

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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) _____ ☐ 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	
1a	Name of plan HALLIBURTON RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 005
		1c Effective date of plan 01/01/1991
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) HALLIBURTON COMPANY HALLIBURTON PLAZA 1, SUITE 2112 3000 N. SAM HOUSTON PKWY E. HOUSTON, TX 77032-3219	2b Employer Identification Number (EIN) 75-2677995 2c Plan Sponsor's telephone number 281-575-3000 2d Business code (see instructions) 211120

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 ☐ 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
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1574
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 16 6a(2) 13 6b 1107 6c 156 6d 1276 6e 220 6f 1496 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D 1I 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan HALLIBURTON RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HALLIBURTON COMPANY	D Employer Identification Number (EIN) 75-2677995
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	36688536	
b	Actuarial value	2b	36688536	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1364	31504682	31504682
b	For terminated vested participants	200	4949017	4949017
c	For active participants	16	558298	558298
d	Total	1580	37011997	37011997
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	4.96 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	63000	
c	Target normal cost	6c	63000	

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

SIGN HERE	Signature of actuary KATHERINE PITZINGER Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 811 LOUISIANA ST. SUITE 2200 HOUSTON, TX 77002 Address of the firm	08/15/2025 Date 23-08096 Most recent enrollment number 713-754-5400 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.73</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		8124
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08</u> %		413
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		8537
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	99.12 %
15 Adjusted funding target attainment percentage	15	99.12 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.37 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2024	254247	0			
Totals ▶			18(b)	254247	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	250716

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 67
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	63000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		323461	10572
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	73572
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	73572
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	250716
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	177144
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HALLIBURTON RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

STRATEGIC BENEFITS ADVISORS, INC.

03-0415817

(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?
13	NONE	561619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	265001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	30240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VINSON & ELKINS LLP

74-1183015

(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?
29	NONE	27760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 PLAN	B Three-digit plan number (PN) ▶	005
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HALLIBURTON COMPANY	D Employer Identification Number (EIN) 75-2677995	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: DEFINED BENEFIT PLAN ACCOUNT			
b Name of sponsor of entity listed in (a): HALLIBURTON COMPANY			
c EIN-PN 80-6176426-112	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28596000	
a Name of MTIA, CCT, PSA, or 103-12 IE: HALL MT - DB PLAN 005 MMF			
b Name of sponsor of entity listed in (a): HALLIBURTON COMPANY			
c EIN-PN 80-6176426-136	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3073000	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan HALLIBURTON RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 005
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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1110000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	35712000	31669000
(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	36822000	31669000
Liabilities			
g Benefit claims payable.....	1g	26000	40000
h Operating payables.....	1h	72000	33000
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	29000	37000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	127000	110000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	36695000	31559000

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)	254000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		254000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)		-361000
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-107000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3986000	
(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)		3986000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	561000	
(4) IQPA audit fees	2i(4)	30000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	265000	
(8) Legal fees	2i(8)	28000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	159000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1043000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5029000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5136000
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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 545465.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan HALLIBURTON RETIREMENT PLAN				B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 HALLIBURTON COMPANY				D Employer Identification Number (EIN) 75-2677995	
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): 36-3046063					
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	27
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 99.00%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 1.00% 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 Plan

Financial Report

December 31, 2024

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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 Plan

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

We have performed audits of the financial statements of Halliburton Retirement 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 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing), 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.

Weaver and Tidwell, L.L.P.

Emphasis of Matter - Terminating Plan and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the Benefits Committee approved the termination of the Plan on March 31, 2024 and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

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 judgement 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.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Houston, Texas
September 4, 2025

Halliburton Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

Thousands of dollars

	2024 (In Liquidation)	2023 (Ongoing)
ASSETS		
Plan's interest in Master Trust, at fair value	\$ 31,669	\$ 35,712
Employer contributions receivable	-	1,110
Total assets	31,669	36,822
LIABILITIES		
Due to trustee	33	72
Accrued administrative expenses	37	29
Total liabilities	70	101
NET ASSETS AVAILABLE FOR BENEFITS	\$ 31,599	\$ 36,721

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

Halliburton Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

Thousands of dollars

	2024 (In Liquidation)	2023 (Ongoing)
ADDITIONS		
Plan's interest in Master Trust net investment activity	\$ -	\$ 3,987
Employer contributions	254	1,110
Total additions	254	5,097
DEDUCTIONS		
Plan's interest in Master Trust net investment activity	361	-
Benefits paid directly to participants	3,972	3,980
Administrative expenses	1,043	747
Total deductions	5,376	4,727
Net (decrease) increase	(5,122)	370
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	36,721	36,351
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 31,599	\$ 36,721

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

Halliburton Retirement Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following brief description of the Halliburton Retirement Plan (the Plan or Halliburton Plan) is provided for general information purposes. Participants should refer to the plan document for detailed information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is a noncontributory defined benefit pension plan established effective January 1, 1991 and maintained for the benefit of certain eligible employees of Halliburton Company and certain subsidiaries (Company). The Company is the Plan's sponsor.

Effective December 31, 2001, the Dresser Industries, Inc. Consolidated Salaried Retirement Plan (Dresser Plan) and the M.W. Kellogg Company Retirement Plan (M.W. Kellogg Plan), which were previously frozen qualified defined benefit plans sponsored by the Company, merged into the Plan.

Master Trust

The Company has entered into a master trust agreement known as 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. Northern Trust Company (Northern Trust) held the Master Trust investment assets and executed investment transactions as of December 31, 2024 and 2023 and for the years then ended. The Halliburton Company Investment Committee (Investment Committee) is responsible for establishing the investment objectives for the Master Trust, appointing investment managers, and monitoring the investment performance of Northern Trust and any investment managers.

Administration

The Halliburton Company Benefits Committee (Benefits Committee) controls and manages the operation and administration of the Plan. The Investment Committee controls and manages the operation and administration of the Master Trust. Northern Trust is the Plan's trustee and custodian. Strategic Benefits Advisors, Inc. is the third-party plan administrator.

Contributions and Funding Policy

The Company contributes such amounts as are necessary, on an actuarially determined basis, to meet the minimum funding requirements of ERISA. For the years ended December 31, 2024 and 2023, the Company met the minimum funding requirement.

Participation and Benefits

No new participants have been admitted under the Halliburton Plan since December 31, 1996, under the Dresser Plan since May 31, 1995, and under the M.W. Kellogg Plan since June 30, 1985. All participants are fully vested in their retirement benefits under the Plan. The Plan also provides death benefits to certain plan participants.

Halliburton Retirement Plan

Notes to Financial Statements

Benefit Provisions

Halliburton Plan

Effective December 31, 1996, the Plan was amended to: 1) cease benefit accruals with respect to certain participants (Frozen Participants); 2) spin off the liability for accrued benefits with respect to certain Frozen Participants; 3) spin-off allocable amount of assets to the Halliburton Frozen Retirement Plan (the Frozen Plan); and 4) terminate the Frozen Plan. Any participant in the Plan who, as of December 31, 1996, was an employee and had attained age 55 became a grandfathered participant in the Plan. For grandfathered participants, the Plan was amended to provide a floor offset plan benefit. All grandfathered participants were 100% vested in their accrued benefits on December 31, 1996.

Effective December 31, 2007, the Plan was amended to freeze all benefit accruals. Prior to this date, eligible participants were entitled to monthly pension benefits, beginning at the age of 65, equal to 1-1/3% of their final average monthly compensation for each year of participation service with the Company on or after January 1, 1990, as defined in the plan document, if it was paid in the form of a single life annuity, minus the amount the participant could receive from his/her eligible profit-sharing account if it was also in the form of a single life annuity. If the participant would receive more from his/her eligible profit-sharing account, then the participant would receive no benefit from the Plan. The eligible profit-sharing account reflects the amounts contributed to the participant's profit-sharing account by the Company on or after January 1, 1990, plus the earnings thereon, if any, as calculated on the earlier of the participant's month of termination or December 31, 2007. The Plan permits early retirement at ages 55-64; however, certain reduction factors are applied to the benefit formula when this takes place, as defined in the plan document.

Dresser Plan

A participant's benefit is limited to their accrued benefit earned as of May 31, 1995; however, service after such date will continue to count as vesting service. Benefit accruals for disabled participants were extended to December 31, 1996.

Eligible participants are entitled to monthly pension benefits, beginning at the age of 65, equal to the sum of (A) plus the greater of (B)(1) plus (C)(1) or (B)(2) plus (C)(2), less (D), as follows:

- (A) - the sum of (i) 0.85% of final average compensation and (ii) the permitted percentage of final average compensation in excess of covered compensation, times years of service after December 1, 1990;
- (B)(1) - the sum of (i) 0.85% of final average compensation and (ii) the permitted percentage of final average compensation in excess of covered compensation, times years of service on or after May 1, 1989 and prior to December 1, 1990;
- (B)(2) - the result of (i) 1.50% of final average compensation calculated as of December 1, 1990, minus (ii) 1.50% of the monthly Social Security Pension calculated as of December 1, 1990, times years of service on or after May 1, 1989 and prior to December 1, 1990;
- (C)(1) - the sum of (a) the result of (i) 1.50% of final average compensation calculated as of April 30, 1989, minus (ii) 1.43% of the monthly Social Security Pension calculated as of April 30, 1989, times years of service between May 1, 1986 and May 1, 1989, times a ratio (not less than 1) of final average compensation at severance from service date divided by final average compensation calculated as of April 30, 1989 and (b) the result of (i) 2.00% of final average compensation calculated as of April 30, 1989, minus (ii) 1.59% of the monthly Social Security Pension calculated as of April 30, 1989, times years of service prior to May 1, 1986, times a ratio (not less than 1) of final average compensation at severance from service date divided by final average compensation calculated as of April 30, 1989;

Halliburton Retirement Plan

Notes to Financial Statements

- (C)(2) - the sum of (a) the result of (i) 1.50% of final average compensation calculated as of December 1, 1990 and on credited service between May 1, 1986 and May 1, 1989, minus (ii) 1.50% of the monthly Social Security Pension calculated as of December 1, 1990 and on credited service between May 1, 1986 and May 1, 1989, times years of service between May 1, 1986 and May 1, 1989 and (b) the result of (i) 2.00% of final average compensation calculated as of December 1, 1990, minus (ii) 1.67% of the monthly Social Security Pension calculated as of December 1, 1990, times years of service prior to May 1, 1986; and
- (D) - monthly annuity payments under annuity contracts purchased by Dresser Industries, Inc. for certain prior plans.

The Dresser Plan credited service is limited to 35 years for all periods of service combined. The Dresser Plan permits early retirement at age 55 with varying service requirements based upon date of participation; however, certain reduction factors are applied to the benefit formula when this takes place, as defined under the Dresser Plan provisions.

M.W. Kellogg Plan

Effective May 31, 1988, the M.W. Kellogg Plan benefits were frozen. All participants were 100% vested in their accrued benefits on June 30, 1985. Prior to the freeze, the normal retirement benefit was equal to the sum of (a) 1.0% of final average compensation up to 1/12 of covered compensation, multiplied by years of credited service and (b) 1.6% of final average compensation in excess of 1/12 of covered compensation, multiplied by years of credited service, but not to exceed 60% of final average compensation, minus benefits under the prior plan and certain other plans granting credit from the same period of service. The M.W. Kellogg Plan permits early retirement at age 55; however, certain reduction factors based on age and credited service are applied to the benefit formula when this takes place, as defined under the M.W. Kellogg Plan provisions.

Plan Termination

Management has the right to discontinue the Plan. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in order of priority determined in accordance with ERISA, applicable rules thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

In December 2023, the Benefits Committee approved the termination of the Plan effective March 31, 2024, and delegated authority to management to take all necessary actions to terminate the Plan, including amending the Plan. The Plan was subsequently amended and terminated effective March 31, 2024 and received a favorable determination letter from the Internal Revenue Service (IRS) dated August 7, 2025. The PBGC was notified of the Plan's termination. Full liquidation of the Plan is expected to be complete in 2026.

Halliburton Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying 2023 financial statements were prepared using the accrual basis of accounting in accordance with United States generally accepted accounting principles (US GAAP). As a result of the Plan Sponsor's decision to terminate the Plan, the Plan has changed its basis of accounting and presentation to the liquidation basis of accounting for the year ended December 31, 2024.

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Use of Estimates

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

Valuation of Investments Held in the Master Trust

All investments of the Plan held in the Master Trust are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

All the Plan's assets are invested in a Defined Benefit Plan Account (DB Account) of the Master Trust. The DB Account in which the Plan invests, utilizes individual equity manager accounts, by holding units of the managers' accounts, and common/collective trust funds. Each equity manager's account is valued daily. A unit price is calculated for each manager's account by dividing the total value of the manager's account by the total number of units in existence for that manager. Net income and realized/unrealized investment gains and losses by each manager are passed to the DB Account through the manager's unit price.

The Plan's proportionate interest in Master Trust net assets is presented at fair value as "Plan's interest in Master Trust, at fair value" in the Statements of Net Assets Available for Benefits.

Risks and Uncertainties

The Plan, through its investments in the Master Trust, provides for investment in various investment securities. In general, investment securities are exposed to various risks, such as interest rate, market, credit, inflation, economic, geopolitical, and regulatory risks. 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 and that such changes could materially affect the funded status of the Plan.

The DB Account may participate in common/collective trust funds where the value, liquidity, and related income of those securities are sensitive to changes in economic conditions, including delinquencies or defaults, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Halliburton Retirement Plan

Notes to Financial Statements

Securities Transactions and Investment Income of the Master Trust

Purchases and sales of securities in the Master Trust are 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. The Plan's allocation of 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 Statements of Changes in Net Assets Available for Benefits.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

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. Expenses related to the direct management of the Master Trust are shared on an equitable basis by all participating plans in the Master Trust. 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 Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses reduce "Plan's interest in Master Trust net investment activity" in the Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

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

The Plan Sponsor is not aware of any other events that would require recognition or disclosure in the financial statements, except as disclosed in Note 1.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was calculated by Willis Towers Watson and was determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected payment date. Benefits provided under annuity contracts excluded from plan assets were excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits was calculated as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

The significant assumptions used in calculating the actuarial valuation as of January 1, 2024 were: 1) interest rate of 5.53%; 2) life expectancy of participants based on the generational projection of assumed mortality improvements from Pri-2012 mortality tables, and subsequent updates, including, the use of the MP-2021 mortality improvement scale for 2024 plan years; and 3) average retirement age of 65. Changes to prior year assumptions included updating the mortality tables to be consistent with tables used for the funding target under the Pension Protection Act of 2006.

Halliburton Retirement Plan

Notes to Financial Statements

As disclosed in Note 1, in December 2023, the Benefits Committee approved the termination of the Plan effective March 31, 2024. The statement of accumulated plan benefits and changes therein, were estimated using a December 31, 2024 measurement date, when liquidation was determined to be imminent.

Following is the actuarial present value of accumulated plan benefits at December 31, 2023:

Thousands of dollars

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants and beneficiaries currently receiving payments	\$ 29,858
Other participants	<u>5,337</u>

Total actuarial present value of accumulated plan benefits	<u>\$ 35,195</u>
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Following is a summary of changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023:

Thousands of dollars

Actuarial present value of accumulated plan benefits, beginning of period	\$ 36,121
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Increase (decrease) during the year attributable to:

Change in actuarial assumptions	790
Benefits paid	(3,980)
Increased interest due to decrease in the discount period	2,109
Actuarial experience net loss and other changes	<u>155</u>

Net decrease	<u>(926)</u>
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Actuarial present value of accumulated plan benefits, end of period	<u>\$ 35,195</u>
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Note 4. Investment Assets Held in the Master Trust

The 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 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:

<i>Thousands of dollars</i>	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	\$ 28,215	\$ 2,232,873	\$ 35,688
Cash & Equivalents	41,416	3,436	71,569	-
Common Stocks	645,849	-	1,067,964	-
Government Bonds, including MBS	99,681	-	83,921	-
Corporate Bonds, including convertibles	15,791	-	155,145	-
Privately Issued Mortgage-backed Securities	11,636	-	8,349	-
Asset-Backed Securities	8,037	-	4,893	-
Registered Investment Companies	3,612	-	3,837	-
Equities - Other	7,318	-	7,995	-
Preferred Stocks	1,377	-	1,231	-
Mutual Funds	15,774	-	15,697	-
	<u>3,988,421</u>	<u>31,651</u>	<u>3,653,474</u>	<u>35,688</u>
Investments at contract value				
Synthetic investment contracts	494,697	-	559,472	-
	<u>4,483,118</u>	<u>31,651</u>	<u>4,212,946</u>	<u>35,688</u>
Receivables				
Other	4,787	16	4,695	23
Interest	1,641	4	4,438	2
Receivable for investments sold	869	-	7,639	-
Dividends	714	-	1,607	-
Total receivables	<u>8,011</u>	<u>20</u>	<u>18,379</u>	<u>25</u>
	<u>4,491,129</u>	<u>31,671</u>	<u>4,231,325</u>	<u>35,713</u>
Liabilities				
Payables for investments purchased	19,299	-	33,932	-
Other payables	1,950	2	2,678	1
Total liabilities	<u>21,249</u>	<u>2</u>	<u>36,610</u>	<u>1</u>
Net Assets	<u>\$ 4,469,880</u>	<u>\$ 31,669</u>	<u>\$ 4,194,715</u>	<u>\$ 35,712</u>

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

Note 5. 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.

Halliburton Retirement Plan

Notes to Financial Statements

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, which approximates fair value using the practical expedient method. No common/collective trust or commingled funds in which the Master Trust 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. For the years ended December 31, 2024 and 2023, there were no transfers between Levels 1, 2, and 3.

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

Halliburton Retirement Plan

Notes to Financial Statements

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.

Note 6. Tax Status

The IRS informed the Company by a letter dated June 1, 2017, and most recently August 7, 2025, that the Plan and related trust were designed in accordance with the applicable provisions of the Internal Revenue Code of 1986, as amended (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.

Halliburton Retirement Plan

Notes to Financial Statements

Note 7. Summary of Financial Data Certified by the Trustee

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 at fair value and Plan's interest in Master Trust net investment activity is presented solely upon these certifications.

Note 8. 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 9. 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.

Halliburton Retirement Plan

Notes to Financial Statements

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>(In Liquidation)</u>	<u>2023</u> <u>(Ongoing)</u>
Net assets available for benefits per the financial statements	\$ 31,599	\$ 36,721
Amounts allocated to withdrawing participants	<u>(40)</u>	<u>(26)</u>
Net assets available for benefits per Form 5500	<u>\$ 31,559</u>	<u>\$ 36,695</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

<i>Thousands of dollars</i>	<u>2024</u> <u>(In Liquidation)</u>	<u>2023</u> <u>(Ongoing)</u>
Benefits paid to participants per the financial statements	\$ 3,972	\$ 3,980
Amounts allocated to withdrawing participants at December 31, 2024	40	-
Amounts allocated to withdrawing participants at December 31, 2023	(26)	26
Amounts allocated to withdrawing participants at December 31, 2022	<u>-</u>	<u>(41)</u>
Benefits paid to participants per Form 5500	<u>\$ 3,986</u>	<u>\$ 3,965</u>

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Halliburton Company
EIN/PN	75-2677995/005
Plan Name	Halliburton Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Katherine Pitzinger
Enrollment Number	23-08096

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	612,707	145,269	3,671,780	4,429,756
2025	17,997	252,714	3,506,795	3,777,506
2026	8,245	308,817	3,339,702	3,656,764
2027	8,114	346,866	3,164,227	3,519,207
2028	7,974	377,804	2,978,931	3,364,709
2029	7,824	397,665	2,799,153	3,204,643
2030	7,664	402,822	2,628,782	3,039,268
2031	7,491	400,729	2,457,082	2,865,302
2032	7,305	394,581	2,286,143	2,688,030
2033	7,106	386,117	2,122,278	2,515,501
2034	6,893	377,046	1,961,734	2,345,673
2035	6,664	367,326	1,798,171	2,172,161
2036	6,420	356,920	1,639,721	2,003,061
2037	6,159	345,795	1,492,075	1,844,029
2038	5,882	333,924	1,349,935	1,689,742
2039	5,589	321,290	1,214,630	1,541,509
2040	5,280	307,887	1,086,368	1,399,535
2041	4,957	293,727	965,427	1,264,111
2042	4,621	278,841	852,217	1,135,679
2043	4,274	263,276	747,027	1,014,577
2044	3,918	247,102	650,031	901,051
2045	3,558	230,402	561,295	795,256
2046	3,197	213,280	480,793	697,270
2047	2,839	195,851	408,412	607,101
2048	2,488	178,251	343,954	524,693
2049	2,150	160,642	287,141	449,932
2050	1,828	143,205	237,610	382,644
2051	1,530	126,151	194,915	322,596
2052	1,258	109,708	158,539	269,505
2053	1,015	94,103	127,911	223,030
2054	805	79,550	102,426	182,780
2055	625	66,225	81,466	148,316
2056	476	54,257	64,419	119,152
2057	355	43,721	50,699	94,774
2058	259	34,629	39,762	74,650
2059	184	26,943	31,119	58,247
2060	128	20,579	24,338	45,045
2061	87	15,420	19,046	34,553
2062	57	11,327	14,931	26,316
2063	37	8,151	11,736	19,924
2064	23	5,743	9,254	15,019
2065	14	3,958	7,322	11,294
2066	8	2,667	5,815	8,490
2067	5	1,756	4,632	6,393
2068	3	1,129	3,700	4,831
2069	1	708	2,962	3,671
2070	1	434	2,375	2,809
2071	0	259	1,906	2,166
2072	0	151	1,532	1,683
2073	0	86	1,230	1,316

Plan Name: Halliburton Retirement Plan
 EIN / PN: 75-2677995/005
 Plan Sponsor: Halliburton Company
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Floor Offset Plan (Plan 005 – 005)					
Age	Service less than 30 years	Service greater than 30 years	Age	Former Plan 164 (Plan 005 – 164)	Former Plan 043 Service (Plan 005 – 043)
55	0.0	0.05	55	0.10	0.05
56	0.0	0.05	56	0.05	0.05
57	0.0	0.05	57	0.05	0.05
58	0.0	0.05	58	0.05	0.05
59	0.0	0.10	59	0.05	0.10
60	0.0	0.10	60	0.06	0.10
61	0.0	0.10	61	0.07	0.10
62	0.0	0.25	62	0.17	0.25
63	0.0	0.10	63	0.16	0.10
64	0.0	0.20	64	0.12	0.20
65	0.25	0.25	65	1.00	1.00
66	0.25	0.25			
67	0.25	0.25			
68	0.25	0.25			
69	0.25	0.25			
70	1.00	1.00			

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	4.96%	4.36%

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A
- Lump sum interest rate¹ Same as funding interest rate

Administrative expenses \$63,000. On February 21, 2024, the plan was amended to undergo a standard termination, effective March 31, 2024. As such, the administrative expenses used here are the actual expenses paid during the short plan year, from January 1, 2024 to March 31, 2024.

¹ Minimum lump sum valued for Plan 043 if larger than lump sum using lump sum interest rate. Minimum lump sum for Plan 164 assumed to not apply.

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Termination	Rates varying by age 2003 SOA Pension Plan Turnover Study The Basic Age Table

Age	Rate
25	0.1851
30	0.1219
35	0.0878
40	0.0700
45	0.0621
50	0.0563
55	0.0292
60	0.0220

Plan Name:	Halliburton Retirement Plan
EIN / PN:	75-2677995/005
Plan Sponsor:	Halliburton Company
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age

Floor Offset Plan (Plan 005 – 005)					
Age	Service less than 30 years	Service greater than 30 years	Age	Former Plan 164 (Plan 005 – 164)	Former Plan 043 Service (Plan 005 – 043)
55	0.0	0.05	55	0.10	0.05
56	0.0	0.05	56	0.05	0.05
57	0.0	0.05	57	0.05	0.05
58	0.0	0.05	58	0.05	0.05
59	0.0	0.10	59	0.05	0.10
60	0.0	0.10	60	0.06	0.10
61	0.0	0.10	61	0.07	0.10
62	0.0	0.25	62	0.17	0.25
63	0.0	0.10	63	0.16	0.10
64	0.0	0.20	64	0.12	0.20
65	0.25	0.25	65	1.00	1.00
66	0.25	0.25			
67	0.25	0.25			
68	0.25	0.25			
69	0.25	0.25			
70	1.00	1.00			

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained early retirement eligibility.
- Deferred vested benefit The later of age 65 or termination of employment for single life annuity. Upon termination for lump sum (age 55 for Plan 043).
- Retirement benefit Upon termination of employment

Form of payment

90% of participants elect a lump sum and 10% elect an annuity.

Percent married

85%. Used to value pre-retirement surviving spouse benefit.

Spouse age

Wife three years younger than husband

Covered pay

N/A

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement Timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.

Benefits not valued All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Halliburton Company and based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. There were no missing or apparently inconsistent data elements which required any assumptions. As a result, no such data assumptions were made, and it is our understanding that no significant events occurred that would require adjustment to the data. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.

Assumptions Rationale – Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population.
Retirement	Retirement rates were based on an experience study conducted in 2014, with subsequent modifications to reflect plan sponsor expectations for the future reflecting changes in administrative practice, availability of early retirement subsidy and Social Security benefits.
Benefit commencement date for deferred benefits:	
• Deferred vested benefit	Deferred vested participants are assumed to retire according to the retirement rates applicable to active participants to reflect the availability of early retirement subsidies.

Plan Name:	Halliburton Retirement Plan
EIN / PN:	75-2677995/005
Plan Sponsor:	Halliburton Company
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience.
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Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions since prior valuation	The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC 430. The mortality table used to calculate the funding target and target normal cost was updated, reflects the latest mortality improvement scale and changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430. The lump sum mortality changed from PPA 2023 lump sum mortality table to PPA 2024 lump sum mortality table. The assumed plan-related expenses added to the target normal cost were changed from \$742,000 to \$63,000 for 2024.
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Plan Name:	Halliburton Retirement Plan
EIN / PN:	75-2677995/005
Plan Sponsor:	Halliburton Company
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Restated effective January 1, 2015, and most recently amended effective February 21, 2024.

Name of Plan Halliburton Retirement Plan

Covered Employees Participants of the listed former plans:

Former Plan 005	Halliburton Retirement Plan
Former Plan 043	M.W. Kellogg Retirement Plan
Former Plan 164	Dresser Industries, Inc. Consolidated Salaried Retirement Plan

Participation Participation is frozen:

Former Plan	Participation Freeze Date
Plan 005	December 31, 1996
Plan 043	July 1, 1985
Plan 164	May 31, 1995

Plan 005 benefit accruals frozen effective December 31, 2007; Plans 043 and 164 were frozen previously.

Definitions

Vesting service Years and months of service as a covered employee ending upon termination of employment.

Plan 164 participants who are part of the Dresser Rand Joint Venture end vesting service on February 28, 2000. Other Joint Venture plan participants have a one-time election option to end their vesting service.

Pension service Years and months of service as a covered employee ending on the dates given:

Former Plan	Date Pension Service Ends
Plan 005	December 31, 2007
Plan 043	May 31, 1988
Plan 164	May 31, 1995

Pensionable pay W-2 Earnings

Plan Name:	Halliburton Retirement Plan
EIN / PN:	75-2677995/005
Plan Sponsor:	Halliburton Company
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Average earnings

- Plan 005 The sum of the highest three consecutive calendar years of pensionable pay during the ten-year period divided by 36 ending on the earliest of December 31, 2007, the participant's termination date, or the participant's retirement date.
- Plan 043 and Plan 164 The sum of the highest five consecutive calendar years of pensionable pay during the ten-year period divided by 60 ending on earliest of Pension Service End Date, termination date, or retirement date.

Social Security benefit

The projected amount of the participant's primary Social Security benefit according to the law in effect at the earlier of pension service freeze date and date of termination of employment assuming continuation of then current earnings to age 65.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65 (five years of vesting service required for former Plan 164).

Profit sharing account

Account attributable to employer contributions earned from January 1, 1990 to December 31, 2007 (Plan 005).

Minimum lump sum

Actuarial equivalent lump sum value of pension benefit as of January 1, 1997 for Plan 005 increased with interest to date of distribution. Actuarial equivalent lump sum value of pension benefit as of May 31, 1988 for Plan 043 increased with interest to date of distribution.

Actuarial equivalent lump sum based on 15 year or next longer US Treasury bond yield and 1971 GAM weighted 90% male and 10% female mortality for Plan 164 benefit accrued before May 1, 1986.

Capital accumulated annuity

Actuarial equivalent annuity determined from the balance of the Capital accumulation account (Plan 043).

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Permitted percentage

Varies by Social Security retirement age

Age	Percentage
65	.75%
66	.70%
67	.65%

- Plan 005 Interest Applicable Interest Rate
- Plan 043 Interest 5-year annual U.S. Treasury yield
- Plan 164 Inflation adjustment Average monthly earnings at date of termination divided by average monthly earnings at April 30, 1989.

Monthly pension benefit

- Plan 005 Grandfathered (active, age 55 or older as of December 31, 1996).
(a) 1-1/3% of Average monthly earnings times Pension service less
(b) actuarial equivalent Profit Sharing account

Pension benefit cannot be less than actuarially equivalent Minimum lump sum with Interest.
- Plan 043 1% of the Average monthly earnings up to Covered Compensation times Pension service plus 1.6% of Average monthly earnings in excess of Covered Compensation times Pension service less sum of Capital accumulated annuity and purchased annuities for prior plans. Accruals were frozen May 31, 1988. (Lump sum benefit may not be less than minimum lump sum.)

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- Plan 164

(a) + max[(b1 + c1), (b2 + c2)] - (d)

- (a) 0.85% of Average monthly earnings plus Permitted percentage times Average Monthly earnings over Covered Compensation (CC) multiplied by Pension service after December 1, 1990.
- (b1) Benefit described in (a) but only considering credited service on and after May 1, 1989 and prior to December 1, 1990.
- (b2) Pension service from May 1, 1989 through November 30, 1990 multiplied by:
 - (i) 1.5% of Average Monthly earnings at December 1, 1990 less
 - (ii) 1.5% of Social Security benefit at December 1, 1990.
- (c1) (A + B) times Inflation Adjustment
 - (A) Pension service from May 1, 1986 through April 30, 1989 multiplied by
 - (i) 1.5% of Average monthly earnings at April 30, 1989 less
 - (ii) 1.43% of Social Security Pension at April 30, 1989
 - (B) Pension service at May 1, 1986 multiplied by:
 - (i) 2% of Average Monthly earnings at April 30, 1989 less
 - (ii) 1.59% of Social Security Pension at April 30, 1989
- (c2) A + B
 - (A) Pension Service from May 1, 1986 through April 30, 1989 multiplied by:
 - (i) 1.5% of Average monthly earnings at May 1, 1989 less
 - (ii) 1.5% of Social Security Pension at May 1, 1989
 - (B) Pension service from May 1, 1986 through April 30, 1989 multiplied by:
 - (i) 2% of Average monthly earnings less
 - (ii) 1.67% of Social Security benefit at May 1, 1989
- (d) Monthly purchased annuities that were
 - (i) purchased upon the termination of the Prior Plan or the Dresser Inc. Retirement Plan of the Marion Power Shovel Division on April 30, 1986, or
 - (ii) from any insurer to provide benefits under the Prior Plan

Total Pension service limited to 35 years.

Participants who join the Company on or after May 1, 1989 are not eligible for the benefit (b2).

Highly Compensated Participants as of April 30, 1989 are not eligible for the benefits (b2) and (c2)

Benefits shall not be less than the accrued benefit as of April 30, 1989.

Plan Name:	Halliburton Retirement Plan
EIN / PN:	75-2677995/005
Plan Sponsor:	Halliburton Company
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.
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Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service (ten years for Plan 164). There is no service requirement for former Plan 043 participants.
Postponed retirement	Retirement after NRD
Deferred vested	Termination for reasons other than death or retirement
• Plan 005	All participants fully vested
• Plan 043	All participants fully vested as of June 30, 1985
• Plan 164	After completing five years of vesting service
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
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Plan Name:	Halliburton Retirement Plan
EIN / PN:	75-2677995/005
Plan Sponsor:	Halliburton Company
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Early retirement

- Plan 005

Monthly Pension benefit reduced for part (a) according to the schedule below and for part (b) based on the schedule for participants with less than 30 years of vesting service.

Age	Service	
	< 30	30+
55	.318	.650
56	.354	.700
57	.394	.750
58	.439	.800
59	.491	.850
60	.549	.875
61	.616	.900
62	.693	.925
63	.781	.950
64	.882	.975
65	1.000	1.000

- Plan 043

Monthly pension benefit payable at NRD reduced according to the following schedule based on age and service except for purchased annuities in 1988 and 1985:

Age	Service				
	<10	10 - 15	15 - 20	20 - 25	> 25
55	.450	.500	.550	.600	.650
56	.480	.530	.580	.630	.680
57	.520	.570	.620	.670	.720
58	.560	.610	.660	.710	.760
59	.600	.650	.700	.750	.800
60	.650	.700	.750	.800	.850
61	.700	.750	.800	.850	.900
62	.770	.820	.870	.920	.970
63	.830	.880	.930	.960	.980
64	.910	.940	.970	.980	.990
65	1.000	1.000	1.000	1.000	1.000

Purchased annuities in 1985 (CAA 1985) are reduced according to the following schedule based on age:

Age	Factor	Age	Factor
55	.2613	60	.4985
56	.2964	61	.5703
57	.3367	62	.6538
58	.3831	63	.7514
59	.4366	64	.8656
		65	1.000

Plan Name: Halliburton Retirement Plan
 EIN / PN: 75-2677995/005
 Plan Sponsor: Halliburton Company
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Purchased annuities in 1988 (CAA 1988) are reduced according to the following schedule based on age:

Age	Factor	Age	Factor
55	.3651	60	.5885
56	.4004	61	.6512
57	.4397	62	.7222
58	.4837	63	.8028
59	.5330	64	.8947
		65	1.000

Refer to plan document for partial years

- Plan 164

Benefit	Reduction
(a), (b1), (b2), (c1)(A), (c2)(A)	Actuarial equivalence
(c1)(B)(i), (c2)(B)(i), (d)(i)	3% per year for the first five years that commencement precedes age 65, 2% per year for the next five years
(c1)(B)(ii), (c2)(B)(ii), (d)(ii)	6.67% per year for the first five years that commencement precedes age 65, 3.33% per year for the next five years

Postponed retirement

Monthly pension benefit determined as of actual retirement date

Vested termination

- Plan 005 N/A
- Plan 043 Monthly pension benefit payable as of NRD, same early retirement reductions as early retirement benefit.
- Plan 164 Monthly pension benefit as of NRD, actuarially reduced for retirement prior to age 65.

Preretirement death

Monthly preretirement death benefit payable

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint & survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

- Plan 005
Optional forms are life annuity (for married), 75% and 100% joint & survivor annuity, a lump sum; or a transfer into the Profit Sharing Plan.
- Plan 043
Optional forms are a 50%, 75% or 100% joint & survivor annuity, a 5-, 10-, or 15-year certain & life annuity; a life annuity (for married participants); and a lump sum.
- Plan 164
Optional forms are life annuity (for married participants); a 50%, 66.67%, 75% or 100% joint & survivor annuity; a 5-, 10-, or 15-year certain & life annuity; a level income option; or a lump sum.
- Death benefit
Optional form is a lump sum

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. No increases in the dollar limits are assumed for determining contributions.

Future Plan Changes

On February 21, 2024, the plan was amended to undergo a standard termination, effective March 31, 2024, upon receipt of favorable determination from the IRS and the plan not receiving a non-compliance notice from the PBGC as specified under Section 4041(b)(2)(C).

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$742,000 to \$63,000 for 2024. On February 21, 2024, the plan was amended to undergo a standard termination, effective March 31, 2024. As such, the administrative expenses used here are the actual expenses paid during the short plan year, from January 1, 2024 to March 31, 2024.

Plan Name:	Halliburton Retirement Plan
EIN / PN:	75-2677995/005
Plan Sponsor:	Halliburton Company
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	2	1	0	0	0	0	0	0	0	3
60-64	0	6	1	1	0	0	0	0	0	0	8
65-69	0	0	0	2	1	0	0	0	0	0	3
70 & over	0	1	0	0	1	0	0	0	0	0	2
Total	0	9	2	3	2	0	0	0	0	0	16

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Halliburton Retirement Plan
 EIN / PN: 75-2677995/005
 Plan Sponsor: Halliburton Company
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(2,557,720)	15.00000	(2,557,720)	(232,702)
2. Shortfall	01/01/2023	3,002,690	14.00000	2,881,181	274,988
Total				323,461	42,286

Plan Year Beginning

January 1, 2024

Calculation of Prorated Minimum Funding Amortization Base

a. Amortization Payment	42,286
b. Date of Plan Termination	March 31, 2024
c. Months from January 1, 2024 to the Date of Plan Termination	3
d. Prorated Amortization Payment ¹	10,572

¹ The amortization payment is prorated as $42,286 \times [3/12]$

Plan Name: Halliburton Retirement Plan
EIN / PN: 75-2677995/005
Plan Sponsor: Halliburton Company
Valuation Date: January 1, 2024

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► Round off amounts to nearest dollar.

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

A Name of plan HALLIBURTON RETIREMENT PLAN	B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HALLIBURTON COMPANY	D Employer Identification Number (EIN) 75-2677995
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 1 Day 1 Year 2024	
2 Assets:	
a Market value	2a 36,688,536
b Actuarial value	2b 36,688,536
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 1,364 (2) Vested Funding Target 31,504,682 (3) Total Funding Target 31,504,682
b For terminated vested participants	200 4,949,017 4,949,017
c For active participants	16 558,298 558,298
d Total	1,580 37,011,997 37,011,997
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 4.96 %
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 63,000
c Target normal cost	6c 63,000

Statement by Enrolled Actuary

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

SIGN HERE	Katherine Pitzinger KP Signature of actuary	8/15/2025 Date
	Katherine Pitzinger Type or print name of actuary	23-08096 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	(713) 754-5400 Telephone number (including area code)
	811 Louisiana St. Suite 2200 Address of the firm	
	Houston TX 77002 Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.73</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		8,124
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08</u> %		413
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		8,537
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	99.12 %
15 Adjusted funding target attainment percentage	15	99.12 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.37 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2024	254,247	0			
Totals ▶			18(b)	254,247	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 250,716

20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.87 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code)		21b 4
22	Weighted average retirement age		22 67
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years		28 0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)		29 0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30 0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c)		31a 63,000
b	Excess assets, if applicable, but not greater than line 31a		31b 0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	323,461	10,572
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 73,572
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		36 73,572
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 250,716
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 177,144
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		