

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: REVVITY, INC. EMPLOYEES RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): REVVITY, INC.
2b Employer Identification Number (EIN): 04-2052042
2c Plan Sponsor's telephone number: 781-663-5712
2d Business code (see instructions): 339110

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	4609
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	33
	6a(2)	28
	6b	580
	6c	696
	6d	1304
	6e	158
	6f	1462
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1E 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>REVVITY, INC. EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>REVVITY, INC.</u>	D Employer Identification Number (EIN) <u>04-2052042</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>202331132</u>
	b Actuarial value	2b	<u>221975953</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>3750</u>	<u>168644645</u>
	b For terminated vested participants	<u>750</u>	<u>31386640</u>
	c For active participants	<u>33</u>	<u>881333</u>
	d Total	<u>4533</u>	<u>200912618</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.11 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1550000</u>
	c Target normal cost	6c	<u>1550000</u>

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 <u>CAROLINE L. PISACKA, F.S.A., E.A.</u> Type or print name of actuary <u>FIDELITY INVESTMENTS</u> Firm name <u>245 SUMMER STREET, V1B</u> <u>BOSTON, MA 02210</u> Address of the firm	<u>10/01/2025</u> Date <u>23-08266</u> Most recent enrollment number <u>617-563-0265</u> Telephone number (including area code)
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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)	0	34330099
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3173785
9	Amount remaining (line 7 minus line 8)	0	31156314
10	Interest on line 9 using prior year's actual return of <u>7.51</u> %	0	2339839
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 <u>5.07</u> %		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)	0	33496153

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.80 %
15	Adjusted funding target attainment percentage	15	110.47 %
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	93.19 %
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 64

22 Weighted average retirement age **22** 64

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** 1550000

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	12444158	1211241
b Waiver amortization installment.....	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** 2761241

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2761241	2761241

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**

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

A Name of plan REVVITY, INC. EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 REVVITY, INC.	D Employer Identification Number (EIN) 04-2052042	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE BANK OF NEW YORK MELLON

13-5160382

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

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

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

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

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04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	456202	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	185818	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILMERHALE

04-1409810

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	8088	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan REVVITY, INC. EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 REVVITY, INC.	D Employer Identification Number (EIN) 04-2052042

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)	202331132
(12) Value of interest in 103-12 investment entities	1c(12)	91776909
(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)	20393095
		20685202

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	222724227	112462111
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	546040	297236
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	546040	297236
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	222178187	112164875

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		5432423
(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		126885
d Total income. Add all income amounts in column (b) and enter total	2d		5559308

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19084196	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	95372807	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		114457003
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)	185818	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	456202	
(8) Legal fees	2i(8)	8088	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	465509	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1115617
j Total expenses. Add all expense amounts in column (b) and enter total	2j		115572620

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-110013312
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 551303.

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

A Name of plan <u>REVVITY, INC. EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REVVITY, INC.</u>	D Employer Identification Number (EIN) <u>04-2052042</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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): <u>13-6044214</u>		
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	36

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 50.0%
 High-Yield Debt: 5.0% Real Assets: _____% Cash or Cash Equivalents: _____% Other: 45.0%

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 _____.

Revvity, Inc. Employees Retirement Plan

Employer ID No: 04-2052042

Plan Number: 002

Financial Statements as of December 31, 2024 and 2023,
and for the Year Ended December 31, 2024, and
Independent Auditor's Report

REVVITY, INC. EMPLOYEES RETIREMENT PLAN

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Statement of Changes in Net Assets Available for Pension Benefits for the Year Ended December 31, 2024	5
Notes to Financial Statements as of December 31, 2024 and 2023, and for the Year Ended December 31, 2024	6–15
NOTE: Schedules 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 have been omitted because they are either not applicable or not required.	



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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Revvity, Inc. Employees Retirement Plan

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

We have performed audits of the financial statements of Revvity, Inc. Employees 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 pension benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for pension benefits for the year ended December 31, 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 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.
- 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 (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 accounting principles generally accepted in the United States of America, 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 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

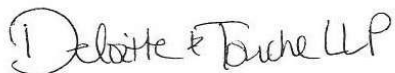
- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

A handwritten signature in cursive script that reads "Deloitte & Touche LLP".

October 10, 2025

REVVITY, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS AS OF DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Plan's interest in the Revvity, Inc. Master Trust	\$ 91,776,909	\$ 202,331,132
401(h) Account's interest in the Revvity, Inc. Master Trust	<u>20,685,202</u>	<u>20,393,095</u>
Total Assets	<u>\$ 112,462,111</u>	<u>\$ 222,724,227</u>
LIABILITIES:		
Accrued expenses	\$ 297,236	\$ 546,040
Amounts related to obligation of 401(h) Account	<u>20,685,202</u>	<u>20,393,095</u>
Total Liabilities	<u>20,982,438</u>	<u>20,939,135</u>
NET ASSETS AVAILABLE FOR PENSION BENEFITS	<u>\$ 91,479,673</u>	<u>\$ 201,785,092</u>

See notes to financial statements.

REVVITY, INC. EMPLOYEES RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS:

Change in Plan's interest in Revvity, Inc. Master Trust	\$ 5,108,606
Total additions	<u>5,108,606</u>

DEDUCTIONS:

Payments to participants	19,084,196
Purchase of annuity contracts	95,372,807
Administrative expenses	<u>957,022</u>
Total deductions	<u>115,414,025</u>

NET DECREASE IN NET ASSETS AVAILABLE FOR PENSION BENEFITS (110,305,419)

NET ASSETS AVAILABLE FOR PENSION BENEFITS:

Beginning of year	<u>201,785,092</u>
End of year	<u>\$ 91,479,673</u>

See notes to financial statements.

REVVITY, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEAR ENDED DECEMBER 31, 2024

1. DESCRIPTION OF THE PLAN

The following description of the Revvity, Inc. Employees Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General—The Plan, which was amended and restated effective January 1, 2012, is a qualified, noncontributory defined benefit plan, covering eligible Employees of Revvity, Inc. (the “Company”) and certain of its wholly-owned subsidiaries who are not members of a collective bargaining unit represented by a union or who are members of a unit covered by an agreement that specifically provides for benefits under the Plan. Employees who were participants in the Plan as of December 31, 2011, shall continue to participate in the Plan for so long as they remain an Employee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective January 31, 2011 (the “freeze date”), notwithstanding any provision of the Plan to the contrary, all accruals under the Plan shall cease. The accrued benefit of all Participants shall be determined as of the freeze date, and shall not therefore be increased by any service or compensation changes. All Participants actively accruing benefits in the Plan immediately prior to the freeze date shall be fully vested in their accrued benefit as of the freeze date.

In August 2023, the Plan communicated an option for participants to elect a lump sum buy-out in December 2023, begin receiving annuity payments in December 2023, or elect no change. There were 419 participants who were paid a lump sum in December 2023 in accordance with their elections in the lump sum window. The total lump sum payments amounted to \$19.7 million in 2023.

In December 2024, the Plan entered into an annuity purchase agreement to irrevocably transfer a portion of the pension benefit obligation to a third-party insurance company. The annuity purchase price was \$95.4 million and was funded from the pension plan assets.

Trustee of the Plan—The Bank of New York Mellon/BNY Mellon Bank, N.A. (“BNY Mellon” or the “Trustee”) is the trustee of the Plan. As Trustee, BNY Mellon holds and invests the Plan’s assets under the supervision of the Administrative Committee of the Company. Among other duties, the Trustee receives the Company’s contributions and makes distributions in accordance with instructions from the Plan administrator. The Plan is administered by the Benefits Consulting Group of Fidelity (“BCGF”).

Pension Benefits—The Plan provides for retirement benefits to be paid to Participants who have reached their normal retirement date, or later, if the individuals so elect. The normal retirement date, as defined in the Plan document, is based on the Social Security normal retirement age, which ranges from ages 65 through 67, according to year of birth. Participants retiring before their normal retirement date, who are within 12 years of their normal retirement date and have completed at least 10 years of service, as defined in the Plan document, are also eligible for benefits. Such benefits and alternative methods of payment are defined in the Plan document, as amended, and are based on compensation levels, years of credited service and age at retirement or termination. Participants were fully vested in

the Plan after earning five years of credited service or upon reaching their normal retirement date, whichever occurs first. Certain participants are also eligible for additional retirement benefits, as defined in the Plan, based on voluntary contributions made during their employment.

Funding Policy—The Company’s contributions to the Plan are based on actuarial valuations prepared by the Plan’s actuary, BCGF, using the unit credit actuarial cost method. In no event will the contribution be less than the minimum required contribution under ERISA. The Company met the minimum funding requirements of ERISA for the year ended December 31, 2024.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates—The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results may differ from those estimates.

Risks and Uncertainties—The Plan invests in various investment securities through participation in the Revvity, Inc. Master Trust (the “Master Trust”). Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that a change in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value and the actuarial 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 change. Due to uncertainties inherent in the estimates 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.

Investment Valuation and Income Recognition—The Plan’s investment in the Master Trust, a master trust established by the Company and administered by the Trustee, is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. Fair value of a financial instrument is the amount 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 3 for description of valuation methods.

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

Administrative Expenses—All administrative expenses incurred are paid by the Plan. The Company provides accounting and certain other administrative services to the Plan at no charge.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification (“ASC”) 820, *Fair Value Measurements*, establishes a single authoritative definition of fair value, sets a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Approaches—Valuation approaches maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for Master Trust assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest-Bearing Cash—Interest-bearing cash is made up of several collective trust funds. Collective trust funds with readily determinable fair value are valued at the daily closing price as reported or published by the collective trust fund. The collective trust funds have been determined to have a readily determinable fair value based on the published price and transact at that price. The collective trust funds included in the fair value hierarchy are deemed to be actively traded. The collective trust funds are not exchange-traded funds, however, the prices per unit are published and represent the actual price at which the units held in the funds can be bought or sold. The Master Trust’s collective trust funds with readily determinable fair value are included in the fair value hierarchy table as level 1 measurements.

Exchange-Traded Funds—Exchange-traded funds (“ETF’s”) are stated at fair value as determined by quoted prices in an active market.

Mutual Funds—Valued at the daily closing price as reported by the fund. Mutual funds held by the Master Trust are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Master Trust are deemed to be actively traded.

Corporate Bonds and U.S. Government Securities—Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

The following tables set forth by level within the fair value hierarchy a summary of the Master Trust's (including the 401(h) account) investments measured at fair value on a recurring basis at December 31, 2024 and 2023:

	Fair Value Measurements at December 31, 2024			
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Interest-bearing cash	\$ 5,109,219	\$ -	\$ -	\$ 5,109,219
Equity securities (mutual funds)	5,317,324	-	-	5,317,324
Fixed income securities (ETFs)	1,997,836	-	-	1,997,836
Fixed income securities (individual bonds) – corporate debt instruments and U.S. government securities	29,866,200	68,939,904	-	98,806,104
Total investments in the Master Trust at fair value	\$ 42,290,579	\$ 68,939,904	\$ -	\$ 111,230,483

	Fair Value Measurements at December 31, 2023			
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Interest-bearing cash	\$ 2,890,304	\$ -	\$ -	\$ 2,890,304
Equity securities (mutual funds)	11,480,221	-	-	11,480,221
Fixed income securities (individual bonds) – corporate debt instruments and U.S. government securities	74,862,828	131,188,522	-	206,051,350
Total investments in the Master Trust at fair value	\$ 89,233,353	\$ 131,188,522	\$ -	\$ 220,421,875

Transfers between Levels—The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation approaches may require the transfer of financial instruments from one fair value level to another. The significance of transfers between levels is evaluated based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The valuation approaches as described in Note 3 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by Employees as of the valuation date. 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. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, BCGF, and is an 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 date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the January 1, 2025 valuations are as follows:

Average retirement age	Age 64
Rate of returns on investments	4.60%
Mortality	Pri-2012 Total Mortality Table w/ 2021 MP Scale

The significant actuarial assumptions used in the January 1, 2024 valuations are as follows:

Average retirement age	Age 64
Rate of returns on investments	4.60%
Mortality	Pri-2012 Total Mortality Table w/ 2021 MP Scale

The reported benefit obligation is based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits below is measured as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023, respectively, there would be no material differences.

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Retired participants and beneficiaries	\$ 66,810,151	\$ 175,668,708
Active and terminated vested participants	<u>32,877,678</u>	<u>34,775,107</u>
Total vested benefits	<u>99,687,829</u>	<u>210,443,815</u>
Nonvested benefits:	<u>10,788</u>	<u>12,324</u>
Actuarial present value of accumulated plan benefits	<u>\$ 99,698,617</u>	<u>\$ 210,456,139</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2024 are as follows:

Actuarial present value of accumulated plan benefits – December 31, 2023	\$ 210,456,139
Increase (decrease) during the year attributed to:	
Interest due to decrease in discount period	7,057,665
Benefits paid	(19,084,196)
Purchase of annuity contracts	(96,270,000)
Additional benefits earned, including experience gains and losses	<u>(2,460,991)</u>
Actuarial present value of accumulated plan benefits – December 31, 2024	<u>\$ 99,698,617</u>

In December 2024, the Plan entered into an annuity purchase agreement as described in Note 1. However, also in December 2024, the Plan received \$0.9 million from the third-party insurance company to provide for the payment of annuities to 3,071 Plan participants, and their beneficiaries for the total monthly benefit amount for a benefit takeover date of January 1, 2025, with a bulk payment for January 1, 2025. This bulk payment is not reflected in the purchase of annuity contracts line item above.

5. INTEREST IN MASTER TRUST

All of the investments of the Plan are held by BNY Mellon under a master trust agreement whereby the Plan's assets could be combined with the investments of other Revvity, Inc. employee benefit plans in the Master Trust. The Plan (which includes a 401(h) Account) is the only Plan in the Master Trust. The Plan (including the 401(h) Account) holds an undivided interest in the Master Trust. The Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the Plan (including the 401(h) account). The net investment income of the investment assets is allocated by the Trustee to the Plan (including the 401(h) account) based on the relationship of the interest of the Plan (including the 401(h) account) to the total of the interests of the Plan (including the

401(h) account). The Plan had interests of 82% and 91% in the Master Trust while the 401(h) had interest of 18% and 9% of net assets as of December 31, 2024 and 2023, respectively. The net change in value from participation in the Master Trust (which represents the net total of the above allocations for the year) is reported as a single-line item in the accompanying statement of changes in net assets available for pension benefits.

All Master Trust assets are applicable to the Plan along with the related 401(h) Account. A summary of the net assets of the Master Trust as of December 31, 2024 and 2023, is as follows:

	<u>2024</u>	<u>2023</u>
Investments – at fair value:		
Interest-bearing cash	\$ 5,109,219	\$ 2,890,304
U.S. large-cap (mutual funds)	3,736,810	7,717,715
International large-cap value (mutual funds)	1,086,826	2,587,005
Emerging markets growth (mutual funds)	493,688	1,175,501
Fixed income securities (ETFs)	1,997,836	-
Corporate debt instruments and U.S. government securities (individual bonds)	<u>98,806,104</u>	<u>206,051,350</u>
Total investments	111,230,483	220,421,875
Cash	-	14,659
Total other receivables	<u>1,231,628</u>	<u>2,287,693</u>
Total assets	<u>112,462,111</u>	<u>222,724,227</u>
Net assets of the Master Trust	<u>\$ 112,462,111</u>	<u>\$ 222,724,227</u>

Allocations of the net assets of the Master Trust (including the 401(h) account) as of December 31, 2024 and 2023, are as follows:

	<u>2024</u>		<u>2023</u>	
	Amount	Percent	Amount	Percent
Revvity, Inc. Employees Retirement Plan	\$ 91,776,909	82%	\$ 202,331,132	91%
401(h) Plan	20,685,202	18%	20,393,095	9%
Total	<u>\$ 112,462,111</u>	<u>100%</u>	<u>\$222,724,227</u>	<u>100%</u>

The Plan has a 82% and 91% interest in each of the assets of the Master Trust as of December 31, 2024 and 2023, respectively. The 401(h) Account has a 18% and 9% interest in each of the assets of the Master Trust as of December 31, 2024 and 2023, respectively.

The Master Trust net investment earnings for the year ended December 31, 2024, are as follows:

Interest income	\$ 8,612,921
Dividend income	273,589
Miscellaneous income	126,885
Investment management fees	(1,002,755)
Net depreciation	(2,609,927)
Net investment earnings of Master Trust	<u>\$ 5,400,713</u>
Change in Plan's interest in the Master Trust	\$ 5,108,606
Change in the 401(h) Account's interest in the Master Trust	292,107
Net investment earnings of Master Trust	<u>\$ 5,400,713</u>

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investments in the Master Trust are shares of mutual funds and ETFs managed by Hirtle Callaghan Capital Trust, who serves as the Plan's investment manager. The Plan's actuary, BCGF, also serves as the administrator of the Plan. These transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and administrative services are included as a reduction of the return on each fund. Administrative fees incurred by the Plan for the investment management services provided by the investment manager were \$1,002,755 for the year ended December 31, 2024. Administrative fees incurred by the Plan for the administrative services provided by the actuary were \$456,367 for the year ended December 31, 2024.

7. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the certified investment information regarding the Plan as of December 31, 2024 and 2023, and for the year ended December 31, 2024 included in the Plan's financial statements that were prepared by, or derived from, information prepared by BNY Mellon, the Trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	<u>2024</u>	<u>2023</u>
Statement of net assets available for benefits:		
Plan's interest in the Revvity, Inc. Master Trust	\$ 91,776,909	\$ 202,331,132
401(h) Account's interest in the Revvity, Inc. Master Trust	20,685,202	20,393,095
Statement of changes in net assets available for benefits – change in Plan's interest in Revvity, Inc. Master Trust	\$ 5,108,606	

In addition, all investment balances and information included in Notes 3 and 5 were certified by the Trustee except for the level of each investment under ASC 820.

8. 401(H) ACCOUNT

Certain of the Plan's net assets are restricted to fund a portion of certain postretirement medical benefits to eligible members of the Revvity, Inc. Postretirement Medical Plan ("PRM"). In accordance with Section 401(h) of the Internal Revenue Code (the "Code"), a separate account has been established and maintained in the Plan for the net assets related to the health and welfare component ("401(h) Account"). The PRM is supported by the 401(h) Account.

The Company's funding for postretirement medical benefits through the 401(h) Account is actuarially determined and any funded amounts are accounted for separately. Assets included in the 401(h) Account must only be used for postretirement medical benefits. Assets in the Plan, other than those in the 401(h) Account, cannot be used to pay postretirement medical benefits. In 2024, there were no reimbursements made by the 401(h) Account to the Company for medical expenses paid on its behalf. There were no contributions to the 401(h) Account in 2024.

9. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter, dated May 29, 2014, that the Plan and related trust were designed in accordance with the applicable regulations of the Code. The Plan has been amended since receiving the determination letter; however, the Plan's sponsor and its legal counsel believe that the Plan is currently operating in compliance with all applicable requirements of the Code and ERISA. Therefore, no provision for income taxes has been included in the Plan's financial statements.

10. PLAN TERMINATION

The Company has stated its intention to continue the Plan indefinitely; however, the Plan is voluntary on the part of the Company, and the Company reserves the right to terminate the Plan at any time. Upon termination of the Plan or complete discontinuance of contributions to the Plan, the Plan's assets would be allocated for the benefit of each Participant, beneficiary, joint annuitant and eligible spouse in a manner approved by the IRS, in accordance with the provisions of, and regulations issued, pursuant to ERISA.

If the Plan is terminated, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a US government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

Should the Plan terminate at some future date, the receipt of benefits by the Participants would depend upon the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The reconciliation of net assets available for pension benefits per the financial statements to the net assets per Form 5500 as of December 31, 2024 and 2023, is as follows:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 91,479,673	\$ 201,785,092
Net assets held in Revvity, Inc. Employees Retirement Plan – restricted for 401(h) Account	<u>20,685,202</u>	<u>20,393,095</u>
Net assets per Form 5500	<u>\$ 112,164,875</u>	<u>\$ 222,178,187</u>

The reconciliation of net decrease in net assets available for pension benefits per the financial statements to net loss per the Form 5500 for the year ended December 31, 2024, is as follows:

Net decrease in net assets available for pension benefits per the financial statements	\$ (110,305,419)
Increase in 401(h) Account – net investment earnings	<u>292,107</u>
Net loss per Form 5500	<u>\$ (110,013,312)</u>

12. SUBSEQUENT EVENTS

For the year ended December 31, 2024, subsequent events were evaluated through October 9, 2025, the date the financial statements were available to be issued.

In January 2025, the Plan received \$0.9 million from the third-party insurance company for a one-time bulk payment for the February 1, 2025 benefit payments to be paid by the Plan.

In August 2025, the Plan received a refund of \$2.1 million from the third-party insurance company as adjustments to the annuity purchase price described in Note 1.

* * * * *

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Full Yield Curve	Full Yield Curve	Full Yield Curve	Full Yield Curve
Look-back months	Not Applicable	Not Applicable	Not Applicable	Not Applicable
First five years	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Next 15 years	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Over 20 years	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Applicable law for the segment rates corridor	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Salary Scale: N/A

Increase in Social Security Taxable Wage Base: 3.25%. This is based on the CPI assumption, increased 0.50% based on the historical difference between the CPI and TWB of 0.50% - 1.00%.

Administrative Expenses included in Target Normal Cost: Estimated based on the prior year non-investment related administrative expenses, reflecting any known adjustments for the current year, paid from the Trust plus actual PBGC premiums for the current year. The assumed administrative expenses decreased from \$1,725,000 for 2023 to \$1,550,000 for 2024.

Actuarial Assumptions and Methods (continued)

Mortality:

IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act (previously IRS 2023 Static Mortality Table). This plan does not have a large enough population to vary from the standard tables.

Retirement Rates: Rates varying by age based on a study of experience under this plan conducted in 2017. Average retirement age is 64.

Active Retirement	
Age	Unisex
55-64	.05
65	.15
66	.20
67	1.00

Terminated Vested Retirement ¹	
Age	Unisex
60	.10
61	.00
62	.20
63	.00
64	.00
65	.30
66	.30
67	1.00

¹ Applies to participants with a terminated vested status. Benefits under the withdrawal decrement are assumed to commence at normal retirement age for participants with an active status.

Actuarial Assumptions and Methods (continued)

Withdrawal: Rates varying by age and service based on a study of experience under this plan conducted in 2017.

Sample rates are shown below:

Age	Male	Female
40	.06	.06
45	.06	.13
50	.03	.05
55	.05	.03

Disability: Disabled employees continue to accrue benefits and are considered terminated vested participants; with accrued benefits equal to the benefit to which they will be entitled should they remain disabled and commence their benefit at NRD.

Marital Status: 85% of males and females are assumed married, with females 3 years younger than males based on a study of experience under this plan conducted several years ago, and checked for reasonability each year.

Maximum Benefit: \$275,000 for 2024.

Maximum Salary: \$345,000 for 2024.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 4.80%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Actuarial Assumptions and Methods (continued)

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods, and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

The expected return on assets is reviewed for reasonability using the Fidelity Mean Variance Model. The model combines (1) a forward-looking capital markets model, developed by the Institutional Solutions team within Fidelity's Global Asset Allocation Division and (2) the sponsor's current policy mix (also referred to as "target allocation") of plan assets. The output of that combination is a distribution of expected long term, forward-looking, average annual asset returns for the plan sponsor's multi-asset class portfolio. The model has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

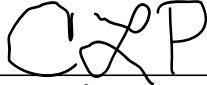
A Name of plan REVVITY, INC. EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Revvity, Inc.		D Employer Identification Number (EIN) 04-2052042	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	202,331,132	
b Actuarial value	2b	221,975,953	
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	3,750	168,644,645	168,644,645
b For terminated vested participants	750	31,386,640	31,386,640
c For active participants	33	881,333	892,673
d Total	4,533	200,912,618	200,923,958
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
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	5.11%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	1,550,000	
c Target normal cost	6c	1,550,000	

Statement by Enrolled Actuary

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

SIGN HERE		10/01/2025
	Signature of actuary	Date
CAROLINE L. PISACKA, F.S.A., E.A.		2308266
Type or print name of actuary		Most recent enrollment number
FIDELITY INVESTMENTS		617-563-0265
Firm name		Telephone number (including area code)
245 Summer Street, V1B		
BOSTON MA 02210		
Address of the firm		

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: % <input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 1,550,000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	12,444,158		1,211,241
b Waiver amortization installment	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 2,761,241
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,761,241	2,761,241
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
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

Development of Weighted Average Retirement Age

(1)	(2)	(3)	(4)	(5)
	Total	Retirement	Number	
<u>Age</u>	<u>Exposure</u>	<u>Percent</u>	<u>Retired</u>	<u>(1) *</u> <u>(4)</u>
55	1,000	5%	50	2,750
56	950	5%	48	2,688
57	902	5%	45	2,565
58	857	5%	43	2,494
59	814	5%	41	2,419
60	773	5%	39	2,340
61	734	5%	37	2,257
62	697	5%	35	2,170
63	662	5%	33	2,079
64	629	5%	31	1,984
65	598	15%	90	5,850
66	508	20%	102	6,732
67	406	100%	406	27,202
			1,000	63,530

Total of (5) Divided by Age 55 Exposure
(Rounded to the Nearest Whole Year)

63,530 / 1,000

64

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Funding Projected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	12,832	891,088	18,276,441	19,180,361
2025	21,850	1,213,966	17,590,563	18,826,379
2026	28,240	1,516,706	16,895,154	18,440,100
2027	47,609	1,788,087	16,181,882	18,017,578
2028	56,813	2,055,895	15,454,246	17,566,954
2029	62,947	2,227,463	14,715,500	17,005,910
2030	68,749	2,384,394	13,962,419	16,415,562
2031	70,267	2,465,405	13,206,220	15,741,892
2032	70,614	2,532,289	12,448,162	15,051,065
2033	70,267	2,564,589	11,690,739	14,325,595
2034	70,658	2,580,788	10,933,742	13,585,188
2035	72,130	2,572,265	10,192,232	12,836,627

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

2036	75,315	2,539,606	9,461,540	12,076,461
2037	75,727	2,500,676	8,744,660	11,321,063
2038	74,556	2,449,225	8,044,528	10,568,309
2039	72,619	2,385,270	7,364,030	9,821,919
2040	71,337	2,312,044	6,705,996	9,089,377
2041	69,455	2,226,870	6,073,130	8,369,455
2042	66,920	2,132,905	5,467,944	7,667,769
2043	64,944	2,033,892	4,892,715	6,991,551
2044	61,982	1,930,442	4,349,454	6,341,878
2045	58,876	1,819,991	3,839,900	5,718,767
2046	55,638	1,707,263	3,365,505	5,128,406
2047	52,283	1,589,997	2,927,427	4,569,707
2048	48,827	1,470,893	2,526,489	4,046,209
2049	45,293	1,350,967	2,163,075	3,559,335
2050	41,707	1,231,454	1,837,060	3,110,221
2051	38,107	1,113,390	1,547,749	2,699,246

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

2052	34,536	998,222	1,293,853	2,326,611
2053	31,040	886,804	1,073,542	1,991,386
2054	27,665	780,578	884,511	1,692,754
2055	24,451	680,596	724,106	1,429,153
2056	21,431	587,708	589,460	1,198,599
2057	18,628	502,542	477,626	998,796
2058	16,054	425,480	385,688	827,222
2059	13,713	356,662	310,827	681,202
2060	11,609	295,999	250,408	558,016
2061	9,735	243,201	202,026	454,962
2062	8,085	197,828	163,535	369,448
2063	6,647	159,314	133,067	299,028
2064	5,408	127,023	109,024	241,455
2065	4,353	100,274	90,063	194,690
2066	3,465	78,374	75,081	156,920
2067	2,726	60,650	63,192	126,568

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

2068	2,118	46,471	53,697	102,286
2069	1,625	35,255	46,050	82,930
2070	1,230	26,482	39,822	67,534
2071	917	19,698	34,685	55,300
2072	674	14,509	30,387	45,570
2073	488	10,583	26,739	37,810

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024**

**EIN: 04-2052042
Plan Number: 002**

Plan Provisions

Name of Plan: Revvity, Inc. Employees Retirement Plan.

Employer Identification Number / Plan Number: 04-2052042 / 002.

Effective Date: July 1, 1972. The Plan was amended and restated effective January 1, 2012. Effective date of last amendment, September 2023.

Covered Employees: All employees who are not a member of a collective bargaining unit represented by a union, or who are a member which specifically provides for benefits under this plan. Employees covered by Service Contract Act are excluded.

Active participants in the illumination and detection solutions (“IDS”) business ceased to be employed by PerkinElmer, Inc. and covered as active participants by the plan as of November 28, 2010.

Active participants in the Analytical and Enterprise Solutions (“AES”) business ceased to be employed by PerkinElmer, Inc. and covered as active participants by the plan as of March 12, 2023.

The PerkinElmer Inc. Shop Union Pension Plan merged into the PerkinElmer, Inc. Employees Retirement Plan as of March 31, 2007.

Effective January 31, 2001, the plan is closed to new hires.

Participation Date: One year of service from date of hire.

Definitions:

Normal retirement: First of the month coinciding with or next following the attainment of normal retirement age.

Normal retirement age:

Shop Union, Missouri Metals, and Belfab participants: Age 65

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

Plan Provisions (continued)

All other participants: Based on date of birth:

	Age
Born 1942 and earlier	65
Born 1943 through 1959	66
Born 1960 and later	67

Early retirement: For employees who became participants prior to 1989, retire before NRD and on or after both attaining age 55 and completing ten years of vesting service. Otherwise not more than ten years prior to the employee's NRD, providing the employee has ten years of vesting service at such date.

Postponed retirement: Retire after NRD.

Deferred vested retirement: Terminate for reasons other than death or retirement after completing five years of vesting service.

Preretirement spouse benefits: Die while eligible for deferred vested, early, normal, or postponed retirement, with a surviving spouse.

Disability benefits: Become a disabled participant after completing ten years of vesting service. A disabled participant is a participant who is eligible to receive benefits under Title II of the Federal Social Security Act.

Retirement Benefits:

Normal retirement: Monthly pension benefit determined as of NRD.

2024 Form 5500 Schedule SB Attachments
 Schedule SB, Part V – Summary of Plan Provisions
 Revvity, Inc.
 Employees Retirement Plan
 For Plan Year Ended December 31, 2024

EIN: 04-2052042
 Plan Number: 002

Plan Provisions (continued)

Early retirement: Monthly pension benefit determined as of early retirement date, reduced as shown below for each year that commencement of payment precedes NRD.

Years Prior to Normal Retirement Date	Less than 30 Years of Service	More than 30 Years of Service	
		Base	Excess
1	6.7%	0.0%	6.7%
2	13.3	0.0	13.3
3	20.0	0.0	20.0
4	26.7	8.4	26.7
5	33.3	16.8	33.3
6	36.7	21.0	36.7
7	40.0	25.2	40.0
8	43.3	29.4	43.3
9	46.7	33.6	46.7
10	50.0	37.8	50.0
11	55.0	42.0	55.0
12	60.0	46.2	60.0

Postponed retirement: Monthly pension benefit determined as of actual retirement date.

Termination with deferred vested benefit: Monthly pension benefit determined as of termination date, payable at NRD and reduced as above for each year that commencement of payments precedes the participant's NRD.

Death with preretirement spouse benefits: If eligible for early retirement at death, the spouse's benefit is equal to 50 percent of the 50 percent joint and survivor option benefit payable to employee as if he or she had elected early retirement on day of death. If not eligible for early retirement, the spouse's benefit is payable on the date the participant would have reached early retirement age and is equal to 50 percent of the accrued benefit reduced for early commencement and election of the 50 percent joint and survivor option.

Disability benefit: The benefit accrued to retirement (early or normal) payable at retirement. Credited service continues during the disability period; earnings are assumed to continue at rate in effect prior to disability.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024**

**EIN: 04-2052042
Plan Number: 002**

Plan Provisions (continued)

Vesting service: One year for each 1,000-hour anniversary year of employment. As of January 31, 2001, employees of participating divisions of the Life Sciences strategic business unit will cease accruing credited service but will continue to accrue vesting service as described above. As of March 15, 2003, employees of participating divisions of the corporate and instruments strategic business units will cease accruing credited service but will continue to accrue vesting service as described above.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

Plan Provisions (continued)

Credited service: The period of service (excluding layoffs, employment with an affiliate or subsidiary which is not an employer and leaves of absence except for military or medical leaves) from the date of employment. One full year of service credit accrues for each year of at least 2,080 hours of service; 1/12 year of credit accrues for each 173-1/3 hours. The following subsidiaries have varying dates for accruing service credit:

<u>Subsidiary</u>	<u>Date Credited Service Begins</u>
Vactec-Nonunion	1/1/77
Vactec-Union	1/1/78
Sea Link Systems(Waltham-EED)	1/1/79
EG&G Mason Research	1/1/82
Chandler Engineering	1/1/82
Mt. Sopris	8/1/82
Almond	4/1/84
Ocean Products (Neil Brown)	11/1/84
Cirtech	7/1/85
Pressure Science	10/1/86
Geometrics	1/1/88
Wright Components	1/1/88
CEA Berkleonics	1/1/88
Cinox	1/1/88
Missouri Metals	4/15/88
Reticon	6/1/88
Flow Technology	12/1/88
Astrophysics	12/13/88
Judson Infrared	1/1/89
Structural Kinematics	1/1/89
KT Aerofab - Nonunion	1/1/89
KT Aerofab - Union	9/1/89
Gamma	1/1/91
Birtcher	1/1/92
Wallac	6/14/93
Isolab	3/1/98
Belfab	4/1/98
Analytical Instruments	5/29/99

Plan Provisions (continued)

Pensionable pay: Salary plus commissions, excluding bonus and overtime.

Average earnings: The average of the highest five consecutive years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date, excepting that participants employed by Ametek, Inc. and defined as an affected employee by Section 10.2 of the December 6, 2001 master purchase agreement had their pensionable pay increased at 3.5 percent per year while they remained employed by Ametek, Inc., until March 15, 2003, at which time their benefits were frozen.

Social Security tax base: The 35-year average of maximum wages upon which Social Security taxes were based during each of the calendar years ending with the calendar year in which the employee reaches normal retirement age. Retirees beyond normal retirement age have their benefits based on the amount applicable to participants who reach Social Security retirement age in the year of retirement.

Monthly pension benefit: The greater of a. or b.:

- a. \$70.83.
- b. One-twelfth the sum of i., ii. and iii.:
 - i. .85 percent of average earnings multiplied by credited service.
 - ii. .75 percent of average earnings in excess of the Social Security tax base, multiplied by credited service up to 35 years.
 - iii. the product of 1. and 2. below:
 1. 1.60 percent of average earnings multiplied by credited service, times the ratio of the special service credit as set forth in Appendix B of plan document divided by 25.
 2. Ratio of credited service after January 1, 1994 over projected years of credited service after January 1, 1994 at NRD.

a., b.i., and b.iii. are referred to as the base benefit while b.ii. is referred to as the excess benefit.

Effective January 31, 2011, all accruals under the Plan have been frozen. Accrued benefits as of this freeze date shall not increase based on any service or earnings changes.

**2024 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024**

**EIN: 04-2052042
Plan Number: 002**

Plan Provisions (continued)

Forms of payment: Preretirement spouse benefits are payable only as described above. With the exception of participants from the Shop Union Pension Plan where the normal form of payment is a five-year certain and continuous annuity, monthly pension benefits will be paid as a life annuity if the participant has no spouse as of the date payments commence. Otherwise, they will be paid in the form of the 50 percent joint and survivor annuity option. If the participant elects (and the spouse consents), another actuarially equivalent optional form offered by the plan may be chosen. Optional forms are 50 percent and 100 percent joint and survivor annuities (the survivor need not be the spouse), a ten-year certain and life annuity, a Social Security level income annuity, or a life annuity. Participants in the Shop Union Pension Plan also have available a 66 2/3% percent joint and survivor annuity option.

In 2015 only, a one-time opportunity to take a lump sum instead of a future annuity was offered to terminated vested participants with a total benefit value under \$20,000.

In 2023 only, a one-time opportunity to take a lump sum instead of a future annuity was offered to terminated vested participants.

Maximum on benefits and pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 32 – Schedule of Amortization Bases
Revvity, Inc
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

Schedule of Amortization Bases

<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Present Value of Any Remaining Installments</u>	<u>Amortization Installment</u>
January 1, 2024	15	\$ (2,579,492)	\$ (237,544)
January 1, 2023	14	\$ 15,023,650	\$ 1,448,785
		<hr/>	<hr/>
		\$ 12,444,158	\$ 1,211,241

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions
Revvity, Inc.
Employees Retirement Plan
For Plan Year Ended December 31, 2024

EIN: 04-2052042
Plan Number: 002

Change in Actuarial Assumptions

Administrative Expenses included in Target Normal Cost:

Estimated based on the prior year non-investment related administrative expenses, reflecting any known adjustments for the current year, paid from the Trust plus actual PBGC premiums for the current year (Was previously using prior year non-investment related administrative expenses, reflecting any known adjustments for the current year, paid from the Trust plus estimated PBGC premiums for the current year).