities	21,249	21,215	36,610	36,549
Net Assets	\$ 4,469,880	\$ 4,432,885	\$ 4,194,715	\$ 4,153,435

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Following is a summary of changes in net assets for the Master Trust for the years ended December 31, 2024 and 2023:

<i>Thousands of dollars</i>	2024	2023
Net assets, beginning of year	\$ 4,194,715	\$ 3,795,491
Net investment appreciation	449,019	521,528
Net Investment income		
Interest income	35,340	32,661
Dividend income	21,012	25,908
Other income	-	57
Expenses	(10,693)	(11,528)
Total net investment income	45,659	47,098
Change in net assets from net investment activities	494,678	568,626
Receipts from Participating Plans	406,345	356,300
Withdrawals by Participating Plans	(625,858)	(525,702)
Net assets, end of year	\$ 4,469,880	\$ 4,194,715

Benefit-Responsive Investment Contracts

The Plan's available investment options include twelve TDPs and ten single focus funds, including the Stable Value Strategy (SVS). The SVS and certain TDPs invest in separately managed investment contracts that are fully benefit-responsive. Investment contracts are entered into for a fee with financial institutions (wrapper contract issuers) to assure contract value liquidity for participant-directed withdrawals, transfers, or loans, for which the wrapper contract issuer undertakes to repay the Master Trust at contract value.

Investment contracts are carried at contract value in the aggregate, which consists of contributions plus earnings, less withdrawals and expenses pursuant to the contract. The assets backing the investment contracts are primarily bonds and notes and are for the sole benefit of the Master Trust. All of the investment contracts are synthetic guaranteed investment contracts (GIC), with the assets backing the synthetic GIC held by the Trustee.

Earnings on investment contracts are calculated by applying the crediting rate to the contract value. The crediting rate is a function of the relationship between the fair value, yield, and duration of the underlying assets versus the contract value. If the positive adjustment from fair value to contract value increases, the crediting rate at the next reset date will be negatively impacted and vice versa. Interest rate change is a key factor that can influence future crediting rates because it impacts the fair value, yield, and duration of the underlying assets. The crediting rate is reset periodically by the wrapper contract issuer and insurance company and cannot be less than zero.

All of the separately managed investment contracts held by the Master Trust are fully participating contracts. In a fully participating investment contract, the asset and liability risks may be transferred from the wrapper contract issuer or insurance company to the Master Trust in the event of a plan termination or a non-participant-directed withdrawal, transfer, or loan. The wrapper contract issuer or insurance company may terminate a fully benefit-responsive investment contract and settle at an amount different from the contract value if the wrapper contract issuer, insurance company, or Master Trust is unable to meet the terms of the contract. The risk of these events happening is possible but not probable.

Halliburton Retirement and Savings Plan

Notes to Financial Statements

The separately managed investment contracts held by the Master Trust also provide for withdrawals associated with certain events that are not in the ordinary course of Master Trust operations. These withdrawals are paid at fair value as defined in the contract. Each wrapper contract issuer and insurance company specifies the events that may trigger a fair value disbursement, which may include, but are not limited to, any of the following:

- Material amendments to the investment guidelines in the management of the underlying assets;
- Material amendments to the provisions or administration of the participating plans that may materially and adversely affect deposits and withdrawals;
- Changes to the participating plans' competing investment options, including the elimination of equity wash provisions;
- Termination of the SVS, TDPs, or participating plans;
- The failure of participating plans to qualify under Section 401(a) of the IRC or, to the extent applicable, Section 401(k) of the IRC;
- The redemption of all or a portion of the interest in the SVS or TDP held by participating plans at the direction of the Company, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the participating plan (such as group layoff or early retirement incentive program), the closing or sale of a subsidiary, employee unit, or affiliate, the bankruptcy or insolvency of the Company, the merger of a participating plan with another plan, or the Company's establishment of another tax-qualified defined contribution plan; and
- Delivery of any communications to plan participants designed to influence a participant to withdraw or transfer from the SVS or TDP.

At this time, the Investment Committee does not believe the occurrence of any such fair value event is probable.

The following table sets forth the separately managed benefit-responsive investment contracts at contract value held by the Master Trust at December 31, 2024 and 2023.

<i>Thousands of dollars</i>	2024		2023	
	Moody's Credit Rating	Amount	Moody's Credit Rating	Amount
Metropolitan Tower Life Insurance Company	Aa3	\$ 101,003	Aa3	\$ 109,073
Pacific Life Insurance Company	Aa3	100,696	Aa3	108,624
Transamerica Premier Life Insurance Company	A1	99,402	A1	122,856
Massachusetts Mutual Life Insurance Company	Aa3	97,075	Aa3	109,757
American General Life Insurance Company	A2	96,521	A2	109,162
Total benefit-responsive investment contracts		\$ 494,697		\$ 559,472

Halliburton Retirement and Savings Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

The Financial Accounting Standards Board (FASB) establishes a framework for measuring fair value of assets and liabilities that provides a three-level valuation hierarchy based upon observable and unobservable inputs, with preference given to observable inputs.

These two types of inputs create the following fair value hierarchy:

- Level 1 Quoted prices in active markets for identical instruments;
- Level 2 Significant other observable inputs, including quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and inputs other than quoted prices that are observable or are derived principally from or corroborated by observable market data for substantially the full term of the instrument; and
- Level 3 Significant unobservable inputs.

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

Cash and cash equivalents: Cash primarily consists of foreign currencies, which fluctuate based on exchange rates. Cash equivalents consist of investments in common/collective trust funds valued at \$1.00 per share, which are primarily invested in highly liquid short-term debt securities.

Stocks: Valued by independent pricing vendors based on quoted fair value in active markets and inactive markets. In the absence of valid market information or a comparable security, stocks are valued using the securities' own financial information and other market indicators or nonbinding broker quotes.

Bonds and notes: Valued using quotes from independent pricing vendors based on recent trading activity and other relevant information, including other observable inputs such as market interest rate curves, referenced credit spreads, and estimated prepayment rates, where applicable. When there is limited or no relevant market activity, bonds and notes are valued using nonbinding broker quotes.

Common/collective trust and commingled funds: Common/collective trust and commingled funds are valued at net asset value of units held by the Master Trust or by the Plan, which approximates fair value using the practical expedient method. No common/collective trust or commingled funds in which the Master Trust or the Plan invests were subject to redemption terms or conditions during the periods presented.

Derivatives: Exchange-traded derivative financial instruments are valued based on their quoted fair value by independent pricing vendors. Non-exchange-traded derivative financial instruments are valued using quotes from independent pricing vendors based on observable inputs, such as interest rates, yields, interest volatilities, credit spread recovery rates, and recent trading activity from market makers.

The availability of observable market data is monitored to assess the appropriate classification of investments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is recognized at the beginning of the reporting period.

The valuation methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although these valuation methods are appropriate and consistent with other market participants, the use of different methodologies or

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Notes to Financial Statements

assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the fair value of Master Trust investments as of December 31, 2024 and 2023:

<i>Thousands of dollars</i>	<u>2024</u>	<u>2023</u>
Level 1:		
Cash and cash equivalents	\$ 1,465	\$ 861
Stocks	<u>653,684</u>	<u>1,077,189</u>
	655,149	1,078,050
Level 2:		
Cash and cash equivalents	1,499	20,989
Corporate bonds, including convertibles	15,791	155,145
Government bonds	99,681	83,921
Asset-backed securities	8,037	4,893
Privately issued mortgage-backed securities	<u>11,636</u>	<u>8,349</u>
	136,644	273,297
Level 3:		
Stocks	<u>860</u>	<u>1</u>
	860	1
Total investments in the fair value hierarchy	792,653	1,351,348
Investments measured at net asset value (a):		
Common/collective trusts	<u>3,195,768</u>	<u>2,302,126</u>
Investments at fair value	<u>\$ 3,988,421</u>	<u>\$ 3,653,474</u>

(a) In accordance with US GAAP, certain investments that were measured at net asset value per share (or its equivalent) 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 Master Trust net assets table on page 12.

The following table sets forth by level, within the fair value hierarchy, the fair value of interest in common/collective trusts held by the Plan as of December 31, 2024 and 2023:

<i>Thousands of dollars</i>	<u>2024</u>	<u>2023</u>
Investments measured at net asset value (a):		
Interest in common/collective trusts	<u>\$ 2,358</u>	<u>\$ 5,953</u>
Investments at fair value	<u>\$ 2,358</u>	<u>\$ 5,953</u>

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Notes to Financial Statements

Note 5. Tax Status

The IRS informed the Company by a letter dated April 6, 2017 that the Plan and related trust were designed in accordance with the applicable provisions of the IRC. The Plan has been amended since receiving the letter; however, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes the Plan was qualified and the related trust was tax-exempt during the plan years ended December 31, 2024 and 2023.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits being performed by such taxing jurisdictions for any tax periods open for review.

Note 6. Related-Party Transactions

Through its participation in the Master Trust, the Plan may invest in investment securities issued and/or managed by the trustee and asset managers. While these entities are considered parties-in-interest to the Plan, these transactions are covered by an exemption from the prohibited transaction provisions of ERISA and the IRC.

Note 7. Summary of Financial Data Certified by the Trustees

Management has elected to have the audit 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. Accordingly, as permitted under such election, management has obtained certifications from the trustee of the Plan, Northern Trust, as of and for the years ended December 31, 2024 and 2023, that the financial information provided is complete and accurate. Information included in the accompanying financial statements and notes to the financial statements as to Plan's interest in Master Trust, Plan's interest in Master Trust net investment activity, and investment information is presented solely upon these certifications, except for notes receivable from participants at December 31, 2024 and 2023 and interest on notes receivable from participants for the years ended December 31, 2024 and 2023.

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Notes to Financial Statements

Note 8. Reconciliation of Financial Statements to Form 5500

Benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date are reported in the financial statements in the subsequent year, but are included in amounts allocated to withdrawing participants on Form 5500 in the year in which the claims have been processed and approved for payment.

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

<i>Thousands of dollars</i>	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 4,536,222	\$ 4,248,724
Amounts allocated to withdrawing participants	<u>(209)</u>	<u>(440)</u>
Net assets available for benefits per Form 5500	<u>\$ 4,536,013</u>	<u>\$ 4,248,284</u>

Following is a reconciliation of benefits paid to participants per the financial statements to Form 5500. Deemed distributions of delinquent participant loans are included in "Benefits paid to participants" in the financial statements but reported separately on Form 5500 for the years ended December 31, 2024 and 2023:

<i>Thousands of dollars</i>	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 488,308	\$ 432,837
Amounts allocated to withdrawing participants at December 31, 2024	209	-
Amounts allocated to withdrawing participants at December 31, 2023	(440)	440
Amounts allocated to withdrawing participants at December 31, 2022	-	(1,610)
Deemed distributions of participant loans	<u>(251)</u>	<u>(213)</u>
Benefits paid to participants per Form 5500	<u>\$ 487,826</u>	<u>\$ 431,454</u>

Halliburton Retirement and Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Plan #001 / EIN: 75-2677995

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost**	Current Value	
<i>Thousands of dollars</i>				
Investments:				
* Halliburton Company Employee Benefit Master Trust	Investment in net assets of Halliburton Company Employee Benefit Master Trust	\$ -	\$ 4,432,885	
* The Northern Trust Company	Short-term investment fund	-	2,358	
Total investments		-	4,435,243	
* Notes receivable from participants	Varying maturity dates thru 2038 and interest rates ranging from 4.25% - 9.50%	-	66,366	
Total		<u>\$ -</u>	<u>\$ 4,501,609</u>	

(*) Party-in-interest

(**) Cost is not required for participant directed funds

The information on this schedule has been summarized from information provided by The Northern Trust Company, the Plan's trustee. Other than the amortized cost of notes receivable from participants, the trustee has certified this information as being complete and accurate.

Halliburton Retirement and Savings Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Plan #001 / EIN: 75-2677995

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost**	Current Value	
<i>Thousands of dollars</i>				
Investments:				
* Halliburton Company Employee Benefit Master Trust	Investment in net assets of Halliburton Company Employee Benefit Master Trust	\$ -	\$ 4,432,885	
* The Northern Trust Company	Short-term investment fund	-	2,358	
Total investments		-	4,435,243	
* Notes receivable from participants	Varying maturity dates thru 2038 and interest rates ranging from 4.25% - 9.50%	-	66,366	
Total		<u>\$ -</u>	<u>\$ 4,501,609</u>	

(*) Party-in-interest

(**) Cost is not required for participant directed funds

The information on this schedule has been summarized from information provided by The Northern Trust Company, the Plan's trustee. Other than the amortized cost of notes receivable from participants, the trustee has certified this information as being complete and accurate.