

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: OXY COMBINED RETIREMENT AND SAVINGS
1b Three-digit plan number (PN): 210
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): OCCIDENTAL PETROLEUM CORP DEFINED CONTRIBUTION PL MASTER AGREEMENT
2b Employer Identification Number (EIN): 13-3189949
2c Plan Sponsor's telephone number: 713-215-7000
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
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:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan OXY COMBINED RETIREMENT AND SAVINGS	B Three-digit plan number (PN) ▶	210
C Plan sponsor's name as shown on line 2a of Form 5500 OCCIDENTAL PETROLEUM CORP DEFINED CONTRIBUTION PL MASTER AGREEMENT	D Employer Identification Number (EIN) 13-3189949	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE BANK OF NEW YORK MELLON TRST CO

95-3571558

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

FIDELITY INVESTMENTS

04-3022712

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

PACIFIC INVESTMENT MGMT CO LLC

33-0629048

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

THE VANGUARD GROUP

23-1945930

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

ALLIANCE BERNSTEIN L. P.

13-4064930

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

BLACKROCK INSTITUTIONAL TRST CO N.A

94-3112180

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

JPMORGAN CHASE BANK N A

45-4173185

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

HOOD RIVER CAP MGMT LLC

46-1294859

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

SEI TRUST COMPANY

06-1271230

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>OXY COMBINED RETIREMENT AND SAVINGS</u>	B Three-digit plan number (PN) ▶	<u>210</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OCCIDENTAL PETROLEUM CORP DEFINED CONTRIBUTION PL MASTER AGREEMENT</u>	D Employer Identification Number (EIN) <u>13-3189949</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>872462</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY BLUE CHIP GRTH COMMINGLED</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MGMT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-142</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>173826826</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY DIVIDEND FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INST TRUST CO NA</u>		
c EIN-PN <u>45-4639950-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92693874</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US DEBT INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INST TRUST CO NA</u>		
c EIN-PN <u>45-4395752-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>229039894</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 3000 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INST TRUST CO NA</u>		
c EIN-PN <u>46-1416744-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>244971627</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EX-US IMI INDEX</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INST TRUST CO NA</u>		
c EIN-PN <u>27-4955447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>341934396</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD FIDUCIARY TRST CO INST 500</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST CO</u>		
c EIN-PN <u>81-6327546-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>861603039</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INCOME TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST CO		
c EIN-PN 90-6083968-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51236870
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST CO		
c EIN-PN 90-6083983-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63626495
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST CO		
c EIN-PN 90-6083981-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115829919
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST CO		
c EIN-PN 90-6083979-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136437517
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST CO		
c EIN-PN 90-6083977-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124252153
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST CO		
c EIN-PN 90-6083975-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140198912
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST		
c EIN-PN 90-6083973-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141455630
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST		
c EIN-PN 90-6083969-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139004436
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST83674482		
c EIN-PN 27-6715074-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95282665
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060 TRUST I		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST		
c EIN-PN 45-3799212-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32666171

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2065 TRUST I

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST CO

c EIN-PN 82-6190443-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12239309
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2070 TRUST I

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST CO

c EIN-PN 87-7035538-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2748301
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a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN COLLECTIVE INVESTMENT TRUST

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

c EIN-PN 47-3984728-081	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28967116
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPCB LARGE CAP GROWTH CIT

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK N A

c EIN-PN 45-4173185-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	173820647
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM IN CAP AP CLASS D

b Name of sponsor of entity listed in (a): FIDELITY MGMT TRUST COMPANY

c EIN-PN 20-4659714-194	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7015464
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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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	OCCIDENTAL PETROLEUM CORP SAVINGS PLAN	
b Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-001

a Plan name	OCCIDENTAL PETROLEUM CORP RETIREMENT PLAN	
b Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-060

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OXY COMBINED RETIREMENT AND SAVINGS	B Three-digit plan number (PN) ▶ 210
C Plan sponsor's name as shown on line 2a of Form 5500 OCCIDENTAL PETROLEUM CORP DEFINED CONTRIBUTION PL MASTER AGREEMENT	D Employer Identification Number (EIN) 13-3189949

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	626	13828
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	372361	463803
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15232533	22796486
(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)	2659501758	3209723723
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	453065095	564295998
(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	3128172373	3797293838
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	197090	189641
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	197090	189641
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3127975283	3797104197

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)		
(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)		0
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)	76915	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	14144470	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14221385
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	18534374	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	15362355	
(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)	2398185	
(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)		449174180
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		28233443
c Other income	2c		-908
d Total income. Add all income amounts in column (b) and enter total	2d		497198304

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	606183	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		606183
j Total expenses. Add all expense amounts in column (b) and enter total	2j		606183

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		496592121
l Transfers of assets:			
(1) To this plan	2l(1)		555259548
(2) From this plan	2l(2)		382722755

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:

(2) EIN:

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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
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.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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 _____.

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 _____.

Occidental Petroleum Corporation
Defined Contribution Plan Master Trust
EIN #13-3189949, Plan #210
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Related party	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, maturity value, or duration	Cost	Current Value
	Short-Term Investment Fund:			
*	BNY Short-Term Investment Fund (2)	A collective trust investing in short-term securities, 872,462 units	872,462.12	872,462.12
	Common Stocks:			
	ACADEMY SPORTS & OUTDOORS INC	2,894 shares	164,322.03	166,491.82
	ACI WORLDWIDE INC	11,688 shares	395,631.98	606,724.08
	ALIGNMENT HEALTHCARE INC	19,671 shares	198,677.96	221,298.75
	ALPHA & OMEGA SEMICONDUCTOR LT	4,610 shares	210,327.39	170,708.30
	AMERICAN SUPERCONDUCTOR CORP	4,895 shares	79,044.88	120,563.85
	APPLIED DIGITAL CORP	44,344 shares	277,124.32	338,788.16
	ATRICURE INC	9,857 shares	227,683.06	301,229.92
	AXON ENTERPRISE INC	865 shares	140,386.61	514,086.80
	AXSOME THERAPEUTICS INC	2,222 shares	155,815.93	188,003.42
	BIOHAVEN LTD	2,712 shares	104,865.01	101,293.20
	BLACKBERRY LTD	50,016 shares	152,194.79	189,060.48
	BLUEPRINT MEDICINES CORP	3,052 shares	216,026.89	266,195.44
	CAMPING WORLD HOLDINGS INC	10,009 shares	225,067.90	210,989.72
	CECO ENVIRONMENTAL CORP	6,971 shares	201,097.49	210,733.33
	CIENA CORP	1,949 shares	112,817.97	165,294.69
	CLEAN HARBORS INC	1,249 shares	126,825.82	287,444.86
	CLEARWATER ANALYTICS HOLDINGS	5,864 shares	116,546.47	161,377.28
	COGENT COMMUNICATIONS HOLDINGS	5,029 shares	343,361.66	387,585.03
	COHERENT CORP	3,475 shares	216,875.73	329,186.75
	COMFORT SYSTEMS USA INC	776 shares	101,094.71	329,070.56
	CONCENTRA GROUP HOLDINGS PAREN	1,022 shares	20,550.58	20,215.16
	COUCHBASE INC	10,773 shares	198,436.87	167,951.07
	CRINETICS PHARMACEUTICALS INC	2,921 shares	139,941.84	149,350.73
	CUSTOMERS BANCORP INC	5,283 shares	292,589.27	257,176.44
	CYBERARK SOFTWARE LTD	901 shares	182,179.89	300,168.15
	CYTOKINETICS INC	3,531 shares	166,640.62	166,098.24
	DAVE INC	2,901 shares	127,217.61	252,154.92
	DENISON MINES CORP	105,313 shares	153,352.69	189,563.40
	DIGITALOCEAN HOLDINGS INC	3,376 shares	122,483.34	115,020.32
	DIODES INC	4,702 shares	301,487.44	289,972.34
	EAGLE MATERIALS INC	1,124 shares	150,419.12	277,358.24
	ENOVIS CORP	2,294 shares	100,011.51	100,660.72
	ENSIGN GROUP INC/THE	1,207 shares	175,667.85	160,362.02
	EVERUS CONSTRUCTION GROUP INC	965 shares	45,895.60	63,415.88
	EXLSERVICE HOLDINGS INC	4,857 shares	178,974.99	215,553.66
	FABRINET	885 shares	209,648.50	194,593.80
	FLOWSERVE CORP	1,970 shares	98,121.45	113,314.40
	FLUOR CORP	6,660 shares	312,086.54	328,471.20
	FTAI AVIATION LTD	7,405 shares	350,949.08	1,066,616.20
	FTAI INFRASTRUCTURE INC	23,297 shares	166,865.06	169,136.22
	GENIUS SPORTS LTD	13,916 shares	78,336.57	120,373.40
	GLOBAL-E ONLINE LTD	2,875 shares	96,363.97	156,773.75
	HA SUSTAINABLE INFRASTRUCTURE	6,288 shares	203,450.97	168,707.04
	HAEMONETICS CORP	837 shares	71,005.05	65,352.96
	HCI GROUP INC	3,691 shares	260,531.24	430,112.23
	I3 VERTICALS INC	2,984 shares	80,178.56	68,751.36
	IMMUNOVANT INC	3,982 shares	123,260.18	98,634.14
	INSMED INC	5,324 shares	169,584.15	367,568.96
	INTERFACE INC	4,639 shares	118,322.82	112,959.65
	INTRA-CELLULAR THERAPIES INC	2,115 shares	156,659.73	176,644.80
	IOVANCE BIOTHERAPEUTICS INC	30,735 shares	294,378.85	227,439.00
	JFROG LTD	4,811 shares	142,548.78	141,491.51
	KIRBY CORP	1,215 shares	79,367.42	128,547.00
	KNIFE RIVER CORP	3,123 shares	191,312.77	317,421.72

Occidental Petroleum Corporation
Defined Contribution Plan Master Trust
EIN #13-3189949, Plan #210
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Related party	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, maturity value, or duration	Cost	Current Value
	KORNIT DIGITAL LTD	4,334 shares	109,988.15	134,137.30
	KRATOS DEFENSE & SECURITY SOLU	8,132 shares	138,463.13	214,522.16
	KRYSTAL BIOTECH INC	1,782 shares	128,060.94	279,168.12
	LANTHEUS HOLDINGS INC	2,644 shares	115,035.43	236,532.24
	LATTICE SEMICONDUCTOR CORP	2,633 shares	136,893.44	149,159.45
	LIFE TIME GROUP HOLDINGS INC	10,218 shares	175,818.21	226,022.16
	LOVESAC CO/THE	3,919 shares	101,594.20	92,723.54
	LUMENTUM HOLDINGS INC	1,325 shares	124,885.89	111,233.75
	MACOM TECHNOLOGY SOLUTIONS HOL	1,183 shares	119,651.51	153,683.53
	MADRIGAL PHARMACEUTICALS INC	456 shares	155,566.81	140,707.92
	MASTEC INC	5,321 shares	476,846.57	724,400.94
	MDU RESOURCES GROUP INC	3,856 shares	54,070.32	69,485.12
	MOONLAKE IMMUNOTHERAPEUTICS	2,262 shares	106,861.75	122,487.30
	NEUROCRINE BIOSCIENCES INC	1,091 shares	125,132.10	148,921.50
	NEW FORTRESS ENERGY INC	35,435 shares	438,885.60	535,777.20
	NORTHERN OIL & GAS INC	4,894 shares	177,949.43	181,861.04
	ODDITY TECH LTD	2,919 shares	112,137.38	122,656.38
	OLLIE'S BARGAIN OUTLET HOLDING	2,542 shares	224,731.01	278,933.66
	ONESTREAM INC	2,167 shares	67,177.00	61,802.84
	OSI SYSTEMS INC	1,282 shares	148,647.91	214,645.26
	PAR TECHNOLOGY CORP	1,648 shares	128,673.20	119,760.16
	Q2 HOLDINGS INC	3,311 shares	173,838.46	333,252.15
	QXO INC	12,253 shares	147,726.19	194,822.70
	RADNET INC	4,514 shares	151,938.14	315,257.76
	REVOLUTION MEDICINES INC	5,794 shares	242,458.31	253,429.56
	RHYTHM PHARMACEUTICALS INC	2,208 shares	98,518.86	123,603.84
	RXO INC	9,528 shares	209,428.28	227,147.52
	SCHOLAR ROCK HOLDING CORP	6,497 shares	111,303.64	280,800.34
	SELECT MEDICAL HOLDINGS CORP	6,240 shares	118,546.17	117,624.00
	SEMTECH CORP	11,798 shares	417,144.79	729,706.30
	SHARKNINJA INC	3,534 shares	249,483.62	344,070.24
	SITIME CORP	1,647 shares	255,126.01	353,330.91
	SMITH DOUGLAS HOMES CORP	636 shares	19,387.21	16,307.04
	SWEETGREEN INC	9,965 shares	216,336.46	319,477.90
	TANDEM DIABETES CARE INC	4,425 shares	160,849.85	159,388.50
	TG THERAPEUTICS INC	5,640 shares	102,951.08	169,651.20
	TTM TECHNOLOGIES INC	2,413 shares	46,404.43	59,721.75
	VARONIS SYSTEMS INC	7,358 shares	329,169.03	326,915.94
	VAXCYTE INC	1,404 shares	159,277.64	114,931.44
	VERONA PHARMA PLC	5,075 shares	95,365.65	235,683.00
	VICTORIA'S SECRET & CO	6,837 shares	187,185.95	283,188.54
	VISHAY INTERTECHNOLOGY INC	12,798 shares	235,303.96	216,798.12
	WESTERN ALLIANCE BANCORP	4,016 shares	264,651.91	335,496.64
	XPO INC	2,715 shares	205,609.49	356,072.25
	ZOOMINFO TECHNOLOGIES INC	15,902 shares	173,493.87	167,130.02
	Total Common Stocks			22,796,486.30
	Mutual Funds:			
	ARTISAN INTL VAL-INST	614,268 shares	25,882,170.78	28,889,016.68
	DFA US SM CAP VAL PORT-INST	747,803 shares	35,328,680.40	36,275,920.52
	JPMORGAN SMALL CAP GROW-R6	1,059,740 shares	23,659,911.73	23,653,393.72
	PIMCO HIGH YIELD FUND-INST	3,355,637 shares	27,453,675.62	26,912,211.15
	PIMCO TOTAL RETURN FUND-INST	3,813,492 shares	36,107,312.33	32,338,410.55
	UNDISC MGRS BEHAV VAL-R6	436,058 shares	37,828,742.02	36,750,957.79
	VANGUARD INFL PROCT SEC-INST	7,412,098 shares	76,608,933.04	67,968,938.22
	VANGUARD MID CAP INDEX-INST+	655,858 shares	156,582,225.88	233,557,619.52
	VANGUARD REAL EST INDX-INST	2,976,076 shares	56,914,814.10	58,182,283.36
	VANGUARD TTL INTL BND-INST	671,214 shares	21,286,463.06	19,767,246.29

Occidental Petroleum Corporation
Defined Contribution Plan Master Trust
EIN #13-3189949, Plan #210
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Related party	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, maturity value, or duration	Cost	Current Value
	Total Mutual Funds			564,295,997.80
	CCTs:			
	ACADIAN CIT	2,137,795 units	22,669,435.50	28,967,115.88
	BLACKROCK 3000	7,084,691 units	157,571,585.08	244,971,626.63
	BLACKROCK EQTY DIV	2,555,338 units	94,662,050.72	92,693,874.33
	BLACKROCK MSCI ACWI	18,826,291 units	351,744,265.58	341,934,395.60
	BLACKROCK US DEBT	19,071,877 units	227,141,728.05	229,039,894.27
	FIAM IN CP AP CLAS D	571,292 units	7,047,816.09	7,015,463.88
	FIDELITY BLUE CHIP G	3,477,928 units	114,219,909.79	173,826,825.75
	JPMCB LRG CAP GR CF	1,563,417 units	120,528,551.17	173,820,646.91
	VANGUARD RET 2020	862,966 units	46,447,644.92	63,626,495.05
	VANGUARD RET 2025	1,423,147 units	84,248,349.54	115,829,918.70
	VANGUARD RET 2030	1,543,585 units	98,800,147.90	136,437,517.04
	VANGUARD RET 2035	1,296,589 units	89,775,719.55	124,252,152.91
	VANGUARD RET 2040	1,368,595 units	99,362,109.29	140,198,911.96
	VANGUARD RET 2045	1,321,274 units	99,964,797.57	141,455,630.20
	VANGUARD RET 2050	1,278,084 units	98,428,847.45	139,004,435.53
	VANGUARD RET 2055	877,453 units	68,175,702.07	95,282,665.25
	VANGUARD RET 2060	499,483 units	25,585,801.71	32,666,171.39
	VANGUARD RET 2065	303,028 units	10,095,823.61	12,239,309.48
	VANGUARD RET 2070	112,313 units	2,454,192.25	2,748,300.65
	VANGUARD RET INCOME	914,128 units	43,810,082.93	51,236,870.14
	VANGUARD S&P 500	2,702,560 units	442,496,967.82	861,603,039.34
	Total CCTs			3,208,851,260.89
	Grand Total			<u>3,796,816,207.11</u>

* Represents a party in interest as defined by ERISA