

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan SIEMENS HEALTHCARE DIAGNOSTICS PUERTO RICO PLAN	1b	Three-digit plan number (PN) ▶ 030
		1c	Effective date of plan 01/01/1999
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SIEMENS CORPORATION 170 WOOD AVENUE SOUTH ISELIN, NJ 08830	2b	Employer Identification Number (EIN) 13-2623356
		2c	Sponsor's telephone number 847-267-5300
		2d	Business code (see instructions) 339110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	DANIEL NAVATTA
	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 (if same as plan sponsor, enter "Same") SIEMENS CORPORATION 170 WOOD AVENUE SOUTH ISELIN, NJ 08830	3b Administrator's EIN 13-2623356 3c Administrator's telephone number 847-267-5300
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	171
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	78
c Other retired or separated participants entitled to future benefits.....	6c	94
d Subtotal. Add lines 6a , 6b , and 6c	6d	172
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	174
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.

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

A Name of plan SIEMENS HEALTHCARE DIAGNOSTICS PUERTO RICO PLAN		B Three-digit plan number (PN)	030
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SIEMENS CORPORATION		D Employer Identification Number (EIN) 13-2623356	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2009			
2 Assets:			
a Market value		2a	3268892
b Actuarial value		2b	3268892
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	81 1573006
b For terminated vested participants		3b	99 2506867
c For active participants:			
(1) Non-vested benefits		3c(1)	0
(2) Vested benefits		3c(2)	0
(3) Total active		3c(3)	0 0
d Total		3d	180 4079873
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.89 %
6 Target normal cost		6	56227

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>10/12/2010</div> <div>Signature of actuary</div> <div>RICHARD WEAVER</div> <div>Type or print name of actuary</div> <div>TOWERS WATSON DELAWARE INC.</div> <div>Firm name</div> <div>191 N. WACKER DRIVE, SUITE 2100 CHICAGO, IL 60606</div> <div>Address of the firm</div>	<div>Date</div> <div>08-05950</div> <div>Most recent enrollment number</div> <div>312-525-2500</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	722697	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	722697	0
10	Interest on item 9 using prior year's actual return of <u>-25.97</u> %	-187684	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		209159
b	Interest on (a) using prior year's effective rate of <u>6.17</u> %		12905
c	Total available at beginning of current plan year to add to prefunding balance		222064
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	534991	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	22	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.12 %
15	Adjusted funding target attainment percentage.....	15	80.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	96.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2010	347657				
			Totals ►	18(b)	347657
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	319875
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	56227
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	566189	97883
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	154110
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	154110
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	319875
38 Interest-adjusted excess contributions for current year (see instructions).....	38	165765
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>SIEMENS HEALTHCARE DIAGNOSTICS PUERTO RICO PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 030</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SIEMENS CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>13-2623356</div>

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 ☐

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

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

a Name:	CROWNE HORWATH	b EIN:	35-0921680
c Position:	ACCOUNTANT		
d Address:	354 EISENHPWER PARKWAY SUITE 2050 LIVINGSTON, NJ 07039	e Telephone:	973-422-2420
Explanation: THERE WAS A CHANGE IN AUDITOR FROM 2008 TO 2009 DUE TO THE PLAN SPONSOR CHANGED AS A RESULT OF ACQUISITION BY SIEMENS CORPORATION.			

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:			

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan SIEMENS HEALTHCARE DIAGNOSTICS PUERTO RICO PLAN				B Three-digit plan number (PN) ▶ 030	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SIEMENS CORPORATION				D Employer Identification Number (EIN) 13-2623356	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER TRUST FOR SIEMENS PENSION PL					
b Name of sponsor of entity listed in (a): SIEMENS CORPORATION					
c EIN-PN 13-3406827-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3408270	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-1	

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SIEMENS HEALTHCARE DIAGNOSTICS PUERTO RICO PLAN	B Three-digit plan number (PN) ►	030
C Plan sponsor's name as shown on line 2a of Form 5500 SIEMENS CORPORATION	D Employer Identification Number (EIN) 13-2623356	

Part I	Asset and Liability Statement
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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)	218000	347657
(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)	3059733	3408270
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3277733	3755927

Liabilities

g Benefit claims payable	1g	0	7311
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	7311

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3277733	3748616
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	347657	
(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)		347657

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		279289
(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		626946

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	136147	
(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)		136147
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		136147

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		490799
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		19916

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)
SIEMENS PENSION PLAN	13-2623356	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>SIEMENS HEALTHCARE DIAGNOSTICS PUERTO RICO PLAN</u>	B Three-digit plan number (PN) ▶ <u>030</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIEMENS CORPORATION</u>	D Employer Identification Number (EIN) <u>13-2623356</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3275867</u> <u>25-1904503</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FINANCIAL STATEMENTS

Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Ernst & Young LLP



Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Financial Statements

Years Ended December 31, 2009 and 2008

Contents

Report of Independent Auditors.....	1
Statements of Net Assets Available For Benefits	2
Statements of Changes In Net Assets Available For Benefits	3
Notes to Financial Statements.....	4

Report of Independent Auditors

The Plan Administrator of the
Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
and the members of the
Siemens Corporation Administrative and Investment Committees

We were engaged to audit the accompanying statement of net assets available for benefits of the Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Other auditors were engaged to audit the financial statements of the Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan as of and for the year ended December 31, 2008. Their report dated October 13, 2009, disclaimed an opinion on those financial statements as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company and BNY Mellon Bank, N.A., the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustees as of and for the year ended December 31, 2009 that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements as of and for the year ended December 31, 2009 taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 6, 2010

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investment in the net assets of the Master Trust for Siemens Pension Plans, as certified by BNY Melton Bank, N.A.	\$ 3,408,270	\$ —
Investment in the net assets of the Dade Behring Cash Balance Plan Master Trust, as certified by Fidelity Management Trust Company	—	3,059,733
Employee contributions receivable	347,657	218,000
Total assets	<u>3,755,927</u>	<u>3,277,733</u>
Liabilities		
Accrued plan expenses	7,311	—
Net assets available for benefits	<u>\$ 3,748,616</u>	<u>\$ 3,277,733</u>

See accompanying notes.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2009	2008
Investment activity and other additions		
Plan's share of investment income of the Master Trust for Siemens Pension Plans as certified by BNY Mellon Bank, N.A.:	\$ 261,246	\$ —
Net appreciation (depreciation) in fair value of investments		—
Interest	62,543	—
Dividends	9,738	—
Other	997	—
Investment income (loss) from plan interest in Dade Behring Cash Balance Plan Master Trust	—	(974,936)
Total investment income (loss)	334,524	(974,936)
Employer contribution	347,657	218,000
Total investment activity and other additions	682,181	(756,936)
 Deductions:		
Benefits paid	136,147	138,789
Plan expenses	55,235	122,832
Total deductions	191,382	261,621
 Transfer out	(19,916)	—
Net increase (decrease)	470,883	(1,018,557)
 Net assets available for benefits:		
Beginning of year	3,277,733	4,296,290
End of year	\$ 3,748,616	\$ 3,277,733

See accompanying notes.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements

December 31, 2009

1. Description of Plan

The following brief description of the Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

As a result of the acquisition of Dade Behring, Inc. (Dade) by an affiliate of Siemens Corporation on November 6, 2007, and the merger of Dade into Siemens Medical Solutions Diagnostics effective January 1, 2008, the sponsor of the Plan was changed to Siemens Healthcare Diagnostics Inc. as of January 1, 2008. Also effective January 1, 2008, the name of the Plan was changed to the Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan. Effective March 31, 2009, Siemens Corporation (Siemens or Plan Sponsor) became the sponsor of the Plan.

Participation in the Plan was suspended as of December 31, 1995, and no further benefits will be accrued for services rendered after that date.

The Plan is a non-contributory, defined benefit plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). For the year ended 2008 and for the period beginning January 1, 2009 through March 26, 2009, the assets of the Plan were held in trust by Fidelity Management Trust Company under the Dade Behring Cash Balance Plan Master Trust. Effective March 27, 2009, a new trust fund was established for the Plan (the Trust) and the Plan's assets were transferred to Banco Popular de Puerto Rico (Banco Popular or Trustee), as trustee of Trust. Pursuant to a sub-trustee agreement, the Trustee, as directed by the Investment Committee, has invested the Plan's assets in the Master Trust for Siemens Pension Plans (Master Trust), for which BNY Mellon Bank, N.A (BNY Mellon) is the trustee.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Administration

The Administrative Committee of Siemens is responsible for administering the Plan's operations and the Investment Committee of Siemens is responsible for monitoring investments by the Plan. The Administrative Committee is currently composed of the Director of Employee Benefits of Siemens, the Vice President, Treasurer and Controller of Siemens, and four human resource representatives from certain of Siemens affiliates who are appointed by the Senior Vice President of Human Resources of Siemens. The six-person Investment Committee is currently composed of the following members: the Executive Vice President and Chief Financial Officer of Siemens (who serves as Chairman of the Investment Committee); the President of Siemens Capital Company, LLC; the Senior Vice President, General Counsel and Secretary of Siemens; the Senior Vice President of Human Resources of Siemens; the Vice President of Mergers & Acquisitions of Siemens; and the Vice President, Treasurer and Controller of Siemens, all of whom are appointed by the Board of Directors.

Pension Benefits

Benefits are provided at normal, early, and deferred retirement and upon total permanent disability, subject to certain limitations. Participants who attain five years of service (at least 1,000 hours in a calendar year) or who reach the age of 65 earn the right to a fully vested benefit. Benefits accrued prior to December 31, 1995 are generally computed according to a two step formula that takes into account a participant's years of benefit service, final average pay and estimated social security benefits, each through December 31, 1995. Step one of the formula is to compute 1.75% times a participant's years of benefit service multiplied by his or her final average pay, less 1.75% times the participant's years of benefit service multiplied by his or her estimated social security benefit. Step two is to multiply the difference computed in step one by a fraction, the numerator of which is the participant's actual years of service through December 31, 1995 and the denominator of which was the participant's projected benefit service through normal retirement age. Alternate benefit formulas apply to certain participants who have accrued pension benefits that were transferred to the Plan from other defined benefit plans. All accrued benefits were frozen as of December 31, 1995.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

The benefit commencement date for normal retirement is the first day of the month coincident with or next following the date of an employee's 65th birthday. Benefits are payable beginning after the normal retirement date is reached. The benefit commencement date for a reduced early retirement benefit is the first day of any month after the early retirement date, which is the date an employee has attained age 55 and completed ten or more years of vesting service. The benefit commencement date for deferred retirement is the first day of the month coincident with or next following the termination of employment after the normal retirement date. An eligible employee who incurs a disability after completing at least ten years of vesting service shall be entitled to their accrued benefit.

Funding Policy

The Plan is funded solely by contributions made by the Company.

Contributions are determined annually based on actuarial valuations of the Plan by Towers Watson, an independent consulting actuary. Towers Watson determines the maximum amount permitted by law or regulation as a Federal income tax deduction and the minimum amount necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA.

The Company's policy is to make contributions that meet or exceed the minimum funding requirements of ERISA. Contributions are recorded by the Plan in the period accrued by the Company. The actuarial funding method was the asset method. The interest rate assumption used for funding purposes was 7% and 6% for 2009 and 2008, respectively. The Plan met the minimum funding requirements of ERISA for 2009 and 2008. The Company made contributions to the Plan in the amount of \$347,657 and \$218,000 for the years ended December 31, 2009 and 2008, respectively.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Fair Value Measurements

Fair value is defined under Accounting Standards Codification (ASC) 820 as the price that would be received for an asset or paid for a liability in a most advantageous market for these assets or liabilities in an orderly transaction between market participants on the measurement date. To measure fair value, a hierarchy is established that requires the Plan to maximize the use of observable inputs and minimize unobservable inputs when determining fair value and also established three levels of classification (Note 8).

Investment Valuation and Income Recognition

The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions, asset transfers in, and allocated investment income less actual distributions, allocated investment loss, asset transfers out and allocated administrative expenses.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

Investments in securities held by the Master Trust are generally valued using quoted market prices. The last reported sales price on the valuation date is used when no other value is obtainable from the trustee. The amounts reported by the Master Trust for securities that have no quoted market price represent estimated fair value as determined by the trustee. Investments in forward currency contracts are marked to market using quoted exchange rates on the valuation dates. The investment manager values investments in private placement bonds and high-yield bonds when no other value is obtainable from the trustee. Investments in short-term investment funds are reported at cost, which approximates fair value. Investments in limited partnerships are valued based on information provided by the sponsor of the partnership. In the event that no other value is obtainable from the trustee, the investment manager will determine the value. Purchases and sales by the Master Trust are recorded on a trade-date basis. Interest income is recorded by the Master Trust on the accrual basis. The Master Trust records dividends on the ex-dividend date.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Plan Expenses

Certain expenses are paid by the Master Trust and charged to the Plan based upon its proportionate interest in the net assets of the Master Trust. Expenses attributed to a specific plan are charged to that plan only.

Risks and Uncertainties

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

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

The Investment Committee has diversified the net assets of the Master Trust with the intention of appropriately addressing significant concentrations of risk. The Master Trust's net assets were managed by 13 investment managers for the year ended December 31, 2009. For the year ended December 31, 2008, the assets of the Dade Behring Cash Balance Plan Master Trust were managed by Fidelity Management Trust Company.

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

New Accounting Pronouncements

In April 2009, the Financial Accounting Standards Board (FASB) issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4). FSP 157-4 amended FASB Statement No. 157 (codified as ASC 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

In September 2009, the FASB issued Accounting Standards Update 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12). ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009 and has utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment's NAV. In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Refer to Note 8 for these disclosures. Adoption of ASU 2009-12 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements*, (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2, and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management has evaluated the effect of ASU 2010-06 on the Plan's financial statements and has concluded that ASU 2010-06 will not have a material effect on the Plan's financial statements.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of the accumulated Plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The more significant assumptions used in the December 31, 2008 valuation were:

Rate of return	8.5%
Mortality basis:	The prescribed table under the Pension Protection Act of 2006 under Section 430(h)(3)(A) of the Internal Revenue Code
Average assumed retirement age:	Age 65

The projected unit credit cost method is used for purposes of determining the minimum required employer contribution. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2008 is as follows:

Vested benefits:	
Participants and beneficiaries currently receiving benefits	\$ 1,392,843
Other participants	1,909,505
	<hr/> 3,302,348
Nonvested benefits	—
Total actuarial present value of accumulated benefits	<hr/> <hr/> \$ 3,302,348

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

The changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2008 is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 3,221,187
Increase (decrease) during the year attributable to:	
Interest accumulated	267,907
Actuarial (gains) losses	(48,064)
Benefits paid	<u>(138,682)</u>
Net increase	<u>81,161</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 3,302,348</u></u>

4. Plan Termination

Siemens intends to continue the Plan indefinitely without interruption, but reserves the right to discontinue it at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding the Plan's termination.
- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations (discussed below).
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All non-vested benefits.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

4. Plan Termination (continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2009, that ceiling is \$4,500 per month. That ceiling, which is adjusted periodically, applies to pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

5. Tax Status

A ruling was received March 24, 1998 from the Department of Treasury of Puerto Rico for a determination that the Plan meets the requirements of Section 1165(a) of the Puerto Rico Internal Revenue Code of 1994, as amended (PR IRC). The Plan has been amended. However, the Plan administrator believes that the Plan continues to operate as designed and, as such, that the Plan and related trust are exempt from taxation under the PR IRC.

6. Parties in Interest

Bank of New York Mellon (BYN Mellon), the trustee of the Master Trust and custodian of the Plan's assets, also serves as an investment manager with respect to one of the funds in which the Plan's assets are invested. In addition, the trustee also serves as the custodian for certain funds managed by INVESCO in which the Plans participate.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

7. Information Certified by the Trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Fidelity Management Trust Company and BNY Mellon Bank, N.A. for the year ended December 31, 2009 as complete and accurate, except for comparing such information certified by the trustee to information included in the Plan's financial statements.

Fidelity Management Trust Company and BNY Mellon Bank, N.A has certified to the accuracy and completeness of the individual Plan's share of investments in the net assets of the Master Trust at December 31, 2009 and the investment income for the year ended December 31, 2009 as summarized below:

December 31, 2009:	
Investment in the net assets of the Master Trust	<u><u>\$ 3,408,270</u></u>
Year ended December 31, 2009:	
Plans' share of investment income of the Master Trust:	
Net appreciation in fair value of investments	\$ 261,246
Interest	62,543
Dividends	9,738
Other	997
Total investment income	<u><u>\$ 334,524</u></u>
December 31, 2008:	
Investment in the net assets of the Master Trust	<u><u>\$ 3,059,733</u></u>
Year ended December 31, 2008:	
Plans' share of investment loss of the Master Trust:	
Net depreciation in fair value of investments	(974,936)
Total investment (loss)	<u><u>\$ (974,936)</u></u>

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust

All Master Trust amounts were prepared from records certified to be complete and accurate by BNY Mellon Bank, N.A at December 31, 2009 and by Fidelity Management Trust Company for the year ended December 31, 2008.

The Plan has a proportionate interest in the Master Trust. The Master Trust's net assets and investment income are allocated to the individual pension plans on a daily weighted-average basis. The Plan's proportionate interest in the Master Trust's net assets at December 31, 2009 was .09%.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust (continued)

Financial Statements of the Master Trust

The following table presents the fair value of the net assets of the Master Trust at December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value, as determined by quoted market prices:		
U.S. common stock	\$ 1,172,096,816	\$ 762,788,506
Short-term investments	151,480,604	624,925,328
U.S. government obligations	276,611,958	570,380,949
U.S. corporate debt obligation	1,403,085,217	936,428,862
Foreign common stock	226,728,350	293,145,130
Preferred stock	1,604,197	10,885,880
Securities on loan against collateral	88,354,987	564,247,588
Foreign corporate debt obligations	286,161,726	184,450,151
Foreign government obligations	3,544,320	6,208,603
Forward currency contracts – net	–	(68,117)
	<u>3,609,668,175</u>	<u>3,953,392,880</u>
Investments at estimated fair value:		
Limited partnerships	86,174,973	80,887,475
Receivables:		
Receivables for securities sold, and accrued income and other receivables	<u>26,226,509</u>	<u>66,031,098</u>
Total assets	<u>3,722,069,657</u>	<u>4,100,311,453</u>
Liabilities		
Liability for collateral deposits	(90,205,005)	(558,380,268)
Payables for securities purchased and accrued liabilities	(8,990,585)	(39,718,254)
Total liabilities	<u>(99,195,590)</u>	<u>(598,098,522)</u>
	<u>\$ 3,622,874,067</u>	<u>\$ 3,502,212,931</u>

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust (continued)

Within short-term investments and U.S. government obligations are \$86,584,528 and \$3,620,477, respectively, of collateral held for securities lending as described below.

The investment income (loss) for the Master Trust for the years ended December 31, 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Net appreciation (depreciation) in fair value of investments:		
Investments, at fair value, as determined by quoted market prices:		
Common stock	\$ 422,135,447	\$ (681,668,983)
Government obligations	(228,868,481)	306,860,018
Corporate debt obligations	137,597,405	(197,998,629)
Preferred stock	2,306,174	(5,431,082)
Other	(35,037,611)	40,371,630
	<u>298,132,934</u>	<u>(537,867,046)</u>
Investments at estimated fair value:		
Limited partnerships	(1,522,953)	(44,327,758)
Total net appreciation (depreciation)	<u>296,609,981</u>	<u>(582,194,804)</u>
Interest	92,048,853	105,367,203
Dividends	11,263,357	28,711,915
Other	7,066,054	12,326,395
Total investment income (loss) of the Master Trust	<u>\$ 406,988,245</u>	<u>\$ (435,789,291)</u>

Fair Value Measurements

Fair value for purposes of these financial statements is defined as the exchange price that would be received for an asset or paid for a liability in an orderly transaction between market participants on the measurement date. The Company utilizes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize unobservable inputs when determining fair value and also established three levels of classifications.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust (continued)

The levels are:

- Level 1 – Quoted market prices or identical assets or liabilities in active markets, e.g., NYSE, NASDAQ and over-the-counter markets that the Plan has the ability to access as of the measurement date.
- Level 2 – Significant other observable inputs other than Level 1 prices, e.g., interest rates, yield curves, and quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3 – Significant unobservable inputs that reflect the custodian's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The asset's 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Cash and cash equivalents: Cash and cash equivalents are comprised of short-term investments and are held in a pooled investment vehicle. This fund maintains a \$1 per share value. Any gains and/or earnings by the underlying assets are paid out as interest.

Common stock (foreign and U.S.): All assets in which the Master Trust holds a direct share have been classified as common stocks. These assets are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate debt obligations (foreign and U.S.): Valued based on market data, incorporating various inputs such as benchmark curves, benchmarking of like securities, matrix pricing, etc. as model processes such as the Option Adjusted Spread model to assess interest rate impact of and develop prepayment scenarios. Both models and processes take into account market convention.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust (continued)

Government debt obligations (foreign and U.S.): Valued based on market data, incorporating various inputs such as benchmark curves, benchmarking of like securities, matrix pricing, etc. as model processes such as the Option Adjusted Spread model to assess interest rate impact of and develop prepayment scenarios. Both models and processes take into account market convention.

Preferred stock: Valued based on market data, incorporating various inputs such as benchmark curves, benchmarking of like securities, matrix pricing, etc. as model processes such as the Option Adjusted Spread model to assess interest rate impact of and develop prepayment scenarios. Both models and processes take into account market convention.

Real estate investment trust (REIT): The REIT is a limited partnership comprised of marketable securities. The Master Trust directly holds shares of the underlying assets of the limited partnership and, therefore, the value is reported using the closing price on the active market of the underlying assets.

Commingled and mutual funds: These assets have been classified as common stocks on the preceding Master Trust table based on the underlying assets of the funds which are common stocks. The fund calculates a net asset value (NAV) based on the underlying securities' value at market close, less any applicable expenses, divided by the shares outstanding. NAVs may be calculated on a daily/weekly/monthly basis (as determined by the fund).

Limited partnerships: Limited partnerships are valued based on the information provided by the manager. Quarterly data is usually received one to three months after quarter end. This creates a "lag" as the data is updated when it is received. There is no material impact as a result of this lag.

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 and assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust (continued)

The following tables set forth by level within the fair value hierarchy the Master Trust's net investments at fair value for the years ended December 31, 2009 and 2008, respectively:

Master Trust Pension Plans				
Investments at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ —	\$ 64,896,076	\$ —	\$ 64,896,076
Foreign common stock	226,728,350	—	—	226,728,350
U.S. common stock	367,570,685	—	—	367,570,685
U.S. government obligations	246,413,601	104,870,369	—	351,283,970
Foreign government debt obligations	—	32,758,231	—	32,758,231
U.S. corporate debt	—	1,413,147,715	—	1,413,147,715
Foreign corporate debt	—	256,947,815	—	256,947,815
Preferred stock	705,795	898,402	—	1,604,197
REIT	86,261,540	—	—	86,261,540
Commingled fund	—	615,208,722	—	615,208,722
Mutual funds				
Emerging Markets	71,859,874	—	—	71,859,874
U.S. Equities	—	85,925,738	—	85,925,738
Limited partnership	—	—	31,445,230	31,445,230
Total	\$ 999,539,845	\$ 2,574,653,068	\$ 31,445,230	\$ 3,605,638,143

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust (continued)

The table above excludes receivables and payables for pending trades of \$26,226,509 and \$8,990,585, respectively, which are part of the Master Trust table above.

Master Trust Pension Plans				
Investments at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ —	\$ 68,326,829	\$ —	\$ 68,326,829
Foreign common stock	71,037,340	—	—	71,037,340
U.S. common stock	180,469,678	—	—	180,469,678
U.S. government obligations	813,952,770	479,067,552	—	1,293,020,322
Foreign government debt obligations	4,060,474	7,503,571	—	11,564,045
U.S. corporate debt	—	933,442,589	—	933,442,589
Foreign corporate debt	—	8,651,508	—	8,651,508
Preferred stock	—	10,885,880	—	10,885,880
REIT	46,584,574	—	—	46,584,574
Commingled fund	—	709,776,934	—	709,776,934
Mutual funds	—	107,837,488	—	107,837,488
Limited partnership	—	—	34,302,900	34,302,900
Total	\$ 1,116,104,836	\$ 2,325,492,351	\$ 34,302,900	\$ 3,475,900,087

The table above excludes receivables and payables for pending trades of \$66,031,098 and \$39,718,254, respectively, which are part of the Master Trust table above.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust (continued)

The table below presents a reconciliation and income statement classification of gains and losses for all assets measured at fair value annually using the significant unobservable inputs (Level 3) for the years ended December 31, 2009 and 2008.

Reconciliation of Income Level 3 Gains and Losses

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) <u>Limited Partnership</u>
Beginning balance at January 1, 2009	\$ 34,302,900
Realized loss, net	(1,178,812)
Unrealized loss	(1,525,094)
Purchases, sales and settlements, net	(153,764)
Ending balance at December 31, 2009	<u>31,445,230</u>
Beginning balance at January 1, 2008	40,208,796
Realized gain, net	247,152
Unrealized loss	(4,413,914)
Purchases, sales and settlements, net	(1,739,134)
Ending balance at December 31, 2008	<u>\$ 34,302,900</u>

Forward Currency Contracts – Net

In order to hedge against foreign currency exchange rate risks, the Master Trust may buy or sell foreign forward currency contracts. Foreign forward currency contracts obligate one party to purchase and the other party to sell a specific currency at a set price on a future date. Foreign forward currency contracts are valued monthly based on forward currency rates with the resulting adjustment being recorded as unrealized gain (loss). At December 31, 2009, the net unrealized loss for forward currency contracts was \$2,570 and at December 31, 2008, the net unrealized loss for forward currency contracts was \$68,117 as detailed below.

Siemens Healthcare Diagnostics Inc.
Puerto Rico Pension Plan

Notes to Financial Statements (continued)

8. Investment in the Master Trust (continued)

As of December 31, 2009 and 2008, the Master Trust had open positions to buy foreign forward currency contracts in various denominations in exchange for \$998,072 and \$2,700,827, respectively, and whose values at December 31, 2009 and 2008 were \$998,021 and \$2,695,193, respectively, resulting in a loss of \$51 and a loss of \$5,634 for 2009 and 2008, respectively.

As of December 31, 2009 and 2008, the Master Trust had open positions to sell foreign forward currency contracts in various denominations in exchange for \$998,072 and \$2,700,827, respectively, and whose values at December 31, 2009 and 2008 were \$1,000,591 and \$2,763,310, respectively, resulting in a loss of \$2,519 and a loss of \$62,483 for 2009 and 2008, respectively.

Securities Lending

As of December 31, 2009 and 2008, the Master Trust participated in the BNY Mellon Security Lending Program for its U.S. and non-U.S. securities held in custody at BNY Mellon. These securities are lent to certain unrelated third-party brokers in exchange for collateral, usually in the form of cash. Collateralization levels are equal to a percentage of the market value of the borrowed securities. For U.S. securities, collateral shall not be less than 102%, and for non-U.S. securities, collateral shall not be less than 105% unless it is denominated in the same currency as the collateral, in which case it will be 102%. Collateral received is invested in a short-term collateral re-investment fund that is managed by BNY Mellon's Global Security Lending Group, and the fund consists of high quality short-term investments. The value of loaned securities amounted to \$88,354,987 and \$564,247,588 at December 31, 2009 and 2008, respectively. The obligation to return collateral is reflected as a liability in the Master Trust's financial statements.

9. Subsequent Events

Management evaluated subsequent events for the Plan through October 6, 2010, the date the financial statements were available to be issued.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Schedule SB - Statement by Enrolled Actuary

Plan Sponsor Siemens Corporation

EIN / PN 13-2623356 / 030

Plan Name Siemens Healthcare Diagnostics Puerto Rico Plan

Valuation Date January 1, 2009

Enrolled Actuary Richard P. Weaver

Enrollment Number 08-05950

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Installment
1	Shortfall	01/01/2009	566,189	7	566,189	97,883
Total					566,189	97,883

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form Is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► Round off amounts to nearest dollar.

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

A Name of plan Siemens Healthcare Diagnostics Puerto Rico Plan	B Three-digit plan number (PN) <u>030</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Siemens Corporation	D Employer Identification Number (EIN) 13-2623356
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		3,268,892
b Actuarial value.....	2b		3,268,892
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	81	1,573,006
b For terminated vested participants	3b	99	2,506,867
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active	3c(3)	0	0
d Total.....	3d	180	4,079,873
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.89 %	
6 Target normal cost.....	6	56,227	

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

SIGN HERE	Richard P. Weaver <i>RPW</i> Signature of actuary	<u>10/8/2010</u> Date
Richard Weaver Type or print name of actuary		08-05950 Most recent enrollment number
Towers Watson Delaware Inc. Firm name		(312) 525-2500 Telephone number (including area code)
191 N. Wacker Drive, Suite 2100 Chicago IL 60606 Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	722,697	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	722,697	0
10	Interest on item 9 using prior year's actual return of <u>(25.97)%</u>	(187,706)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		209,159
b	Interest on (a) using prior year's effective rate of <u>6.17 %</u>		12,905
c	Total available at beginning of current plan year to add to prefunding balance		222,064
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	534,991	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages			
14	Funding target attainment percentage	14	80.12 %
15	Adjusted funding target attainment percentage	15	80.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2010	347,657				
Totals ▶			18(b)	347,657	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	319,875

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
			☒ N/A, full yield curve used
b Applicable month (enter code)			21b 1
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	56,227
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	566,189	97,883
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	154,110
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	154,110
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	319,875
38 Interest-adjusted excess contributions for current year (see instructions)	38	165,765
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Richard P. Weaver

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Schedule SB, Line 25 – Change in Method

The following method changes occurred as of January 1, 2009:

- The discount rate election was changed from January 3-segment rates to December Full Yield Curve.
- The amount included this year for plan-related expenses is \$56,227. The Worker, Retiree, and Employer Recovery Act of 2008 (WRERA) includes a technical corrections provision requiring target normal cost to include the amount of plan-related expenses expected to be paid from the plan assets during the year.
- The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Schedule SB - Statement by Enrolled Actuary

Plan Sponsor Siemens Corporation

EIN / PN 13-2623356 / 030

Plan Name Siemens Healthcare Diagnostics Puerto Rico Plan

Valuation Date January 1, 2009

Enrolled Actuary Richard P. Weaver

Enrollment Number 08-05950

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Schedule SB, Part V - Summary of Plan Provisions

Plan Sponsor

Siemens Corporation

Plan

Siemens Healthcare Diagnostics Puerto Rico Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1995. Benefits were frozen as of December 31, 1995. The last amendment reflected was effective January 1, 2008.

Plan Year

The twelve-month period ending December 31.

Participation

Participants in the Baxter Healthcare Corporation of Puerto Rico and Affiliates Pension Plan as of December 19, 1994 remained as participants in the Dade International Inc. Puerto Rico Pension Plan. There were no new participants after December 31, 1995.

Credited Service

Credited service includes Years of Service earned subsequent to participation in the Plan. If a participant enters the Plan on July 1, hours of service throughout that calendar year are included. Years while disabled are included. Fractional credit is granted in the year of normal retirement if less than 1,000 hours is completed in that plan year. Credited service was frozen at December 31, 1995.

Years of Service

Each plan year in which an employee earns 1,000 hours of service.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Final Average Monthly Compensation

The five highest consecutive year average out of the last ten years of participation, including the first partial year of participation and excluding the last partial year of participation. If less than five years of participation have been completed, the average of complete plan years of participation is used. Final average pay was frozen at December 31, 1995.

Preliminary Social Security Benefit

The estimated monthly amount of Primary Social Security benefit payable at age 65 in accordance with the law in effect on the earlier of the date of termination or December 31, 1995, assuming a 6% salary scale in years prior to the earlier of termination and level future compensation to age 65.

Normal Retirement Benefit

Normal Retirement Date: The first of the month coincident with or next following age 65.

Monthly Benefit: The greater of the Accrued Benefit or Merger Accrued Benefit.

Late Retirement

If retirement occurs after the normal retirement date, the late retirement income will be the greater of the accrued benefit or merger accrued benefit calculated at Normal Retirement date without actuarial equivalent adjustment for late commencement.

Accrued Benefits

The accrued benefit payable as a straight life annuity at age 65 equals (a) minus (b), the difference multiplied by (c):

- a. 1.75% multiplied by average monthly compensation, multiplied by credited service projected to age 65.
- b. 1.75% multiplied by credited service projected to age 65, the product not to exceed 60%, multiplied by Primary Social Security benefit.
- c. The ratio of current credited service over credited service projected to age 65.

Certain participants have frozen minimum accrued benefits from prior plans called the "merger accrued benefits."

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Merger Accrued Benefits

Participants in the prior Travenol plan are eligible for a monthly frozen benefit as of December 31, 1986 equal to the greater of (a) and (b):

- a. \$7.50 per year of service
- b. 75% of five-year average earnings less 75% of Primary Social Security benefits, multiplied by the ratio of credited service over projected service to age 65.

Participants in the prior American plan are eligible for a monthly frozen benefit as of December 31, 1986 equal to the greater of (a) and (b), but not less than (c):

- a. 1.25% of five year averaging earnings multiplied by completed credited service, less 74% of Primary Social Security benefit multiplied by the ratio of vesting service over projected vesting service to age 65.
- b. Career average benefit with credits generally equal to 1.50% of compensation in excess of the Taxable Wage Base plus 0.75% of compensation below the Taxable Wage Base.
- c. Minimum merger benefit as of December 1, 1985 based on the final five-year average pay formula above, but with:
 - a multiplier of 2.5% and an offset percentage of 75%
 - service through December 1, 1985
 - compensation through December 31, 1984

Early Retirement Benefit

Eligibility: Age 55 and 10 years of credited service.

Monthly Benefit: The greater of the accrued benefit reduced by 0.25% for each full month that commencement of benefits precedes normal retirement date or the merger accrued benefit. If a participant eligible for the merger accrued benefit had satisfied early retirement eligibility conditions as of November 25, 1985, then the 0.25% reduction factors are applied for early commencement. If the participant was not eligible for the 0.25% factors, then actuarial equivalent factors are used.

Vested Benefits Upon Termination of Service

Eligibility: Participants who have completed 5 years of service. Participants in the American plan on November 25, 1985 eligible for the merger accrued benefit are vested in that benefit.

Retirement benefit: The greater of the accrued benefit or the merger accrued benefit, payable at Normal Retirement Date. If commencement prior to Normal Retirement Date is elected, the benefit is reduced actuarially.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Death Benefits for Participants Prior to Benefit Commencement

Eligibility: Participants who have completed 10 years of service are eligible for death benefits based on their accrued benefit. Participants who have not completed 10 years of service but are vested in their merger accrued benefit are eligible for death benefits based on that merger accrued benefit.

Death benefit for spouses of participants who die after age 55 but before commencing their benefit: The greater of the accrued benefit payable as a 100% joint and survivor annuity with the 0.25% early retirement reduction factors or the merger accrued benefit payable as a 50% joint and survivor annuity with the applicable early retirement reduction factors.

Death benefits for spouses of participants who die before age 55 but before commencing their benefit: The greater of the accrued benefit or the merger accrued benefit payable as a 50% joint and survivor annuity with actuarial equivalent reduction factors, commencing when the participant would have attained age 55.

Death benefits for single participants who die after age 55 but before commencing their benefit: The greater of the accrued benefit or the merger accrued benefit payable for 10 years based on the applicable early retirement reduction factors.

Death benefits for single participants who die before age 55 but before commencing their benefit: The greater of the accrued benefit or the merger accrued benefit, with the appropriate early retirement reduction factors, payable for 10 years when the participant would have reached age 55, but converted to a lump sum.

Normal Form of Benefit

Benefits are payable as a straight life annuity. If a participant is married, benefits are paid as a reduced 50% joint and survivor annuity.

Plan Participants' Contributions

They are not required or permitted.

Changes in Plan Provisions since Last Actuarial Valuation

None.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Sponsor	Siemens Corporation
EIN/PN	13-2623356/030
Discount Rates	Current plan year PPA effective interest rate: 6.89%
	Prior plan year PPA effective interest rate: 6.17%
	Full Yield Curve
	Applicable month: December
Assumed Cost of Living Adjustments	None.

Administrative Expenses

The amount included this year for plan-related expenses is \$56,227.

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using the Generational Mortality Table option.

Retirement

It is assumed that participants will retire upon becoming eligible for normal retirement.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

None.

Form of Payment

Participants are assumed to elect the normal form.

Marriage

It is assumed that 100% of all active and terminated employees are married. Males are assumed to be three years older than their spouses.

Employees

It was assumed that there will be no new or rehired employees.

Asset Method

Under this method, valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year effective PPA interest rate.

Participant Data

Participant data was supplied by the plan record keeper via e-mail as of the valuation date.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2009 may be used to determine the maximum deductible contribution for the tax year ending September 30, 2009 or September 30, 2010. To our knowledge, no policy has been established for this plan.

Benefits not Included in Valuation

None.

**Siemens Healthcare Diagnostics
Puerto Rico Plan
EIN 13-2623356 Plan 030**

PBGC Premium Funding Target

For purposes of determining the PBGC Premium Funding Target in Section 2.2D, the Standard Premium Funding Target was determined using the assumptions described above, except the 3-segment interest rates for December 2008 were used instead of the above interest assumption.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Changes in Assumptions and Methods Since Last Actuarial Valuation

Other than the prescribed change in mortality, the following other changes in assumptions were made as part of the valuation:

- The discount rate election was changed from January 3-segment rates to December Full Yield Curve.
- As required by WRERA, estimated plan-related expenses were included in the target normal cost.