Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
OCCIDENTAL OIL & GAS CONSOLIDATED RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 071

1c Effective date of plan 03/01/1997

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)
OCCIDENTAL PETROLEUM CORPORATION

5 GREENWAY PLAZA
HOUSTON, TX 77046-0506

2b Employer Identification Number (EIN)
95-4035997

2c Plan Sponsor's telephone number
713-215-7000

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.	10/12/2026	SHARON HEYMANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

OPC PEN AND RET PLAN ADMINISTRATIVE COMMITTEE

5 GREENWAY PLAZA
HOUSTON, TX 77046-0506

3b Administrator's EIN: 95-4035997

3c Administrator's telephone number: 713-215-7000

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**	1506
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	798
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	749
b	Retired or separated participants receiving benefits	**6b**	156
c	Other retired or separated participants entitled to future benefits	**6c**	501
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1406
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	35
f	Total. Add lines **6d** and **6e**.	**6f**	1441
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 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

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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
OCCIDENTAL OIL & GAS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 071

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OCCIDENTAL PETROLEUM CORPORATION

D Employer Identification Number (EIN)
95-4035997

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	67515649
b Actuarial value	**2b**	65748948

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	190	16426365	16426365
b For terminated vested participants	518	14605530	14605530
c For active participants	798	30341637	30341637
d Total	1506	61373532	61373532

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

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

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	47022
b Expected plan-related expenses	**6b**	357195
c Target normal cost	**6c**	404217

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/02/2026
Date

DIANNE ENGLISH
Type or print name of actuary

26-08125
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

713-754-5400
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	14127747	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	500000	0
9	Amount remaining (line 7 minus line 8)	13627747	
10	Interest on line 9 using prior year's actual return of 5.51 %	750889	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	14378636	0

Part III Funding Percentages

14	Funding target attainment percentage	14	83.70 %
15	Adjusted funding target attainment percentage	15	107.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	122.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	404217
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	404217

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	500000	0	500000

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
OCCIDENTAL OIL & GAS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 071

C Plan sponsor's name as shown on line 2a of Form 5500
OCCIDENTAL PETROLEUM CORPORATION

D Employer Identification Number (EIN)
95-4035997

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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 49	ACTUARY	175348	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COOK STREET CONSULTING

11-3658445

(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?
27	INVESTMENT ADVISOR	7298	Yes [ ] No [X]	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

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(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.

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

A Name of plan
OCCIDENTAL OIL & GAS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 071

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OCCIDENTAL PETROLEUM CORPORATION

D Employer Identification Number (EIN)
95-4035997

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): THE OPC MASTER RETIREMENT PLAN TRUST

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)
36-3055057-100	M	71445084

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
OCCIDENTAL OIL & GAS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 071

C Plan sponsor's name as shown on line 2a of Form 5500
OCCIDENTAL PETROLEUM CORPORATION

D Employer Identification Number (EIN)
95-4035997

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)		
(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)	67515649	71445084
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	67515649	71445084
Liabilities			
1g Benefit claims payable	1g	131673	484373
1h Operating payables	1h	11223	5216
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	142896	489589
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	67372753	70955495

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)		
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)		
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		8712153
(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		8712153
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4787129	
(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)		4787129
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)	7298	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	175348	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	159636	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		342282
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5129411
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3582742
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 575497.

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
OCCIDENTAL OIL & GAS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 071

C Plan sponsor's name as shown on line 2a of Form 5500
OCCIDENTAL PETROLEUM CORPORATION

D Employer Identification Number (EIN)
95-4035997

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): 95-3571558

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** | 58

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 42.0 % Private Equity: 1.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 52.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 5.0 % 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_____.

OCCIDENTAL OIL AND GAS
CONSOLIDATED RETIREMENT PLAN

Financial Statements

December 31, 2025 and 2024

(With Independent Auditors' Report Thereon)

OCCIDENTAL OIL AND GAS

CONSOLIDATED RETIREMENT PLAN

Table of Contents

	Page
Independent Auditor's Report	3
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	5
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024	6
Statements of Accumulated Plan Benefits as of December 31, 2025 and 2024	7
Statements of Changes in Accumulated Plan Benefits for the years ended December 31, 2025 and 2024	8
Notes to Financial Statements	9

Note: Supplemental schedules have been omitted because they are not applicable or are not required by 29 CFR 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

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Independent Auditor's Report

To the Occidental Petroleum Corporation Pension and
Retirement Plan Administrative Committee
Occidental Oil and Gas Consolidated Retirement Plan

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

We have performed audits of the financial statements of Occidental Oil and Gas Consolidated 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 and statements of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits 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.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Houston, Texas
October 13, 2026

OCCIDENTAL OIL AND GAS
CONSOLIDATED RETIREMENT PLAN
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024
(Amounts in thousands)

	2025	2024
Assets:		
Plan interest in the Master Retirement Trust, at fair value	$ 71,445	$ 67,516
Total assets	71,445	67,516
Liabilities:		
Accrued expenses	5	11
Total liabilities	5	11
Net assets available for benefits	$ 71,440	$ 67,505

See accompanying notes to the financial statements.

OCCIDENTAL OIL AND GAS
CONSOLIDATED RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2025 and 2024
(Amounts in thousands)

	2025	2024
Changes to net assets attributable to:		
Plan interest in master trust accounts investment income	$ 8,712	$ 3,622
Benefits paid to participants	(4,435)	(3,792)
Administrative expenses	(342)	(357)
Net increase (decrease)	3,935	(527)
Net assets available for benefits:		
Beginning of year	67,505	68,032
End of year	$ 71,440	$ 67,505

See accompanying notes to the financial statements.

OCCIDENTAL OIL AND GAS
CONSOLIDATED RETIREMENT PLAN
Statements of Accumulated Plan Benefits
As of December 31, 2025 and 2024
(Amounts in thousands)

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Active and terminated vested participants	$ 44,779	$ 46,891
Retired participants and beneficiaries	15,724	16,387
	60,503	63,278
Nonvested benefits:	—	—
Total actuarial present value of accumulated plan benefits	$ 60,503	$ 63,278

See accompanying notes to the financial statements.

OCCIDENTAL OIL AND GAS
CONSOLIDATED RETIREMENT PLAN
Statements of Changes in Accumulated Plan Benefits
Years ended December 31, 2025 and 2024
(Amounts in thousands)

	2025	2024
Actuarial present value of accumulated plan benefits as of beginning of year	$ 63,278	$ 56,684
Change during the year attributable to:		
Benefits paid	(4,434)	(3,792)
Benefits accumulated	46	56
Actuarial gains	(319)	(122)
Interest accrual	3,300	3,455
Changes in actuarial assumptions	(1,368)	6,997
Net increase (decrease)	(2,775)	6,594
Actuarial present value of accumulated plan benefits as of end of year	$ 60,503	$ 63,278

See accompanying notes to the financial statements.

(1) Description of the Plan

The following description of the Occidental Oil and Gas Consolidated Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a noncontributory defined benefit pension plan, which provides retirement benefits for certain eligible employees of Occidental Petroleum Corporation (Occidental, or the employer), a Delaware corporation, and certain participating subsidiaries (collectively, the Company).

In 2001, the assets and liabilities of the Retirement Plan of OXY USA Inc. (OXY USA Plan) and the Placid Oil Company Pension Plan (Placid Plan) were merged into the Oxy Permian Cash Balance Retirement Plan (Permian Plan) to form the Plan (the Merger). The substantive provisions of the OXY USA Plan, the Placid Plan, and the Permian Plan vary.

Effective December 31, 2019 subsequent to the Company's acquisition of Anadarko Petroleum Corporation (Anadarko), the portion of assets and liabilities that relate to the former Anadarko Retirement Plan (Anadarko Plan) participants with an initial hire date after December 31, 2012 (or, if later, an initial date for Plan eligibility after December 31, 2012) were merged into the Plan in a direct plan-to-plan transfer. The transfer did not affect the level of participants' accrued benefits or future benefit accruals; beginning January 1, 2020, participants in the former Anadarko Plan continued to accrue retirement pension benefits under the same formula, terms and conditions, but under the Plan (rather than the Anadarko Plan).

Effective July 1, 2020 the Plan was amended to freeze benefit accruals for Anadarko Plan participants. As a result of the amendment, benefits were determined as of June 30, 2020 and no further benefit accruals will be earned. Interest credits will continue.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) Plan Administration

The Plan is administered by the Pension and Retirement Trust and Investment Committee as to investment decisions and by the Pension and Retirement Plan Administrative Committee as to all matters except investment decisions (these two committees are herein referred to collectively as the Committees). The Plan document provides that a fiduciary appointment officer has sole authority to appoint, remove, and monitor members of the Committees. The Committees have been given all powers necessary to carry out their respective duties, including, but not limited to, the power to administer and interpret the Plan and to answer all questions affecting eligibility of participants. Bank of New York Mellon Trust Company N. A. (the Trustee) is the trustee and custodian of the trust fund, which holds all of the assets of the Plan.

(c) Vesting

Participants are vested as follows:

Permian Plan: After three years of service or attainment of age 65 prior to May 1, 2007 or attainment of age 60 on or subsequent to May 1, 2007.

OXY USA Plan: After five years of service or attainment of age 65.

Placid Plan: All participants were fully vested prior to the Merger.

Anadarko Plan: After three years of service.

(d) Pension Benefits

Participants are entitled to receive benefits as follows:

Permian Plan: All participants, under this part of the Plan, have a notional cash balance retirement account, which consists of employer contributions and a guaranteed rate of return on such contributions. Pension benefits are based on the balance, which has accumulated in this notional account in accordance with Plan provisions. Certain participants are eligible for Pension Transition Benefits as defined in the Plan. A participant under this part of the Plan becomes eligible to receive benefits upon normal retirement at age 65 prior to May 1, 2007 or upon age 60 on or subsequent to May 1, 2007. Participants may also receive benefits upon early retirement at age 50 with 15 years of vesting service. Subsequent to May 1, 2007, a participant may receive benefit payments at normal retirement age while remaining employed.

OXY USA Plan: Pension benefits are determined based on years of eligible service and a participant's basic earnings as defined under this part of the Plan document. A participant under this part of the Plan becomes eligible to receive benefits upon normal retirement at age 65 or upon early retirement at age 55 in accordance with Plan provisions.

Placid Plan: Under this part of the Plan, pension benefits were determined based upon a percentage annual compensation as defined by the Plan multiplied by credited years of service. A participant becomes eligible to receive benefits upon normal retirement at age 65 or upon early retirement at age 55 in accordance with Plan provisions.

Anadarko Plan: Under this part of the Plan, participants have a notional cash balance personal wealth account. Pay credits are added to the initial cash balance at the end of each pay period and interest credits are added weekly. Pension benefits are based on the balance, which has accumulated in the personal wealth account in accordance with Plan provisions. A participant under this part of the Plan becomes eligible to receive benefits upon normal retirement at age 65 or upon early retirement with completion of three years of service.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

(b) Use of Estimates

The process of preparing financial statements in conformity with United States generally accepted accounting principles (U.S. GAAP) requires management to make informed estimates and judgments regarding certain types of financial statement balances and disclosures. Changes in facts and circumstances or discovery of new information relating to such transactions and events may result in revised estimates and judgments and actual results may differ from estimates upon settlement but generally not by material amounts. Management believes that these estimates and assumptions provide a reasonable basis for the fair presentation of the Plan's financial statements.

(c) Investment Valuation and Income Allocation

The Plan's investments 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 a discussion of fair value measurements.

The Plan's percentage interest in the Occidental Petroleum Corporation Master Retirement Trust (the Master Retirement Trust) is based on the beginning of year value of the Plan's interest in the Master Retirement Trust plus actual contributions, Plan-related and allocated investment income less actual distributions and Plan-related and allocated administrative expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes gains and losses on investments bought and sold as well as held during the year.

(d) Actuarial Present Value of Accumulated Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable to the employees under the Plan's provisions for services rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died,

and (c) present employees or their beneficiaries. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation dates and the expected dates of payment.

The significant actuarial assumptions used in the actuarial valuations as of December 31, 2025 and 2024 were as follows:

	2025	2024
Interest rate	5.50%	5.40%
Life expectancy of participants:		
Healthy	Amounts-weighted rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021	Amounts-weighted rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021
Disabled	Amounts-weighted disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021	Amounts-weighted disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021
Lump sum basis	100% Election Rate - Permian Plan	100% Election Rate - Permian Plan
	50% Election Rate - Oxy USA Plan	50% Election Rate - Oxy USA Plan
	50% Election Rate - Placid Plan	50% Election Rate - Placid Plan
	100% Election Rate - Anadarko Plan	100% Election Rate - Anadarko Plan
	5.40% Interest Rate	5.59% Interest Rate
	2026 Mortality Table as applicable per Section 417(e)	2025 Mortality Table as applicable per Section 417(e)

The retirement age assumptions used in 2025 and 2024 for each age range were as follows:

Percentage of eligible participants retiring during the Plan year at age:	Permian Plan 2025 and 2024	Oxy USA Plan 2025 and 2024	Anadarko Plan 2025 and 2024
50	4.00 %	—	—
51	2.00 %	—	—
52	3.00 %	—	3.00 %
53	3.00 %	—	3.00 %
54	3.00 %	—	3.00 %
55	6.00 %	12.50 %	9.00 %
56	7.00 %	5.00 %	9.00 %
57	8.00 %	5.00 %	9.00 %
58	9.00 %	5.00 %	9.00 %
59	10.00 %	7.00 %	15.00 %
60	95.00 %	9.00 %	15.00 %
61	95.00 %	14.00 %	15.00 %
62	100.00 %	35.00 %	15.00 %
63	—	25.00 %	15.00 %
64	—	35.00 %	15.00 %
65	—	100.00 %	30.00 %
66-69	—	—	30.00 %
70	—	—	100.00 %

For the Placid Plan, the retirement age assumption used in 2025 and 2024 was age 60 for participants with deferred benefits.

The decrease in accumulated plan benefits related to changes in actuarial assumptions for the year ended December 31, 2025 was primarily due to the change in interest rate from 5.40% to 5.50%. The increase in accumulated plan benefits related to changes in actuarial assumptions for the year ended December 31, 2024 was primarily due to the change in interest rate from 6.30% to 5.40%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions, and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(e) Expenses

Fees for the Pension Benefit Guaranty Corporation (the PBGC), actuaries, auditors, and other administrative expenses are paid by the Plan. Trustee fees, brokerage commissions, transfer fees, and similar charges are paid by the Master Retirement Trust and are netted against investment income as reported from the Master Retirement Trust.

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Reclassifications

Certain amounts in prior years have been reclassified to conform to the current year’s presentation.

(3) Funding Policy

Section 412 of the Internal Revenue Code (IRC) includes minimum funding requirements for defined-benefit plans. The Company's policy is to at least meet these minimum funding requirements as determined by the Plan's independent actuary. The Plan has met all minimum funding requirements for the Plan years ended December 31, 2025 and 2024.

(4) Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination under the Plan's provisions, the net assets of the Plan will be distributed in accordance with ERISA and its related regulations. The order of priority is as follows:

a. Accrued benefits insured by the PBGC up to applicable limitations (discussed below)

b. All uninsured accrued benefits

Accrued benefits under the Plan are insured by the PBGC upon termination of the Plan. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the maximum amount of an individual's monthly benefit that the PBGC guarantees and the ceiling was $7,432 and $7,108 for plan terminations occurring during the years ended December 31, 2025 and 2024, respectively. The ceiling applies to those participants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). Whether all participants receive their benefits if the Plan terminates at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

(5) Fair Value Measurements

Plan assets are measured at fair value, based on the priority of the inputs to valuation techniques used to measure fair value, in a three-level fair value hierarchy: Level 1 – using quoted prices in the active markets for identical assets or liabilities; Level 2 – using observable inputs other than quoted prices for identical assets or liabilities; and Level 3 – using unobservable inputs. Transfers between levels, if any, are recognized at year end.

The following is a description of the valuation methodologies used for the Plan's interest in assets in the Master Retirement Trust that are measured at fair value:

(a) Mutual Funds

Generally, mutual funds are valued at the net asset value (NAV) of the shares held by the Plan. If publicly registered, the value of the mutual fund can be obtained through quoted market prices in active markets.

(b) Short-Term Investment Fund

The short-term investment fund is valued at the NAV of the shares held by the Plan.

(c) Common/Collective Trusts

The common collective trusts are valued at the NAV of the units provided by the fund issuer. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. As of December 31, 2025 and 2024, there were no redemption restrictions on these investments.

(d) Alternative Investments

Valued using the NAV of the fund, without further adjustment. The NAV is reported on capital account statements provided by the general partner or fund manager and is used as a practical expedient to estimate fair value. These values are

reviewed by the Plan sponsor. The general partner or fund manager uses various valuation techniques and inputs in valuing the private investments in the partnership or fund, including purchase multiples paid in other comparable third-party transactions, comparable public company trading multiples, discounted cash flow analysis, market conditions, liquidity, current operating results, and other pertinent information.

The following tables set forth by level, within the fair value hierarchy, the Master Retirement Trust's assets at fair value as of December 31, 2025 and 2024 (amounts in thousands):

	Assets at fair value as of December 31, 2025	
	Level 1	Total
Mutual funds	$ 21,543	$ 21,543
Total assets in the fair value hierarchy	21,543	21,543
Investments measured at NAV:		
Alternative investments		7,114
Short-term investment funds		28,877
Common/collective trusts		569,689
Investments at fair value	$ 21,543	$ 627,223

	Assets at fair value as of December 31, 2024	
	Level 1	Total
Mutual funds	23,287	23,287
Total assets in the fair value hierarchy	23,287	23,287
Investments measured at NAV:		
Alternative investments		9,065
Short-term investment funds		15,562
Common/collective trusts		552,353
Investments at fair value	$ 23,287	$ 600,267

(6) Plan Interest in Master Retirement Trust

The Plan’s investments are held in the Master Retirement Trust, established by the Company for the investment of assets of various benefit plans. Each participating plan has an undivided interest in the Master Retirement Trust. “Plan interest in Master Retirement Trust, at fair value” in the accompanying statements of net assets available for benefits reflects the Plan’s proportionate ownership in the net assets of the Master Retirement Trust. The net investment income or loss of the investment assets and administrative expenses are allocated to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

The following table presents the Master Retirement Trust's net assets at fair value (amounts in thousands):

	As of December 31,			
	2025		2024	
	Master Retirement Trust Balances	Plan's Interest in Master Retirement Trust Balances	Master Retirement Trust Balances	Plan's Interest in Master Retirement Trust Balances
Assets of Master Retirement Trust:				
Assets:				
Investments at fair value as determined by quoted market price:				
Short-term investment fund	$ 28,877	$ 3,289	$ 15,562	$ 1,750
Common/collective trust	569,689	64,877	552,353	62,096
Mutual funds	21,543	2,454	23,287	2,618
Alternative investments	7,114	810	9,065	1,019
Total investments	627,223	71,430	600,267	67,483
Receivables:				
Accrued investment income	134	15	146	16
Total receivables	134	15	146	16
Cash	—	—	1,000	112
Total assets	627,357	71,445	601,413	67,611
Liabilities:				
Due to broker for securities purchased	—	—	853	95
Total liabilities	—	—	853	95
Net assets of Master Retirement Trust	$ 627,357	$ 71,445	$ 600,560	$ 67,516
Plan’s percentage interest in Master Retirement Trust net assets		11 %		11 %

The following table presents the changes in the net assets of the Master Retirement Trust, in which the Plan owns an undivided interest, as stated in the table above (amounts in thousands):

	Year Ended December 31,	
	2025	2024
Net appreciation (depreciation) in fair value of investments:		
Common/collective trust	$ 72,782	$ 28,179
Mutual funds	4,354	1,292
Alternative investments	292	928
Interest in master trust investment accounts	—	2,278
Other	17	(11)
Net appreciation	77,445	32,666
Interest and dividends	399	469
Less investment expenses	(1,022)	(760)
Investment loss	(623)	(291)
Transfers in	18,307	161,553
Transfers out	(68,332)	(209,407)
Changes in net assets	$ 26,797	$ (15,479)

(7) Information 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, certain information related to investments and disclosed in the accompanying financial statements was obtained by management and agreed to or derived from the following information certified as complete and accurate by The Bank of New York Mellon Trust Company N.A., the Trustee of the Plan as of and for the years ended December 31, 2025 and 2024:

- Plan interest in the Master Retirement Trust, at fair value, as reflected in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Plan interest in the Master Retirement Trust investment income (loss), as reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Investments held in and income earned by the Master Retirement Trust, as reflected in Notes 5 and 6 to the financial statements.

Management instructed the Plan's independent auditors not to perform any auditing procedures with respect to this certified information, except for comparing such information to the related information included in the financial statements.

(8) Risks and Uncertainties

The Master Retirement Trust invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Additionally, some mutual funds invest in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than similar types of securities of comparable U.S. companies.

Certain derivative financial instruments are used by the Master Retirement Trust's equity and fixed-income investment managers to remain fully invested in the asset class and to hedge currency risk.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to changes. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The Company's financial results are significantly influenced by crude oil prices and, to a lesser extent, NGL and natural gas prices and commodity market differentials. The average WTI price per barrel was $92.79 for the three months ended June 30, 2026, compared with $71.93 for the three months ended March 31, 2026. The average WTI price per barrel was $82.36 for the six months ended June 30, 2026, compared with $67.58 for the six months ended June 30, 2025. Changes in commodity prices may affect the Company's capital allocation decisions, including the level and timing of investments, which could affect future production volumes. Commodity prices are expected to remain volatile due to a variety of factors, including geopolitical developments, macroeconomic conditions and their impact on global energy demand, actions by OPEC non-OPEC producing countries, and changes in U.S. trade policy. Commodity prices during the third quarter of 2026 were impacted in part from geopolitical risk premiums associated with the conflict and instability in the Middle East and the resulting uncertainty affecting global energy markets. Recent U.S. trade policy actions, including the implementation of tariff replacement measures, could also affect the Company's operations and financial performance. Although the Company has not experienced a material impact to date, tariffs or tariff replacement measures imposed on suppliers could increase costs over time. In addition, broader economic impacts and uncertainty associated with evolving trade policies could affect demand for the Company's products, supply chain costs and efficiencies, and the prices realized for its production.

(9) Related-Party Transactions

The Trustee and Occidental are parties in interest as defined by ERISA. The Trustee invests certain assets of the Master Retirement Trust in its Collective Short-Term Investment Fund. Such transactions qualify as party-in-interest

transactions permitted by the Department of Labor regulations. Fees paid by the Master Retirement Trust to the Trustee in 2025 and 2024 were approximately $135,000 and $136,000, respectively.

(10) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated March 12, 2021, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Committees, using their judgment and the advice of their advisors, believe that the Plan is currently designed and operating in a manner that preserves its tax-qualified status.

Related to the December 31, 2019 transfer of a portion of the APC Retirement Plan from and into the Plan, a request for approval of the funding method change was filed with the IRS related to the 2020 plan year. The IRS granted approval for these changes in April 2022.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

(11) Reconciliation of the Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 (amounts in thousands):

	As of December 31,	
	2025	2024
Net assets available for benefits per the financial statements	$ 71,440	$ 67,505
Amounts allocated to withdrawing participants	(484)	(132)
Net assets available for benefits per the Form 5500	$ 70,956	$ 67,373

The following is a reconciliation of the net increase (decrease) in net assets available for benefits per the financial statements to the Form 5500 (amounts in thousands):

	Year ended December 31,	
	2025	2024
Net increase (decrease) in net assets available for benefits per the financial statements	$ 3,935	$ (527)
Amounts allocated to withdrawing participants at December 31, 2025 and 2024	(484)	(132)
Amounts allocated to withdrawing participants at December 31, 2024 and 2023	132	331
Net increase (decrease) in net assets available for benefits per the Form 5500	$ 3,583	$ (328)

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit payments that have been processed and approved for payment prior to December 31st, but are not yet paid as of that date.

(12) Subsequent Events

In October 2025, the Company announced entry into a purchase and sale agreement with Berkshire Hathaway Inc. to sell all of the issued and outstanding equity interests in Occidental Chemical Corporation, a Texas corporation, and its consolidated subsidiaries (OxyChem). The sale was completed on January 2, 2026. The transaction did not have a material impact on the Plan.

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Occidental Petroleum Corporation

Plan

Occidental Oil & Gas Consolidated Retirement Plan

Plan Effective Date

Restated as of January 1, 2012, amended as of December 15, 2015.

Effective January 1, 2001, the assets and liabilities of the Retirement Plan of OXY USA Inc. and the Placid Oil Company Pension Plan were merged into the Oxy Permian Cash Balance Retirement Plan to form the Occidental Oil and Gas Consolidated Retirement Plan.

On August 8, 2019, Occidental Petroleum acquired Anadarko Petroleum Corporation. Participants in the Anadarko Retirement Plan who were originally hired after December 31, 2012 were spun off and merged into the Plan on December 31, 2019. This transfer of benefit obligation was accompanied by a transfer of assets from the Anadarko Retirement Plan to the Occidental Oil and Gas Consolidated Retirement Plan.

Benefits under the prior Anadarko Petroleum Corporation were frozen to future accruals effective June 30, 2020.

SCHEDULE SB ATTACHMENTS

Oxy Permian Cash Balance Retirement Plan

Coverage and Participation

Employees of Altura Energy, Ltd. become participants on their date of hire. Participation was frozen June 30, 2000.

Cash Balance Retirement Account

A notional account equal to the sum of:

A. Contribution credits equal to 6% of eligible monthly compensation, credited monthly, and

B. Interest credits based on the yield of 5-year Treasury securities, updated quarterly.

Non-TBEs receive no future contribution credits effective June 30, 2000.

Final Average Monthly Earnings

Participant's highest 36 consecutive month average of eligible compensation out of the last 120 months. Compensation after April 30, 2007 is excluded in determining Final Average Monthly Earnings.

TBE Participant

A participant who:

1. Had at least 10 years of service under one of the Prior Plans as of February 28, 1997;
2. Had 55 or more points as of February 28, 1997; and
3. Transferred directly to Altura from Shell or Amoco on or before June 1, 1997.

Non-TBE Participant

Plan participant not meeting TBE criteria.

Prior Plan

The Shell Pension Plan or the Employee Retirement Plan of Amoco Corporation and Participating Subsidiaries.

Prior Plan Benefit

Monthly benefit to which a participant is entitled to under one of the Prior Plans.

Prior Plan Social Security Supplement

Monthly Social Security supplement to which a participant is entitled from one of the Prior Plans.

Plan Name:	Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN:	95-4035997/071
Plan Sponsor:	Occidental Petroleum Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Transition Percentage

100% minus 5% for each point less than 65 as of February 28, 1997.

Years of Credited Service

Years of employment while participating in plan plus benefit service accrued under a Prior Plan. Service after April 30, 2007 is excluded from determination of Credited Service.

Normal Retirement

1. Eligibility: Effective May 1, 2007, the later of May 1, 2007 or age 60 for any participant who is credited with at least one hour of service on or after May 1, 2007.

2. Benefit:

   a. Non-TBE: Actuarial equivalent of Cash Balance Retirement Account.

   b. TBE: The greater of the non-TBE benefit or a monthly annuity equal to:

      A. 1.6% of Final Average Monthly Earnings times Years of Credited Service, minus

      B. 1.5% of the participant's Social Security benefit times Years of Credited Service (maximum of 33-1/3 years), times

      C. The participant's Transition Percentage, minus

      D. The participant's Prior Plan Benefit.

Early Retirement

1. Eligibility: Age 50 with 15 or more years of vesting service.

2. Benefit:

   a. Non-TBE: Actuarial equivalent of Cash Balance Retirement Account.

   b. TBE: The greater of the non-TBE benefit or a monthly annuity calculated as under normal retirement with the result of step (a) reduced by 5% for each year the participant's age is less than 60.

   In addition, a Social Security supplement is paid until age 62 equal to:

      A. 1.5% of the participant's Social Security benefit times Years of Credited Service (maximum of 33-1/3 years), times

      B. The participant's Transition Percentage, minus

C. The participant's Prior Plan Social Security Supplement.

Vested Retirement

1. Eligibility: Earlier of 3 years of vesting service or attainment of age 60.
2. Benefit:

a. Non-TBE: Actuarial equivalent of Cash Balance Retirement Account.

b. TBE: The greater of the non-TBE benefit or a monthly annuity calculated as under normal retirement, actuarially reduced for commencement prior to age 60.

Pre-Retirement Death Benefits

3. Eligibility: Death after attainment of vesting but prior to commencement of benefits.

4. Benefit:

a. Non-TBE: Actuarial equivalent of Cash Balance Retirement Account payable to surviving spouse, if married, or beneficiary, if not married.

b. TBE: The greater of the non-TBE benefit or, if married, a monthly annuity equal to:

A. If eligible for normal or early retirement at time of death, 100% of the annuity amounts (including the Social Security Supplement) that would have been payable if the participant had retired the day before death, or

B. If not eligible for normal or early retirement at time of death, 100% of the monthly annuity that would have been payable if the participant had retired the day before death and elected a benefit payable as a 100% joint and survivor annuity.

Normal Form of Payment

Non-TBE: Single life annuity actuarially equivalent to Cash Balance Retirement Account.

TBE: If married, a 50% joint and survivor annuity, otherwise a single life annuity.

Optional Forms of Retirement Income

Actuarially-equivalent amounts for participants may be paid in any of the following forms:

- Single life annuity
- A joint and survivor annuity 50%, 75% or 100% continuance
- A single life annuity with ten years of payments guaranteed
- A single lump sum

SCHEDULE SB ATTACHMENTS

Actuarial Equivalence

Section 417(e)(3) “applicable mortality” and the “applicable interest rate” (but not greater than 4.68% with respect to the TBE benefit).

SCHEDULE SB ATTACHMENTS

Retirement Plan of OXY USA Inc.

Plan Participation

Eligible hourly employees become members after the later of completing one year of service or age 21. Plan participation was frozen December 31, 2000.

Basic Earnings

The amount of regular compensation paid to an employee before any payroll deductions for income tax, social security, contributions under employee benefit plans or for any other purpose, but excluding extra pay, overtime pay (other than that described below), shift differential and employer contributions under employee benefit plans, for social security or for any other purpose. For employees on an hourly wage basis, “Basic Earnings” shall mean his straight time hourly rate multiplied by the number of regularly scheduled hours for which he is paid. In this case, if the work week normally and uniformly includes some overtime, amounts regularly paid for such overtime in addition to the straight time rate (but not including any shift differential) shall be included in “Basic Earnings.”

Benefit-Credit Service

Service rendered from date of membership to retirement date.

Vesting-Credit Service

Service after age 18 in any plan year in which member completes 1,000 hours of service.

Final Average Pay

The average of the member’s highest monthly Basic Earnings for any consecutive 36 months of his employment with the Company or an Affiliate.

Average Monthly Social Security Tax Base

One-twelfth of the average of the Social Security maximum amounts of annual wages which for the last 60 months prior to a Member’s retirement or termination of employment were subject to the federal Social Security tax.

Normal Retirement

1. Eligibility: Age 65 and 5 years of service.

2. Benefit: The monthly normal retirement benefit is the greatest of:

    a. Any past service benefits, supplemental benefits and initial service benefits accrued under the Plan in effect prior to January 1, 1976, plus 1.5% of the part of the member’s basic monthly earnings subject to federal social security tax for each year of service completed after December 31, 1975, or

    b. $12.00 multiplied by the member’s total years of service, or

Plan Name:	Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN:	95-4035997/071
Plan Sponsor:	Occidental Petroleum Corporation
Valuation Date:	January 1, 2025

c. 1.275% of the member's final average pay not in excess of the average monthly social security tax base, plus 1.5% of final average pay in excess of the average monthly social security tax base, multiplied by the member's benefit-credit service, not to exceed 35 years.

Accrued benefits were frozen December 31, 2000 and are indexed up at 4.5% per year of additional service.

Late Retirement

1. Eligibility: Age greater than 65 and 5 years of service.

2. Benefit: Determined as for normal retirement, but reflecting member's service and compensation as of late retirement date.

Early Retirement

1. Eligibility: Age 55 and 5 years of service.

2. Benefit: An annual amount computed as for normal retirement but based on the member's years of benefit-credit service, final average pay, and average monthly social security tax base at the time of early retirement. Benefits are reduced for each month that actual retirement precedes age 62 by 5/12 of 1% per month to age 60 and further reduced by 4/12 of 1% per month from age 60 to age 55.

Disability Retirement

1. Eligibility: No disability benefits for current plan participants. Participants with an accrued benefit on or as of June 1,1983, in the Retirement Income Plan of Cities Service Company and who entered employment into plans specifically mentioned in Section 2.06 or the current plan are eligible for disability benefits from the plan. These participants must have continuous service in the abovementioned plans and have completed 10 years of vesting credit service and be permanently and totally disabled.

2. Benefit: Accrued benefit in the Retirement Income Plan.

Vested Retirement

1. Eligibility: Five years of service.

2. Benefit: The vested retirement pension is a deferred retirement pension commencing at normal retirement date equal to the member's normal retirement pension based on the member's average compensation and credited service at the time of separation from the Company. This benefit may be actuarially reduced to commence as early as age 55.

Surviving Spouse Benefit

1. Eligibility: If an active or terminated member who has attained age 55 or 50 and 5 years of service dies before his early retirement date or his normal retirement date and he had been married

throughout the 12-month period immediately preceding his death, his surviving spouse will receive a spouse's benefit.

2. Benefit: The spouse's benefit is a life annuity in an amount equal to 50% of the benefit to which the member would have been entitled had the member elected to retire on the first day of the month next following the date of his death.

Secondary Spouse Benefit

1. Eligibility: Five years of vesting service and member's death prior to the first day of the year in which the member would have attained age 35. In addition, the member must be married for 12 months prior to death.

2. Benefit: Equal to 50% of the monthly benefit the member would have received had he retired from employment on the date of death payable the next month following the date the member would have attained age 55.

Return of Contributions

Upon the death of a member or his termination when not entitled to any other benefit, the excess of his contributions accumulated with interest over any future service benefits paid on his behalf are paid to the member or his beneficiary.

Employee Contributions

Prior to July 1, 1970, employees were required to make contributions in order to participate in the Plan. Since June 30, 1970, employees have not been required or permitted to make contributions to the Plan with respect to employment after that date.

Form of Pension Payments

Normal Form

Life only for single participants and Joint and 50% contingent for married participants

Optional Forms of Retirement Income

Actuarially-equivalent amounts for participants may be paid in any of the following forms:

- Single life annuity
- A joint and survivor annuity
- A single life annuity with ten years of payments guaranteed
- A level income option
- A single lump sum

Actuarial Equivalence

Based on the Unisex Pension 1984 Mortality Table assuming 87% male and 13% female lives. In calculating optional forms, a 7.0% rate is used. With respect to the lump sum option, actuarial equivalence is based on IRC section 417(e)(3).

Plan Name:	Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN:	95-4035997/071
Plan Sponsor:	Occidental Petroleum Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Placid Oil Company Pension Plan

Plan Participation

Placid Oil Company employees participate after attaining age 21 and one year of service.

Normal Retirement

1. Eligibility: Age 65.

2. Benefit: Benefits for the valuation were the actual amounts provided by Occidental Oil and Gas since all participants were terminated by June 30, 1995.

Early Retirement

1. Eligibility: Age 55 and 10 years of service.

2. Benefit: The accrued benefit at retirement reduced by 5.0% for each year that benefit commencement precedes age 62.

Disability Retirement

1. Eligibility: Ten years of service and permanent disability.

2. Benefit: The accrued benefit at date of disability, payable immediately.

Vested Retirement

1. Eligibility: Five years of service.

2. Benefit: The accrued benefit at the date of termination, reduced for early commencement as under early retirement if a participant had ten years of service at termination.

Preretirement Surviving Spouse's Benefit

1. Eligibility: Death after attainment of vesting but prior to the commencement of benefits.

2. Benefit: The annual benefit that would have been received had the participant retired just before death and elected a 50% joint and survivor annuity. This is payable on the date the participant would have been eligible for retirement, reduced for early commencement as under early retirement.

SCHEDULE SB ATTACHMENTS

Form of Pension Payments

Normal Form

Life only for single participants and Joint and 50% contingent for married participants

Optional Forms of Retirement Income

Actuarially-equivalent amounts for participants may be paid in any of the following forms:

- Single life annuity
- A joint and survivor annuity 50%, 66 2/3%, 75% or 100% continuance
- A single life annuity with five or ten years of payments guaranteed
- A single lump sum

Actuarial Equivalence

1971 Group Annuity Mortality Table and interest equal to 75% of the Moody's AAA Bond Rate in effect on October 1 of the preceding calendar year. With respect to the lump sum option, actuarial equivalence is based on IRC section 417(e)(3).

SCHEDULE SB ATTACHMENTS

Anadarko Retirement Plan

Coverage and Participation

APC Plan participants with an initial hire date after December 31, 2012. Eligible employees become participants immediately on date of hire.

Credited Service

Total service less certain absences in excess of 12 months.

Vesting Service

Total service less certain absences in excess of 12 months.

Final Average Compensation/Salary

Compensation generally includes base pay plus AIP bonus and overtime.

Personal Wealth Account Benefits at Retirement, Termination of Service, Disability, or Death

1. Eligibility: A participant is 100% vested upon completion of 3 years of vesting service.

2. Benefit: Actuarial equivalent of Cash Balance Personal Wealth Account. For all PWA participants, pay credits are added to the initial cash balance at the end of each pay period and interest credits are added weekly.

   Interest credits are based upon the average yield of 30-year U.S. Treasury Securities. This rate changes quarterly with a 2-month lookback.

   Pay credits are based upon the participant's points (age + service) using the following schedule:

Points (Age + Service)	Percent of Pay
Less than 40	5.0
40-49	6.0
50-59	7.0
60-69	9.0
70-79	11.0
80+	13.0

The accrued cash balance benefit is payable immediately upon retirement, or it is payable immediately upon termination or death after the completion of 3 years of vesting service. Upon disability, the participant's cash balance account will continue to receive interest and pay credits until his normal retirement date using his rate of pay as of the date of his disability.

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income

Actuarially-equivalent amounts for participants may be paid in any of the following forms:

- Single life annuity
- A joint-and-survivor annuity with 50%, 75%, or 100% continuance
- A single life annuity with either five or ten years of payments guaranteed
- A single lump sum

Plan Participants' Contributions

They are not required or permitted.

Pension Increases

None.

Future Plan Changes

Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Plan Provisions since the Last Valuation Date.

There have been no changes to the plan since the prior valuation date.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	19	2	0	0	0	0	0	0	0	21
30-34	0	74	36	1	0	0	0	0	0	0	111
35-39	0	85	76	1	0	0	0	0	0	0	162
40-44	0	77	82	3	1	0	0	0	0	0	163
45-49	0	51	46	5	1	0	1	0	0	0	104
50-54	0	31	33	4	7	0	6	2	0	0	83
55-59	0	19	30	3	1	3	6	5	1	0	68
60-64	0	10	23	6	2	1	3	5	8	6	64
65-69	0	6	5	1	2	0	0	0	1	4	19
70 & over	0	1	0	1	0	0	1	0	0	0	3
Total	0	373	333	25	14	4	17	12	10	10	798

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

Plan Name: Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN: 95-4035997/071
Plan Sponsor: Occidental Petroleum Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: January
- Interest rate basis: 3-Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.35%	5.31%

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums, the PBGC FTAP, maximum deductible contribution, and the PBGC 4010 FS.

Administrative expenses: $357,195

Administrative expenses are assumed to be equal to those paid in the prior year.

Assumed Cost of Living Adjustments: None.

Compensation Increases: None.

Future Increases in Social Security: Annual rate of 4% increase.

SCHEDULE SB ATTACHMENTS

Future Increases in Maximum Benefits and Plan Compensation Limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). For purposes of determining target normal cost and the additional Funding Target for maximum deductible contribution purposes, the Consumer Price Index is assumed to increase by 3.00% per annum.
Calculation of Cash Balance Accounts	Future cash balances under the former Anadarko Retirement Plan are calculated using an interest crediting rate based on the most recent 24-month average of the 30-year Treasury rate, but no less than 3.24%. The rate used for the January 1, 2025 valuation was 4.25%.

Demographic Assumptions

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

SCHEDULE SB ATTACHMENTS

Disability rates

The rates at which participants are assumed to become disabled by age and gender are shown below:

- Oxy USA

Representative Disability Rates:

Percentage assumed to become disabled during the year		
Attained Age	Male	Female
15-25	0.04%	0.04%
26-29	0.04%	0.05%
30	0.04%	0.06%
35	0.05%	0.10%
40	0.11%	0.18%
45	0.22%	0.34%
50	0.46%	0.56%
55	0.96%	0.89%
60	1.61%	1.27%
64	2.29%	1.52%
65+	0.00%	0.00%

- Placid Oil

None.

- Oxy Permian

None.

SCHEDULE SB ATTACHMENTS

- Anadarko

Representative Disability Rates:

Percentage assumed to become disabled during the year	
Attained Age	Disability Rate
15	0.02%
20	0.03%
25	0.04%
30	0.06%
35	0.10%
40	0.16%
45	0.26%
50	0.45%
55	0.84%
60	1.20%
65	1.54%
70+	0.00%

Termination (not due to disability or retirement) rates

The rates at which participants are assumed to terminate employment by age are shown below:

- Oxy USA

Representative Termination Rates:

Percentage assumed to leave during the year		
Attained Age	Male	Female
15	30.00%	35.10%
20	19.00%	24.60%
25	10.40%	14.10%
30	6.40%	9.00%
35	5.00%	7.40%
40	3.90%	5.90%
45	2.80%	4.30%
50	1.70%	2.50%
55	0.30%	0.40%
56	0.10%	0.10%
57+	0.00%	0.00%

SCHEDULE SB ATTACHMENTS

- Placid Oil — None.

- OXY Permian — Representative Termination Rates:

Percentage assumed to leave during the year	
Attained Age	Termination Rate
16 - 20	6.58%
25	5.27%
30	4.83%
35	4.47%
40	3.84%
45	3.22%
50	1.52%
55	0.33%
59	0.02%
60+	0.00%

- Anadarko

Percentage assumed to leave during the year	
Attained Age	Termination Rate
< 20	6.00%
20 – 29	6.00%
30 – 34	5.00%
35 – 49	4.00%
50 +	2.00%

SCHEDULE SB ATTACHMENTS

Retirement rates

Rates at which participants are assumed to retire by age are shown below.

- Oxy USA

Representative Termination Rates:

Percentage assumed to become retire during the year	
Attained Age	Retirement Rate
55	12.50%
56	5.00%
57	5.00%
58	5.00%
59	7.00%
60	9.00%
61	14.00%
62	35.00%
63	25.00%
64	35.00%
65	100.00%

- Placid Oil

None.

SCHEDULE SB ATTACHMENTS

- OXY Permian

Percentage assumed to become retire during the year	
Attained Age	Retirement Rate
50	4.00%
51	2.00%
52	3.00%
53	3.00%
54	3.00%
55	6.00%
56	7.00%
57	8.00%
58	9.00%
59	10.00%
60	95.00%
61	95.00%
62+	100.00%

- Anadarko

Percentage assumed to become retire during the year	
Attained Age	Retirement Rate
52 – 54	3.00%
55 – 58	9.00%
59 – 64	15.00%
65 – 69	30.00%
70+	100.00%

Benefit commencement dates

- Preretirement death benefit — Upon death of the active participant
- Deferred vested benefit — For Oxy USA and Placid Oil, the later of age 60 or termination of employment.

  For Oxy Permian, the later of age 55 or termination of employment.

  For Anadarko, immediately upon termination.
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

Plan Name: Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN: 95-4035997/071
Plan Sponsor: Occidental Petroleum Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Form of payment	For valuation purposes, 50% of participants of Oxy USA and Placid Oil are assumed to elect a lump sum and 50% are assumed to elect a life annuity. For participants of Oxy Permian and Anadarko, 100% of participants are assumed to elect a lump sum.
Percent married	80% of eligible male and 80% (40% for Oxy USA) of eligible female participants are assumed to be married. This assumption is used to value pre-retirement surviving spouse benefits.
Spouse age	Wife 2 years younger than husband.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Participant Data	Participant data was supplied by the plan sponsor as of the census date.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.30% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor through its administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The cash balance interest crediting rate for former cash balance participants in the Anadarko Retirement Plan was changed from 3.60% to 4.25%.

Plan Name:	Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN:	95-4035997/071
Plan Sponsor:	Occidental Petroleum Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Retirement Rates for OXY Permian Participants

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
50	0.04	1,000	1.000000	0.040000	2.000000
51	0.02	960	0.960000	0.019200	0.979200
52	0.03	941	0.940800	0.028224	1.467648
53	0.03	913	0.912576	0.027377	1.450996
54	0.03	885	0.885199	0.026556	1.434022
55	0.06	859	0.858643	0.051519	2.833521
56	0.07	807	0.807124	0.056499	3.163927
57	0.08	751	0.750625	0.060050	3.422852
58	0.09	691	0.690575	0.062152	3.604804
59	0.10	628	0.628424	0.062842	3.707700
60	0.95	566	0.565581	0.537302	32.238134
61	0.95	28	0.028279	0.026865	1.638772
62	1.00	1	0.001414	0.001414	0.087665

Average age at retirement 58.029241

Plan Name: Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN: 95-4035997/071
Plan Sponsor: Occidental Petroleum Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Retirement Rates for OXY USA Participants

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.125	1,000	1.000000	0.125000	6.875000
56	0.050	875	0.875000	0.043750	2.450000
57	0.050	831	0.831250	0.041563	2.369063
58	0.050	790	0.789688	0.039484	2.290094
59	0.070	750	0.750203	0.052514	3.098339
60	0.090	698	0.697689	0.062792	3.767520
61	0.140	635	0.634897	0.088886	5.422020
62	0.350	546	0.546011	0.191104	11.848446
63	0.250	355	0.354907	0.088727	5.589791
64	0.350	266	0.266181	0.093163	5.962444
65	1.000	173	0.173017	0.173017	11.246127

Average age at retirement 60.918843

Retirement Rates for Anadarko Participants

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
52	0.03	1,000	1.000000	0.030000	1.560000
53	0.03	970	0.970000	0.029100	1.542300
54	0.03	941	0.940900	0.028227	1.524258
55	0.09	913	0.912673	0.082141	4.517731
56	0.09	831	0.830532	0.074748	4.185883
57	0.09	756	0.755785	0.068021	3.877175
58	0.09	688	0.687764	0.061899	3.590128
59	0.15	626	0.625865	0.093880	5.538907
60	0.15	532	0.531985	0.079798	4.787868
61	0.15	452	0.452188	0.067828	4.137516
62	0.15	384	0.384359	0.057654	3.574543
63	0.15	327	0.326706	0.049006	3.087367
64	0.15	278	0.277700	0.041655	2.665917
65	0.30	236	0.236045	0.070813	4.602872
66	0.30	165	0.165231	0.049569	3.271580
67	0.30	116	0.115662	0.034699	2.324805
68	0.30	81	0.080963	0.024289	1.651652
69	0.30	57	0.056674	0.017002	1.173159
70	1.00	40	0.039672	0.039672	2.777043

Average age at retirement 60.390704

Plan Name: Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN: 95-4035997/071
Plan Sponsor: Occidental Petroleum Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Group	Active Headcount		Assumed Retirement Age
OXY Permian Participants	32		58.029241
OXY USA Participants	13		60.918843
Anadarko Participants	753		60.390704
		Weighted Average	60.304613
		Rounded for Schedule SB item 22	60

Plan Name: Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN: 95-4035997/071
Plan Sponsor: Occidental Petroleum Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,171,949	1,523,094	1,595,886	7,290,929
2026	2,203,076	467,047	1,563,466	4,233,589
2027	2,245,808	486,843	1,527,498	4,260,149
2028	2,314,249	606,243	1,488,519	4,409,011
2029	1,972,769	334,047	1,444,903	3,751,719
2030	1,923,393	512,209	1,398,055	3,833,658
2031	1,907,669	624,212	1,350,455	3,882,336
2032	1,871,563	485,226	1,300,328	3,657,117
2033	1,727,633	1,245,342	1,248,137	4,221,113
2034	1,780,582	581,896	1,194,344	3,556,821
2035	1,650,640	798,207	1,138,846	3,587,693
2036	1,838,184	1,048,143	1,081,935	3,968,262
2037	1,840,189	571,293	1,023,615	3,435,097
2038	1,847,656	790,249	964,046	3,601,952
2039	1,800,336	658,881	903,422	3,362,639
2040	1,717,214	559,650	841,998	3,118,863
2041	1,815,660	751,026	780,096	3,346,782
2042	1,869,329	722,057	718,104	3,309,489
2043	1,808,712	818,767	656,461	3,283,940
2044	1,790,570	899,861	595,636	3,286,067
2045	1,810,525	1,632,078	536,110	3,978,713
2046	1,740,526	1,432,674	478,373	3,651,573
2047	1,590,826	1,879,345	422,926	3,893,098
2048	1,480,154	1,580,098	370,264	3,430,515
2049	1,542,945	1,393,078	320,843	3,256,866
2050	1,257,061	1,942,790	275,058	3,474,909
2051	1,204,829	1,708,897	233,214	3,146,940
2052	1,026,208	1,800,861	195,507	3,022,575
2053	833,127	2,252,962	162,010	3,248,098
2054	652,100	1,094,147	132,678	1,878,925
2055	587,247	1,442,262	107,359	2,136,868
2056	407,909	1,386,839	85,820	1,880,568
2057	526,062	1,721,701	67,759	2,315,522
2058	233,710	908,007	52,834	1,194,551
2059	145,916	394,695	40,680	581,292
2060	64,608	247,391	30,925	342,924
2061	40,454	173,678	23,209	237,341
2062	24,396	142,385	17,192	183,973
2063	5,305	39,984	12,564	57,853
2064	3,678	9,297	9,054	22,030
2065	2,485	7,606	6,429	16,520
2066	1,634	6,321	4,494	12,450
2067	1,046	5,353	3,090	9,489
2068	651	4,625	2,087	7,363

Plan Name: Occidental Oil & Gas Consolidated Retirement Plan
EIN / PN: 95-4035997/071
Plan Sponsor: Occidental Petroleum Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	394	4,075	1,384	5,853
2070	232	3,654	899	4,786
2071	133	3,327	572	4,032
2072	74	3,064	356	3,494
2073	40	2,846	217	3,102
2074	21	2,659	129	2,809

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☒ 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
OCCIDENTAL OIL & GAS CONSOLIDATED RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 071

1c Effective date of plan 03/01/1997

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)
OCCIDENTAL PETROLEUM CORPORATION

5 GREENWAY PLAZA

HOUSTON TX 77046-0506

2b Employer Identification Number (EIN) 95-4035997

2c Plan Sponsor's telephone number 713-215-7000

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	Signature of plan administrator	Date 10/12/26	Enter name of individual signing as plan administrator SHARON HEYMANS
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

09521007 756800 2043175

2025.04030 OCCIDENTAL PETROLEUM CORP 20431751

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
OCCIDENTAL OIL & GAS CONSOLIDATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 071

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
OCCIDENTAL PETROLEUM CORPORATION

D Employer Identification Number (EIN)
95-4035997

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	67,515,649
b Actuarial value	**2b**	65,748,948

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	190	16,426,365	16,426,365
b For terminated vested participants	518	14,605,530	14,605,530
c For active participants	798	30,341,637	30,341,637
d Total	1,506	61,373,532	61,373,532

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

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

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	47,022
b Expected plan-related expenses	**6b**	357,195
c Target normal cost	**6c**	404,217

Statement by Enrolled Actuary

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

SIGN HERE Dianne English DE — Signature of actuary

10/2/2026 — Date

Dianne English — Type or print name of actuary

2608125 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

713-754-5400 — Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	14,127,747	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	500,000	0
9	Amount remaining (line 7 minus line 8)	13,627,747	0
10	Interest on line 9 using prior year's actual return of 5.51 %	750,889	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	14,378,636	0

Part III Funding Percentages

14	Funding target attainment percentage	14	83.70 %
15	Adjusted funding target attainment percentage	15	107.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	122.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	404,217
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	404,217

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	500,000	0	500,000

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021