

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
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.	09/03/2026	KIRT ADAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2026	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 1496																				
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.....	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">13</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td style="text-align: right;">1083</td></tr> <tr><td>6c</td><td style="text-align: right;">51</td></tr> <tr><td>6d</td><td style="text-align: right;">1134</td></tr> <tr><td>6e</td><td style="text-align: right;">221</td></tr> <tr><td>6f</td><td style="text-align: right;">1355</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>	6a(1)	13	6a(2)	0	6b	1083	6c	51	6d	1134	6e	221	6f	1355	6g(1)		6g(2)		6h	0
6a(1)	13																				
6a(2)	0																				
6b	1083																				
6c	51																				
6d	1134																				
6e	221																				
6f	1355																				
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 Characteristic 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 Characteristic Codes in the instructions:

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 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)

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	615829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

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	143483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	33410	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)

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 ☐

(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 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	DEFINED BENEFIT PLAN ACCOUNT
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b Name of sponsor of entity listed in (a):	HALLIBURTON COMPANY
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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) 25956000
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a Name of MTIA, CCT, PSA, or 103-12 IE:	HALL MT - DB PLAN 005 MMF
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b Name of sponsor of entity listed in (a):	HALLIBURTON COMPANY
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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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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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:	
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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:	
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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)**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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 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)	0	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)	31669000	25956000
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	31669000	25956000

Liabilities

1g Benefit claims payable	1g	40000	4000
1h Operating payables	1h	33000	30000
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	37000	105000
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	110000	139000

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	31559000	25817000
--	-----------	----------	----------

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)		
(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)		0
(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)		0

		(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)		1823000
(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		1823000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6583000	
(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)		6583000
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)	616000	
(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)	144000	
(8) Legal fees	2i(8)	33000	
(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)		982000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7565000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5742000
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 581642.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 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.....		3 122
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) 2025 v. 250312		

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, 2025

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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 (in liquidation) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits (in liquidation) for the years ended December 31, 2025 and 2024, 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, 2025 and 2024, and for the years ended December 31, 2025 and 2024, 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.

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. As a result, the financial statements have been prepared using the liquidation basis of accounting. 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.

The Participants and Benefits Committee of the
Halliburton Retirement Plan

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 2, 2026

Halliburton Retirement Plan

Statements of Net Assets Available for Benefits (In Liquidation) December 31, 2025 and 2024

Thousands of dollars

	<u>2025</u>	<u>2024</u>
ASSETS		
Plan's interest in Master Trust, at fair value	\$ 25,956	\$ 31,669
Total assets	25,956	31,669
LIABILITIES		
Due to trustee	30	33
Accrued administrative expenses	105	37
Total liabilities	135	70
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 25,821</u>	<u>\$ 31,599</u>

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

Halliburton Retirement Plan

Statements of Changes in Net Assets Available for Benefits (In Liquidation) Years Ended December 31, 2025 and 2024

Thousands of dollars

	<u>2025</u>	<u>2024</u>
ADDITIONS		
Plan's interest in Master Trust net investment activity	\$ 1,823	\$ -
Employer contributions	<u>-</u>	<u>254</u>
Total additions	1,823	254
DEDUCTIONS		
Plan's interest in Master Trust net investment activity	-	361
Benefits paid directly to participants	6,619	3,972
Administrative expenses	<u>982</u>	<u>1,043</u>
Total deductions	<u>7,601</u>	<u>5,376</u>
Net decrease	(5,778)	(5,122)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>31,599</u>	<u>36,721</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 25,821</u></u>	<u><u>\$ 31,599</u></u>

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, 2025 and 2024 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 year ended December 31, 2025, there was no minimum funding requirement. For the year ended December 31, 2024, the Company met the minimum funding requirement for the Plan.

In February 2026, the Company contributed to the Plan in connection with its termination; see subsequent events in Note 2 below.

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

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 on June 3, 2026.

In connection with the Plan termination, eligible participants were provided an election window to elect either a lump-sum distribution, where available, or annuity coverage. The Plan Termination Benefit Distribution Election Window was communicated on September 15, 2025, and required participants to submit their elections by November 14, 2025.

In December 2025, the Plan distributed approximately \$2.9 million of its assets to participants as lump-sum payments in connection with the plan termination. In February 2026, subsequent to year-end, the Plan purchased an annuity contract to satisfy remaining benefit obligations. The Plan is expected to complete the liquidation process in 2026. See Note 2 for additional subsequent events disclosure.

Halliburton Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements for the years ended December 31, 2025 and 2024 were prepared using the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP). Management determined that liquidation of the Plan was imminent as of December 31, 2024 as a result of the approved Plan termination effective March 31, 2024 and the expected settlement of remaining benefit obligations through lump-sum distributions and the purchase of an annuity contract.

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. The Plan is expected to complete the liquidation process during 2026.

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 holds investments in common/collective trust funds.

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 the Master Trust, invests 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.

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

Halliburton Retirement Plan

Notes to Financial Statements

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

In February 2026, the Plan entered into an agreement with Principal Life Insurance Company (Principal) to purchase an annuity contract (the Contract) for approximately \$29 million to satisfy the remaining benefit obligations of the Plan. The Plan determined that additional funding of approximately \$4.3 million was required to complete the termination, and the Company made this contribution to the Plan in February 2026. Although there was no minimum funding requirement for the year ended December 31, 2025, the contribution was made in connection with the Plan termination and annuity purchase. All ongoing benefit payments beginning April 1, 2026 will be satisfied by Principal under the terms of the Contract.

Management evaluated subsequent events through September 2, 2026, the date the financial statements were available to be issued.

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. Accordingly, the actuarial present value of accumulated plan benefits is presented as of December 31, 2023.

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, the Benefits Committee approved the termination of the Plan in December 2023, effective March 31, 2024. The actuarial information presented below represents the most recent actuarial valuation completed prior to the Plan's termination and final settlement of benefit obligations. Because the Plan was terminated, assumptions used to settle benefits through lump-sum distributions or the purchase of an annuity contract may differ from the assumptions used to determine the actuarial present value of accumulated plan benefits presented below.

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
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>
Actuarial present value of accumulated plan benefits, end of period	<u>\$ 35,195</u>

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, 2025 and 2024:

<i>Thousands of dollars</i>	December 31			
	2025		2024	
	Master Trust	Plan's Interest in Master Trust	Master Trust	Plan's Interest in Master Trust
Assets				
Investments at fair value				
Collective Trusts	\$ 3,636,703	\$ 25,750	\$ 3,137,930	\$ 28,215
Cash & Equivalents	31,093	204	41,416	3,436
Common Stocks	664,334	-	645,849	-
Equities - Other	6,004	-	7,318	-
Preferred Stocks	372	-	1,377	-
Government Bonds, including MBS	-	-	99,681	-
Corporate Bonds, including convertibles	-	-	15,791	-
Mutual Funds	-	-	15,774	-
Privately Issued Mortgage-backed Securities	-	-	11,636	-
Asset-Backed Securities	-	-	8,037	-
Registered Investment Companies	-	-	3,612	-
	<u>4,338,506</u>	<u>25,954</u>	<u>3,988,421</u>	<u>31,651</u>
Investments at contract value				
Synthetic investment contracts	450,840	-	494,697	-
	<u>4,789,346</u>	<u>25,954</u>	<u>4,483,118</u>	<u>31,651</u>
Receivables				
Other	5,784	18	4,787	16
Interest	867	2	1,641	4
Receivable for investments sold	7,614	-	869	-
Dividends	633	-	714	-
Total receivables	<u>14,898</u>	<u>20</u>	<u>8,011</u>	<u>20</u>
	<u>4,804,244</u>	<u>25,974</u>	<u>4,491,129</u>	<u>31,671</u>
Liabilities				
Payables for investments purchased	6,702	-	19,299	-
Other payables	1,355	18	1,950	2
Total liabilities	<u>8,057</u>	<u>18</u>	<u>21,249</u>	<u>2</u>
Net Assets	<u>\$ 4,796,187</u>	<u>\$ 25,956</u>	<u>\$ 4,469,880</u>	<u>\$ 31,669</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, 2025 and 2024:

<i>Thousands of dollars</i>	<u>2025</u>	<u>2024</u>
Net assets, beginning of year	\$ 4,469,880	\$ 4,194,715
Net investment appreciation	645,014	449,019
Net Investment income		
Interest income	28,848	35,340
Dividend income	14,655	21,012
Expenses	<u>(8,340)</u>	<u>(10,693)</u>
Total net investment income	<u>35,163</u>	<u>45,659</u>
Change in net assets from net investment activities	680,177	494,678
Receipts from Participating Plans	822,514	406,345
Withdrawals by Participating Plans	<u>(1,176,384)</u>	<u>(625,858)</u>
Net assets, end of year	<u>\$ 4,796,187</u>	<u>\$ 4,469,880</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, 2025 and 2024.

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, 2025 and 2024, 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, 2025 and 2024:

<i>Thousands of dollars</i>	<u>2025</u>	<u>2024</u>
Level 1:		
Cash and cash equivalents	\$ 1,025	\$ 1,465
Stocks	<u>669,517</u>	<u>653,684</u>
	670,542	655,149
Level 2:		
Cash and cash equivalents	-	1,499
Corporate bonds, including convertibles	-	15,791
Government bonds	-	99,681
Asset-backed securities	-	8,037
Privately issued mortgage-backed securities	<u>-</u>	<u>11,636</u>
	-	136,644
Level 3:		
Stocks	<u>1,193</u>	<u>860</u>
	<u>1,193</u>	<u>860</u>
Total investments in the fair value hierarchy	671,735	792,653
Investments measured at net asset value (a):		
Common/collective trusts	<u>3,666,771</u>	<u>3,195,768</u>
Investments at fair value	<u>\$ 4,338,506</u>	<u>\$ 3,988,421</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 was amended between the receipt of these letters; however, the plan administrator believes the Plan remained designed and was 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, 2025 and 2024.

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, 2025 and 2024, 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, 2025 and 2024 to Form 5500:

<i>Thousands of dollars</i>	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 25,821	\$ 31,599
Amounts allocated to withdrawing participants	<u>(4)</u>	<u>(40)</u>
Net assets available for benefits per Form 5500	<u>\$ 25,817</u>	<u>\$ 31,559</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2025 and 2024 to Form 5500:

<i>Thousands of dollars</i>	<u>2025</u>	<u>2024</u>
Benefits paid to participants per the financial statements	\$ 6,619	\$ 3,972
Amounts allocated to withdrawing participants at December 31, 2025	4	-
Amounts allocated to withdrawing participants at December 31, 2024	(40)	40
Amounts allocated to withdrawing participants at December 31, 2023	<u>-</u>	<u>(26)</u>
Benefits paid to participants per Form 5500	<u>\$ 6,583</u>	<u>\$ 3,986</u>