Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AGILENT TECHNOLOGIES, INC. REIMBURSEMENT ARRANGEMENT PLAN

1b Three-digit plan number (PN) ▶ 556

1c Effective date of plan
01/01/2012

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AGILENT TECHNOLOGIES, INC.

5301 STEVENS CREEK BLVD. MS 1A-20
SANTA CLARA, CA 95051

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JEANINE KAJI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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:	**4b** EIN	
a Sponsor's name **c** Plan Name	**4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	1796
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	1631
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1631
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

4Q

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

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2024
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan AGILENT TECHNOLOGIES, INC. REIMBURSEMENT ARRANGEMENT PLAN	**B** Three-digit plan number (PN) ▶ 556
C Plan sponsor's name as shown on line 2a of Form 5500 AGILENT TECHNOLOGIES, INC.	**D** Employer Identification Number (EIN) 77-0518772

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

A Name of plan
AGILENT TECHNOLOGIES, INC. REIMBURSEMENT ARRANGEMENT PLAN

B Three-digit plan number (PN) ▶ 556

C Plan sponsor's name as shown on line 2a of Form 5500
AGILENT TECHNOLOGIES, INC.

D Employer Identification Number (EIN)
77-0518772

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)**		
(12) Value of interest in 103-12 investment entities	**1c(12)**		
(13) Value of interest in registered investment companies (e.g., mutual funds)	**1c(13)**		
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

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

Part II Income and Expense Statement

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

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

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

Expenses

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

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: 31-1413443

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

Report of Independent Auditors and
Financial Statements

Agilent Technologies, Inc.
Reimbursement Arrangement Plan

December 31, 2024 and 2023

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Report of Independent Auditors

The Plan Administrator of
Agilent Technologies, Inc. Reimbursement Arrangement Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Agilent Technologies, Inc. Reimbursement Arrangement Plan, 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. Reimbursement Arrangement Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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. Reimbursement Arrangement 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 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. Reimbursement Arrangement Plan’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. Reimbursement Arrangement 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 Agilent Technologies, Inc. Reimbursement Arrangement Plan'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

Agilent Technologies, Inc. Reimbursement Arrangement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023
(in thousands)

	2024	2023
LIABILITIES		
Due to plan administrator	$ (1,213)	$ (1,275)
LIABILITIES IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS	$ (1,213)	$ (1,275)

See accompanying notes.

Agilent Technologies, Inc. Reimbursement Arrangement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024
(in thousands)

TRANSFER OF ASSETS	
Transfer to the Plan from Agilent Technologies, Inc. Health Plan for Retirees	$ 4,668
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Premium reimbursements paid	4,604
Administrative expenses	2
Total deductions	4,606
CHANGE IN NET ASSETS	62
LIABILITIES IN EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	(1,275)
End of year	$ (1,213)

See accompanying notes.

Note 1 – Description of the Plan

General – The following brief description of the Agilent Technologies, Inc. Reimbursement Arrangement 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 was established effective January 1, 2012, by Agilent Technologies, Inc. (the Company), to provide reimbursement for eligible health insurance premium costs to eligible participants and their eligible dependents. 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).

On January 1, 2011, the Health Plan for Retirees (the HPR) acquired its 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 Plan's assets are made up of an interest in the 401(h) Account. The assets of the 401(h) Account are included as assets of the HPR but are used to fund the benefit obligations of the Plan, the Agilent Technologies, Inc. Health Plan for Retirees (HPR), and the Agilent Technologies, Inc. Retiree Medical Account (the RMA). The assets of the 401(h) Account have not been allocated between the Plan, the HPR, and the RMA.

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 the postretirement obligations for eligible retirees and their eligible dependents for the Plan, the HPR, and the RMA 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 RMA. The 401(h) Account funds are not used to cover the claims of domestic partners. The related obligations for health benefits of the participants in the Plan are reported as obligations in the financial statements of the Plan (Note 3). Benefits provided under the Plan are funded with investments of the 401(h) Account, 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 monthly amount based on the participants' years of full-time equivalent service, of eligible health insurance premium costs incurred by: 1) eligible retirees who are not eligible for the RMA (age 50 as of January 1, 2005) and who are age 65 or older and were a participant in the Agilent Technologies, Inc. Medicare Supplement Plan (the Medicare Supplement Plan) on December 31, 2011; 2) totally disabled former employees who are not eligible for the RMA and who were age 65 or older on December 31, 2011, and were participants in the Medicare Supplement Plan; 3) eligible retirees who are not eligible for the RMA, are age 65 or older, and eligible for and/or enrolled in Medicare Part A and/or Part B; 4) totally disabled former employees and Social Security Administration disabled individuals who are not eligible for the RMA and who are age 65 or older and who, immediately prior to turning age 65, were participants in the Pre-Medicare Medical Plan and are eligible for and/or enrolled in Medicare Part A and/or Part B; and 5) eligible dependents, age 65 or older, of deceased eligible employees or members of the HPR who died prior to January 1, 2009, who are not eligible for the RMA, and who are eligible for and/or enrolled in Medicare Part A and/or Part B.

Effective January 1, 2020, the Plan also provides for reimbursement, up to a specified monthly amount of eligible health insurance premium costs incurred by those under age 65 as of December 31, 2019, and are: 1) eligible retirees; 2) totally disabled former employees; and 3) eligible dependents of a deceased employee or member of the HPR who died prior to January 1, 2009. Eligibility excludes those newly hired employees, rehired employees, and those who transferred to the U.S. dollar payroll of the Company on or after November 1, 2014, who did not previously qualify as eligible retirees or totally disabled former employees.

The Plan also provides for reimbursements up to a specified amount of eligible health insurance premium costs incurred by a participant's eligible dependent who is eligible for and/or enrolled in the Medicare Supplement Plan, so long as such person was the participant's spouse or domestic partner while the participant was an eligible employee and, if applicable, so long as the eligible spouse or domestic partner did not lose coverage under the Pre-Medicare Medical Plan for any period in which he/she was eligible for the Pre-Medicare Medical Plan.

Any monthly amount that was not entirely used by a participant in a particular month will carry over to the next month within the same calendar year. Unused amounts at the end of the same calendar year will not carry over from year to year.

Due to plan administrator – At December 31, 2024 and 2023, the Company paid, on behalf of the Plan, benefit payments and administrative expenses of approximately $1,213,000 and $1,275,000, 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 RMA, 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 (the exit price) in an orderly transaction between market participants at the measurement date.

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 appreciation in fair value of investments consists of both the 401(h) Account's gains and losses and unrealized appreciation and depreciation of those investments.

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 Master Trust and Group Trust provide for investments 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 statements 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		
Due to plan administrator	$ 39,203	$ 37,870
Fully eligible active participants	57	1,685
Total benefit obligations	$ 39,260	$ 39,555

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	$ 39,555
Increase (decrease) during the year attributed to	
Interest cost	2,459
Change in assumptions	2,471
Experience loss	(621)
Net benefits paid	(4,604)
Balance, end of year	$ 39,260

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 for premiums paid by participants up to certain predetermined levels, there is no health care cost trend rate assumption in the benefit obligations.

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 dependents, and (2) active employees and their eligible dependents 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 that 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 the post-65 fixed monthly stipend amounts 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

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 RMA 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
ASSETS		
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
LIABILITIES		
Due to plan administrator	(1,917)	(1,862)
NET ASSETS AVAILABLE FOR BENEFITS	$ 82,842	$ 86,238

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		161
Total additions		3,351
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefit payments		(6,181)
Administrative expenses		(566)
Total deductions		(6,747)
CHANGE IN NET ASSETS		(3,396)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		86,238
End of year	$	82,842

Note 5 – Master Trust and Group Trust

The Master Trust was established November 1, 2003, to hold substantially all of the assets of the Retirement Plan, including those of the 401(h) Account and 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.

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.

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

	2024	2023
ASSETS		
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
LIABILITIES		
Due to broker for securities purchased	40	286
Payable for foreign exchange contracts	32	173
Total liabilities	72	459
NET ASSETS OF THE MASTER TRUST	$ 556,121	$ 587,324

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	153
Total additions	26,872
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Disbursements to plan accounts	56,192
Administrative expenses	2,069
Total deductions	58,261
NET CHANGE IN ASSETS PRIOR TO TRANSFER OF ASSETS	(31,389)
Transfer of assets to the Group Trust	186
NET ASSETS	
Beginning of year	587,324
End of year	$ 556,121

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.

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.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value at 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 at 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

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 incurred, 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 as of 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, respectively. 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):

	2024	2023
Net assets available for benefits per the financial statements	$ (1,213)	$ (1,275)
Due to plan administrator	1,213	1,275
Net assets available for benefits per the Form 5500	$ -	$ -

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	$ 4,668	$ (4,668)	$ -
Benefit paid	(4,604)	4,604	-
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.