

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... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic 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: AGILENT TECHNOLOGIES, INC. RETIREE MEDICAL ACCOUNT PLAN
1b Three-digit plan number (PN): 550
1c Effective date of plan: 01/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan): AGILENT TECHNOLOGIES, INC.
2b Employer Identification Number (EIN): 77-0518772
2c Plan Sponsor's telephone number: 408-557-5990
2d Business code (see instructions): 334500

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 371																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">471</td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">471</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>	471	<b>6c</b>		<b>6d</b>	471	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>																					
<b>6a(2)</b>																					
<b>6b</b>	471																				
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<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4D 4E

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

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>AGILENT TECHNOLOGIES, INC. RETIREE MEDICAL ACCOUNT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>550</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AGILENT TECHNOLOGIES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>77-0518772</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name: MOSS ADAMS, LLP	<b>b</b> EIN: 91-0189318
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 101 2ND ST #900 SAN FRANCISCO, CA 94105	<b>e</b> Telephone: 505-878-7200

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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

<b>A</b> Name of plan <u>AGILENT TECHNOLOGIES, INC. RETIREE MEDICAL ACCOUNT PLAN</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>550</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AGILENT TECHNOLOGIES, INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>77-0518772</u>	

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	<u>0</u>	<u>0</u>
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	0	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	0	0

**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.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		0
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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 \_\_\_\_\_.

A large, abstract teal graphic on the right side of the page, consisting of several overlapping, curved shapes that resemble a stylized 'E' or a series of concentric, offset arcs.

Report of Independent Auditors and  
Financial Statements

**Agilent Technologies, Inc.  
Retiree Medical Account Plan**

December 31, 2024 and 2023

## **Table of Contents**

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## **Report of Independent Auditors**

The Plan Administrator of  
Agilent Technologies, Inc. Retiree Medical Account

### **Report on the Audit of the Financial Statements**

#### ***Opinion***

We have audited the financial statements of Agilent Technologies, Inc. Retiree Medical Account, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Agilent Technologies, Inc. Retiree Medical Account as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America (GAAP).

#### ***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 Agilent Technologies, Inc. Retiree Medical Account 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 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Agilent Technologies, Inc. Retiree Medical Account's ability to continue as a going concern within 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***

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 Agilent Technologies, Inc. Retiree Medical Account'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 Agilent Technologies, Inc. Retiree Medical Account's ability to continue as a going concern for a reasonable period of time.

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.

*Baker Tilly US, LLP*

San Francisco, California

October 10, 2025

## **Financial Statements**

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**Agilent Technologies, Inc. Retiree Medical Account Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**  
**(In thousands)**

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	<u>2024</u>	<u>2023</u>
LIABILITIES		
Due to plan administrator	\$ (404)	\$ (387)
LIABILITIES IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ (404)</u>	<u>\$ (387)</u>

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See accompanying notes.

**Agilent Technologies, Inc. Retiree Medical Account Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2024**  
**(In thousands)**

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TRANSFER OF ASSETS	
Transfer to the Plan from Agilent Technologies, Inc. Health Plan for Retirees	\$ 1,362
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Premium reimbursements paid	1,377
Administrative expenses	<u>2</u>
Total deductions	<u>1,379</u>
CHANGE IN NET ASSETS	(17)
LIABILITIES IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>(387)</u>
End of year	<u><u>\$ (404)</u></u>

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See accompanying notes.

# Agilent Technologies, Inc. Retiree Medical Account Plan

## Notes to Financial Statements

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### Note 1 – Description of the Plan

**General** – The following brief description of the Agilent Technologies, Inc. Retiree Medical Account Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**Establishment of the Plan** – The Plan is a health plan established in January 2005 by Agilent Technologies, Inc. (the Company), to provide reimbursement for eligible health insurance premium costs to eligible retirees, totally disabled former employees, and their eligible spouse. The Plan is designed to comply with the applicable requirements of the Internal Revenue Code (the IRC) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan's assets are made up of an interest in the 401(h) Account held by the Agilent Technologies, Inc. Retirement Plan (the Retirement Plan). The 401(h) Account has an interest in the Agilent Technologies, Inc. Master Trust (the Master Trust), and the Group Trust Agreement Pursuant to the Hewlett-Packard Company Master Trust and the Agilent Technologies, Inc. Master Trust (the Group Trust) (Note 5). The assets of the 401(h) Account are included as assets of the Agilent Technologies, Inc. Health Plan for Retirees (the HPR), but are used to fund the benefit obligations of the HPR, the Agilent Technologies, Inc. Reimbursement Arrangement Plan (the ARA), and effective March 1, 2016, the Plan. The assets of the 401(h) Account have not been allocated between the Plan, the HPR, and the ARA.

**Administration** – The Company has contracted with Bank of New York Mellon, N.A. (Mellon), to act as the custodian and trustee, and a third-party administrator, Fidelity Workplace Services, LLC (Fidelity), to manage the eligibility for the Plan. The Company has also contracted with Willis Towers Watson, and its wholly owned subsidiary Via Benefits, to administer the processing and payment of claims for premium reimbursement from the Plan.

**401(h) Account** – The 401(h) Account has been established and maintained in the Retirement Plan to fund certain postretirement obligations for eligible retirees and their eligible dependents for the Plan, the HPR, and the ARA, in accordance with Section 401(h) of the IRC. In accordance with Section 401(h) of the Code, the investments in the 401(h) Account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries under the Plan, the HPR, and the ARA. The related obligations for health benefits of the participants in the plan are reported as obligations in the financial statements of the Plan (Note 4). Benefits provided under the Plan are funded with investments of the 401(h) Account (Note 4), and are recorded as transfers of assets to the Plan from the HPR in the Plan's statement of changes in net assets available for benefits.

**Contributions** – The Plan is funded by the 401(h) Account. There were no contributions made by the Company to the 401(h) Account during 2024, and there were no minimum contributions by the Company required at December 31, 2024.

**Benefits** – The Plan provides for reimbursement up to a specified amount of eligible health insurance premium costs incurred by participants and their eligible spouse. Any amount not entirely used by a participant is carried forward from year to year until it is exhausted or otherwise terminated in accordance with the Plan's provisions.

# Agilent Technologies, Inc. Retiree Medical Account Plan

## Notes to Financial Statements

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Health insurance premium costs eligible for reimbursement by the Plan are limited to eligible medical, Medicare Part A and B premiums, prescription drug, dental, and vision plan premiums.

**Eligibility** – To be eligible for benefits under the Plan, a participant must be an eligible retiree, which means terminated at age 55 or older with at least 15 years of full-time equivalent service with the Company, or a totally disabled former employee that first became disabled after January 1, 2009, but prior to January 1, 2016. Additionally, an eligible retiree must be either an eligible employee and under age 49 on January 1, 2005, or hired/rehired as an eligible employee between January 1, 2005, and November 1, 2014, and remained eligible until age 55 with 15 years of service, while a disabled former employee must be an eligible employee on October 31, 2014, and remained an eligible employee through the date of the qualifying disability occurrence if the eligible employee did not become disabled between January 1, 2009, and January 1, 2016.

An employee or former employee is not eligible for the Plan if they:

- Are eligible for Non-Retiree Medical Account subsidized Pre-Medicare Medical Plan coverage under the HPR for Retirees;
- Are eligible for the ARA or the Keysight Technologies, Inc. (Keysight) Reimbursement Arrangement or the Keysight Retiree Medical Account or the Keysight Health Plan for Retirees.

Effective November 1, 2014, the Plan was closed to new eligible retirees who were hired or rehired on or after November 1, 2014.

**Due to plan administrator** – At December 31, 2024 and 2023, the Company paid, on behalf of the Plan, benefit payments and expenses of approximately \$404,000 and \$387,000, respectively. These benefit payments and expenses have been recorded as due to plan administrator on the statements of net assets available for benefits.

### **Note 2 – Summary of Accounting Policies**

**Basis of accounting** – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method of accounting.

**Use of estimates** – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment valuation** – The undivided investments of the Plan, the HPR, and the ARA, including their interest in the net assets of the 401(h) Account, are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

# Agilent Technologies, Inc. Retiree Medical Account Plan

## Notes to Financial Statements

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**Income recognition** – Purchases and sales of securities in the 401(h) Account are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation and appreciation in investments includes the 401(h) Account's gains and losses on investments bought or sold as well as held during the year.

Cash and investments held in the 401(h) Account denominated in foreign currencies are translated into U.S. dollars at current exchange rates. Dividend and interest income and realized and unrealized gains and losses from such cash and investments are translated using historical exchange rates at the settlement date. Exchange gains and losses on dividend and interest income are included in dividend and interest income.

**Payment of benefits** – Benefits are recorded when paid.

**Expenses** – Certain eligible expenses incurred for administering the Plan are paid by the 401(h) Account.

**Risks and uncertainties** – The 401(h) Account invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term would materially affect the amounts reported in the statement of net assets available for benefits.

**Subsequent events** – The Plan has evaluated subsequent events through October 10, 2025, which is the date the financial statements were available to be issued.

**Reclassification** – Certain amounts from the prior year statement of net held in the Master Trust have been reclassified in order to conform to the current year presentation.

### Note 3 – Benefit Obligations

The following table presents the components of the Plan's benefit obligations as of December 31 (in thousands):

	2024	2023
Postretirement benefit obligations		
Retired participants	\$ 8,467	\$ 8,317
Fully eligible active participants	11,174	11,799
Other active participants	5,977	5,407
Total benefit obligations	<u>\$ 25,618</u>	<u>\$ 25,523</u>

## Agilent Technologies, Inc. Retiree Medical Account Plan Notes to Financial Statements

The following table presents the components of the related changes in the Plan's benefit obligations for the year ended December 31, 2024 (in thousands):

Postretirement benefit obligations	
Balance, beginning of year	\$ 25,523
Increase (decrease) during the year attributed to	
Service cost	394
Interest cost	1,639
Change in assumptions	1,492
Experience loss	(2,053)
Net benefits paid	<u>(1,377)</u>
Balance, end of year	<u>\$ 25,618</u>

The postretirement benefit obligation is based on actuarial assumptions that are subject to change over time and could have a material impact on the Plan's financial statements. As a result of the Plan only paying reimbursable claims up to predetermined amounts, the health care cost trend rate assumption has minimal impact on the benefit obligation.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employees' service rendered to the date of the financial statements. Postretirement benefits include future benefits expected to be paid on behalf of: (1) currently retired employees and their eligible spouse, and (2) active employees and their eligible spouse after retirement from service with the Company and certain related entities. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to the employees' service rendered to the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the 401(h) Account or from the general assets of the Company.

The actuary determines the actuarial present value of the postretirement benefit obligations by discounting future distributions from the RMA to reflect the time value of money, and the probability of payment between the valuation date and the expected date of payment.

Significant assumptions used in the valuations as of December 31, were as follows:

	2024	2023
Discount rate	5.50%	6.60%
Mortality	Pri-2012 WC projection from 2012 with MP-2021	Pri-2012 WC projection from 2012 with MP-2021
Effect of change in health care cost trend rate		
Impact on total benefit obligations due to:		
One-percentage-point increase	\$ 99,808	\$ 130,647
One-percentage-point decrease	(111,661)	(143,892)

## Agilent Technologies, Inc. Retiree Medical Account Plan Notes to Financial Statements

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The foregoing assumptions are based on the presumption that the Plan will continue. In the event the Plan was terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

### Note 4 – 401(h) Account

A portion of the Plan's obligations are funded through Company contributions to the Retirement Plan in accordance with Section 401(h) of the Code. The following tables present the components of the net assets available for obligations of the Plan, the HPR, and the ARA as of December 31, 2024 and 2023, and the related changes in net assets available for such obligations for the year ended December 31, 2024 (in thousands):

Net Assets Available for Postretirement Health and Welfare Benefits in the 401(h) Account		
	2024	2023
<b>ASSETS</b>		
Investments, at fair value		
Beneficial interest in the net assets of the Master Trust (Note 5)	\$ 84,094	\$ 87,574
Proportional interest in the Group Trust (Note 5)	659	526
Total investments	84,753	88,100
Interest receivable	6	-
Total assets	84,759	88,100
<b>LIABILITIES</b>		
Due to plan administrator	(1,917)	(1,862)
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 82,842</b>	<b>\$ 86,238</b>

## Agilent Technologies, Inc. Retiree Medical Account Plan Notes to Financial Statements

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### Changes in Net Assets in the 401(h) Account

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income	
Interest and dividends	\$ 67
Net realized and unrealized appreciation in investments related to the beneficial interest in the Master Trust	3,123
Net realized and unrealized appreciation in investments in the Group Trust	<u>161</u>
Total additions	<u>3,351</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefit payments	(6,181)
Administrative expenses	<u>(566)</u>
Total deductions	<u>(6,747)</u>
CHANGE IN NET ASSETS	(3,396)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>86,238</u>
End of year	<u><u>\$ 82,842</u></u>

#### **Note 5 – Master Trust and Group Trust**

The Master Trust was established on November 1, 2003, to hold substantially all of the assets of the Retirement Plan, including those of the 401(h) Account and the assets of the Agilent Technologies, Inc. Deferred Profit-Sharing Plan (Deferred Profit-Sharing Plan).

The Master Trust was established to achieve certain economies in the management of investments and to maximize the return on investments of participating plans. Each participating plan has a proportional interest in the Master Trust, as more fully described below. Assets of the Master Trust are invested by investment managers in accordance with guidelines established by the Audit and Finance Committee of the Board of Directors of the Company.

Within the Master Trust, investments are segregated into investment funds based on the ownership and investment objectives of each participating plan, in part to facilitate investment rebalancing.

## **Agilent Technologies, Inc. Retiree Medical Account Plan**

### **Notes to Financial Statements**

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The Group Trust includes investments held with those of the Retirement Plan (including those of the 401(h) Account), the Deferred Profit-Sharing Plan, the Hewlett-Packard Company Deferred Profit-Sharing Plan, and the Hewlett-Packard Company Retirement Plan under a group trust agreement in accordance with Internal Revenue Service Ruling 81-100. The Group Trust may qualify as a 103-12 investment entity under the Department of Labor (DOL) Regulation Section 29 CFR 2520.103-12. This investment entity is permitted, but not required, to file a Form 5500 with the DOL as a Direct Filing Entity (DFE). The Group Trust has elected not to file a Form 5500 as a DFE. As a result, each of the participating plans will report its allocable share of the investments and related activities of the Group Trust based on its ownership percentage. The net assets in the Group Trust consist primarily of a limited partnership and venture capital investment portfolio, which includes cash and short-term investments. These assets will remain in the Group Trust until the limited partnership and venture capital portfolio can be fully liquidated, at which time the assets will be moved to the Master Trust.

The Group Trust receives an allocation of income and distributions based on the Group Trust's ownership in the limited partnership or venture capital fund. Each participating plan has an undivided interest in the Group Trust.

The 401(h) Account's allocated interest in the net assets of the Master Trust at December 31, 2024 and 2023, was approximately \$84,094,000 (15%) , and \$87,574,000 (15%), respectively.

The 401(h) Account's allocated interest in the net assets of the Group Trust at December 31, 2024 and 2023, was approximately \$659,000 (18%), and \$526,000 (18%), respectively.

## Agilent Technologies, Inc. Retiree Medical Account Plan Notes to Financial Statements

The following table presents a summary of the net assets held in the Master Trust at December 31, (in thousands):

	2024	2023
<b>ASSETS</b>		
Investments, at fair value		
Common stocks	\$ 74,238	\$ 74,118
Preferred stocks	-	229
Registered investment companies	12,042	28,868
Collective trusts	468,859	483,036
Total investments	555,139	586,251
Receivables		
Dividend and interest income	677	681
Due from broker for securities sold	5	211
Other receivables	32	181
Total receivables	714	1,073
Cash, noninterest bearing	340	459
Total assets	556,193	587,783
<b>LIABILITIES</b>		
Due to broker for securities purchased	40	286
Payable for foreign exchange contracts	32	173
Total liabilities	72	459
<b>NET ASSETS OF THE MASTER TRUST</b>	<b>\$ 556,121</b>	<b>\$ 587,324</b>

## Agilent Technologies, Inc. Retiree Medical Account Plan Notes to Financial Statements

Statement of changes in net assets of the Master Trust is as follows for the year ended December 31, 2024 (in thousands):

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Net realized and unrealized appreciation in fair value of investments	\$ 23,510
Dividends and interest	3,209
Other income	<u>153</u>
Total additions	<u>26,872</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Disbursements to plan accounts	56,192
Administrative expenses	<u>2,069</u>
Total deductions	<u>58,261</u>
NET CHANGE IN ASSETS PRIOR TO TRANSFER OF ASSETS	(31,389)
Transfer of assets to the Group Trust	<u>186</u>
NET ASSETS	
Beginning of year	<u>587,324</u>
End of year	<u><u>\$ 556,121</u></u>

### Note 6 – Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

**Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

## **Agilent Technologies, Inc. Retiree Medical Account Plan**

### **Notes to Financial Statements**

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The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets held in the Master Trust and the Group Trust measured at fair value. There had been no changes in the techniques used at December 31, 2024 and 2023.

*Registered investment companies (mutual funds and money market fund)* – Valued at the daily closing price as reported by the fund. These funds are required to publish its daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

*Common and preferred stocks* – Valued at the closing price reported on the active market on which the individual securities are traded.

*Collective trusts* – Units held in the collective trusts (CTs) are valued using the NAV practical expedient of the CTs as reported by the CT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CTs, minus its liabilities, and then divided by the number of units outstanding. This NAV practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported NAV. The NAV of CTs is calculated based on a compilation of primarily observable market information. There are no redemption restrictions on the Plan's investments in CTs.

*Limited partnerships* – Valued using the market approach at the NAV practical expedient. The NAV practical expedient is used to estimate fair value and which represents the Group Trust's proportionate share of the estimated fair value of the underlying net assets of the limited partnerships. The fair values of the partnerships' underlying assets are determined by each general partner on a monthly, quarterly, or semiannual basis. Values are adjusted for actual contributions and distributions as they occur. Distributions are subject to certain restrictions as described in the partnership agreements.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

## Agilent Technologies, Inc. Retiree Medical Account Plan Notes to Financial Statements

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

Fair Value Measurements at December 31, 2024				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 74,238	\$ -	\$ -	\$ 74,238
Registered investment companies	12,042	-	-	12,042
Total assets in the fair value hierarchy	\$ 86,280	\$ -	\$ -	86,280
Investments measured at NAV practical expedient				468,859
Investments, at fair value				\$ 555,139

Fair Value Measurements at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 74,118	\$ -	\$ -	\$ 74,118
Preferred stocks	229	-	-	229
Mutual fund	28,868	-	-	28,868
Total assets in the fair value hierarchy	\$ 103,215	\$ -	\$ -	103,215
Investments measured at NAV practical expedient				483,036
Investments, at fair value				\$ 586,251

The following tables set forth by level, within the fair value hierarchy, the 401(h) Account's proportionate interest in the Group Trust's assets at fair value as of December 31 (in thousands):

Fair Value Measurements at December 31, 2024				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 21	\$ -	\$ -	\$ 21
Investments measured at NAV practical expedient				638
Investments, at fair value				\$ 659

Fair Value Measurements at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 22	\$ -	\$ -	\$ 22
Investments measured at NAV practical expedient				504
Investments, at fair value				\$ 526

# Agilent Technologies, Inc. Retiree Medical Account Plan

## Notes to Financial Statements

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### Note 7 – Tax Status

The Plan has not formed a trust associated with the Plan and has no taxable income; therefore, the Plan has no tax obligations for the year ended December 31, 2024. The plan administrator believes the Plan is operating in conformity with the Code and ERISA. Income tax obligations, if any, are paid by the Company.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 8 – Financial Instruments with Off-Balance-Sheet Risk

In the normal course of operations, assets in the Master Trust are invested in financial instruments that may give rise to off-balance-sheet risk. These instruments involve, in varying degrees, elements of credit and market risk in excess of the amounts recognized in the statements of net assets available for benefits. The notional value provides a measure of the Master Trust's involvement in such instruments but is not indicative of potential loss. The intent is to use these financial instruments to reduce, rather than increase, market risk.

### Note 9 – Capital Commitments

The Group Trust has entered into various limited partnership agreements, which subject the Group Trust to future capital calls. These capital calls may be made by the general partner at any time. The Group Trust had unfunded capital commitments of approximately \$1,443,000 and \$1,490,000 at December 31, 2024 and 2023, respectively. The 401(h) Account's allocable share of these commitments at December 31, 2024 and 2023, was approximately \$110,000 and \$113,000. Capital calls will be funded by liquidating other assets owned by the Group Trust.

### Note 10 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31 (in thousands):

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ (404)	\$ (387)
Due to plan administrator	<u>404</u>	<u>387</u>
Net assets available for benefits per the Form 5500	<u>\$ -</u>	<u>\$ -</u>

## Agilent Technologies, Inc. Retiree Medical Account Plan Notes to Financial Statements

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The following is a reconciliation of the affected components of the changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024 (in thousands):

	Amounts per the Financial Statements	Adjustments *	Amounts per the Form 5500
Transfer of assets from the HPR	\$ 1,362	\$ (1,362)	\$ -
Benefit paid	(1,377)	1,377	-
Administrative expenses	(2)	2	-

\* The adjustments are related to the 401(h) account.

### **Note 11 – Plan Termination or Modification**

The Company intends to continue the Plan for the benefit of its employees; however, it reserves the right to terminate or modify the Plan at any time by resolution of its Board of Directors and subject to the provisions of ERISA. Any remaining undistributed funds are to be disposed of or for the benefit of covered individuals. In the event that benefits due and payable exceed available funds, the Company will contribute to the Plan such amounts as may be necessary to ensure continuance of such benefit payments.

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