Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INSTRUMENTARIUM CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/04/1998

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

DATEX-OHMEDA, INC.

C/O GEHC HR/BENEFITS DEPT.
3000 N. GRANDVIEW BLVD., W690
WAUKESHA, WI 53188-1696

2b Employer Identification Number (EIN) 22-3029570

2c Sponsor's telephone number 866-443-6747

2d Business code (see instructions) 621510

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.	10/15/2012	JACK WARNER
	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")
GE HEALTHCARE AFFILIATE RETIREMENT PLAN COMMITTEE

C/O GEHC HR/BENEFITS DEPT.
3000 N. GRANDVIEW BLVD., W690
WAUKESHA, WI 53188-1696

3b Administrator's EIN
23-3029570

3c Administrator's telephone number
866-443-6747

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

5	Total number of participants at the beginning of the plan year	**5**	1810
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**	526
b	Retired or separated participants receiving benefits	**6b**	256
c	Other retired or separated participants entitled to future benefits	**6c**	1075
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1857
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	19
f	Total. Add lines **6d** and **6e**	**6f**	1876
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**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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
INSTRUMENTARIUM CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DATEX-OHMEDA, INC.

D Employer Identification Number (EIN)
22-3029570

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2011			
2	Assets:			
a	Market value	**2a**		65199805
b	Actuarial value	**2b**		60347398
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	256	12325077
b	For terminated vested participants	**3b**	1000	29936975
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		17157858
	(3) Total active	**3c(3)**	554	17157858
d	Total	**3d**	1810	59419910
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.23 %
6	Target normal cost	**6**		400000

Statement by Enrolled Actuary

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

SIGN HERE

	10/04/2012
Signature of actuary	Date
ROBERT W. BERNSEE	11-02764
Type or print name of actuary	Most recent enrollment number
HEWITT ASSOCIATES LLC	847-295-5000
Firm name	Telephone number (including area code)
100 HALF DAY ROAD LINCOLNSHIRE, IL 60069-3258	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	8078768	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	8078768	0
10	Interest on line 9 using prior year's actual return of 14.10%	1139106	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		1489343
b	Interest on (a) using prior year's effective rate of 6.56 % except as otherwise provided (see instructions)		97701
c	Total available at beginning of current plan year to add to prefunding balance		1587044
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9217874	0

Part III Funding percentages

14	Funding target attainment percentage	14	86.04 %
15	Adjusted funding target attainment percentage	15	101.56 %
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	103.79 %
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
07/14/2011	450000				
10/13/2011	950000				
01/11/2012	950000				
04/13/2012	100000				
07/02/2012	100000				
			Totals ► 18(b)	2550000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2418662

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	
3.78%	6.31%	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VIII Minimum required contribution for current year

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

a Target normal cost (line 6)	**31a**	400000
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	400000

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

36 Additional cash requirement (line 34 minus line 35)	**36**	400000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2418662

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2018662
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
INSTRUMENTARIUM CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DATEX-OHMEDA, INC.

D Employer Identification Number (EIN)
22-3029570

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).. . . . . [X] 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

PIMCO

33-0629048

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

MANAGERS INVESTMENT GROUP LLC

06-1298481

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

THE VANGUARD GROUP INC

23-1945930

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

FIDELITY INVESTMENTS

DESTINY WAY WA3J
WESTLAKE, TX 76262

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

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

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

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

WELLS FARGO

95-3692822

(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?
21 28 50 51 52	TRUSTEE	8653	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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?
28 51	NONE	6700	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

RONALD DEAN, A LAW CORPORATION

95-3879152

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	405330	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
INSTRUMENTARIUM CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DATEX-OHMEDA, INC.

D Employer Identification Number (EIN)
22-3029570

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: RVST EQUITY INDEX I

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

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)
41-0007957-010	C	20306113

a Name of MTIA, CCT, PSA, or 103-12 IE: RVST MONEY MARKET II

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

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)
41-0007957-030	C	100000

a Name of MTIA, CCT, PSA, or 103-12 IE: BGI RUSSELL 2000 VALUE INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INST TRUST COMPANY N 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)
94-3318704-001	C	5014240

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
INSTRUMENTARIUM CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DATEX-OHMEDA, INC.

D Employer Identification Number (EIN)
22-3029570

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3357	17139
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1500000	1150000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	97951	93197
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)	23748290	25420353
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	39864582	42466282
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	65214180	69146971
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	2800	6700
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	2800	6700
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	65211380	69140271

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2550000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	8974	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2558974
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)	1456108	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1456108
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(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)		415930
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2655479
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7086491
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2736917	
(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)		2736917
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)	413983	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6700	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		420683
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3157600
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3928891
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG LLP (2) EIN: 13-5565207

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.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**		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)

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
INSTRUMENTARIUM CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DATEX-OHMEDA, INC.

D Employer Identification Number (EIN)
22-3029570

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 56-1354495 98-0099254

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** 116

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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: 58% Investment-Grade Debt: 40% High-Yield Debt: 0% Real Estate: 0% Other: 2%

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):

INSTRUMENTARIUM CASH BALANCE PLAN

Financial Statements and Supplemental Schedules

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

INSTRUMENTARIUM CASH BALANCE PLAN

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974, as amended, that have not been included are not applicable.

KPMG LLP
Suite 1500
777 East Wisconsin Avenue
Milwaukee, WI 53202-5337

Independent Auditors' Report

The Plan Administrator
Instrumentarium Cash Balance Plan:

We were engaged to audit the accompanying statements of net assets available for benefits and of accumulated plan benefits of the Instrumentarium Cash Balance Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the supplemental schedules of (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2011 and (2) Schedule H, Line 4j – Schedule of Reportable Transactions for the year then ended. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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 investment information summarized in note 3 and 6 to the financial statements, which was certified by Wells Fargo Institutional Retirement and Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2011 and 2010 that the information provided to the plan administrator by the trustee 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 and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

KPMG LLP

Milwaukee, Wisconsin
October 11, 2012

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

INSTRUMENTARIUM CASH BALANCE PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	2011	2010
Assets:		
Investments, at fair value (note 3):		
Cash and cash equivalents	$ 17,139	3,357
Mutual funds	42,466,282	39,864,582
Collective trust funds	25,420,353	23,748,290
Total investments	67,903,774	63,616,229
Receivables:		
Employer's contributions	1,150,000	1,500,000
Accrued income	93,197	97,951
Total receivables	1,243,197	1,597,951
Total assets	69,146,971	65,214,180
Liabilities:		
Administrative fees payable	6,700	2,800
Accrued litigation expense (note 10)	—	405,331
Net assets available for benefits	$ 69,140,271	64,806,049

See accompanying notes to the financial statements.

INSTRUMENTARIUM CASH BALANCE PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2011 and 2010

	2011	2010
Additions:		
Investment income (note 6):		
Net appreciation in fair value of investments	$ 3,071,409	6,763,497
Interest and dividend income	1,456,108	1,250,672
Total investment income	4,527,517	8,014,169
Employer contributions	2,550,000	1,600,000
Other receipts	8,975	—
Total additions	7,086,492	9,614,169
Deductions:		
Benefits paid directly to participants	2,736,917	3,614,547
Administrative expenses	15,353	11,440
Litigation expense (recovery)	—	(244,669)
Total deductions	2,752,270	3,381,318
Net increase	4,334,222	6,232,851
Net assets available for benefits:		
Beginning of year	64,806,049	58,573,198
End of year	$ 69,140,271	64,806,049

See accompanying notes to the financial statements.

INSTRUMENTARIUM CASH BALANCE PLAN

Statements of Accumulated Plan Benefits

December 31, 2011 and 2010

	2011	2010
Actuarial present value of accumulated plan benefits (note 2(d)):		
Vested benefits:		
Active	$ 13,310,695	15,757,569
Participants currently receiving benefits	12,056,023	11,243,336
Participants with deferred benefits	27,035,239	27,164,411
Total actuarial present value of accumulated plan benefits	$ 52,401,957	54,165,316

See accompanying notes to the financial statements.

INSTRUMENTARIUM CASH BALANCE PLAN

Statements of Changes in Accumulated Plan Benefits

Years ended December 31, 2011 and 2010

		2011	2010
Actuarial present value of accumulated plan benefits at beginning of year	$	54,165,316	51,783,744
Increase (decrease) during the year attributable to:			
Benefits accumulated and other changes		(1,324,915)	(1,129,683)
Increase for interest due to decrease in discount period (note 2(d))		3,815,072	4,000,627
Changes in actuarial assumptions (note 2(d))		(1,111,268)	3,125,175
Benefits paid		(3,142,248)	(3,614,547)
Net increase (decrease)		(1,763,359)	2,381,572
Actuarial present value of accumulated plan benefits at end of year	$	52,401,957	54,165,316

See accompanying notes to the financial statements.

(1) Description of the Plan

The following brief description of the Instrumentarium Cash Balance Plan (the Plan) provides only general information. Participants should refer to the plan document for more complete information.

(a) General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees who are not covered under a collective bargaining agreement with Datex-Ohmeda, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Pension Benefits and Vesting

Plan members attaining the retirement age of 65 may receive benefits determined in accordance with plan provisions in effect at the date of retirement. Vested plan members terminating prior to their normal retirement date may receive benefits determined in accordance with plan provisions in effect at the date of termination. Participants may elect to receive their pension benefits in the form of a lump-sum distribution, a joint and survivor annuity, or a life annuity. The Plan permits early retirement at ages 55 – 64 with 10 or more years of service. Each participant's cash balance is credited each quarter with a Pay Credit and an Interest Credit, as defined. Pay Credits are calculated as 6% of a participant's earnings for participants with less than 10 years of service and 8% of a participant's earnings for participants with 10 or more years of service. A participant's Interest Credit is equal to 0.5% plus the one-year treasury constant maturities yield on December 1 of the preceding calendar year, as published by the Federal Reserve. Benefits under provisions of the Plan become fully vested at the time the participant completes seven years of service.

Effective November 28, 2004, the Plan was frozen such that no new participants may be added on or after that date and no further benefits will accrue to current participants with respect to service or earnings after that date. A participant who was in service on November 29, 2004 shall have a 100% vested percentage in his or her accrued benefits as of such date.

(c) Death and Disability Benefits

If an active employee dies prior to normal retirement, the participant's spouse or other designated beneficiary is entitled to a distribution of the amount credited to the participant's account at the date of death.

If a participant terminates because of a disability, the participant is considered 100% vested and is entitled to a distribution of his or her account.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

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

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investment securities are recorded at fair value. Fair value of common stock and mutual funds is based on quoted market prices. The investments in units of the common/collective funds are carried at the net asset value (NAV), which is the value at which units in the funds can be withdrawn and approximates fair value as a practical expedient. The money market account is stated at cost, which approximates fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See footnote (6) for discussion of fair value measurements.

Net appreciation includes the Plan's gains and losses on the investment bought and sold as well as held during the year.

(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable to services rendered by employees through the valuation date under the Plan's provisions. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits, as determined by the Plan's actuary, is that 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 for such factors as death, withdrawal, or retirement) between the valuation date and the expected date of payments.

The significant actuarial assumptions used in the valuations as of December 31, 2011 and 2010 include the following:

	2011	**2010**
Retirement age	Varying up to age 65	Varying up to age 65
Investment return	7.25%	7.25%
Mortality	RP – 2000 Combined Health Table with Generational Projection by Scale AA	RP – 2000 Mortality Table projected to 2015

(Continued)

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

(e) Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Company. Other fees, such as fees to the investment manager, may be paid by the Plan.

(f) Benefit Payments

Benefits paid to participants are recorded upon distribution.

(3) Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset'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:

Money market funds – Valued at the closing price reported on the active market on which the individual securities are traded.

Common collective trust funds – Valued at the net asset value, which is the value at which units in the funds can be withdrawn.

Mutual funds – Valued at the net asset value of shares held by the Plan at year-end which approximates fair value as a practical expedient.

Cash and cash equivalents – Fair values of cash and cash equivalents are based on observable market quotation prices provided by investment managers and the custodian bank at the reporting date.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

		Investments at estimated fair value		
	Investments at fair value as determined by quoted prices in active markets (Level 1)	**Valuation techniques based on observable market data (Level 2)**	**Valuation techniques incorporating information other than observable market data (Level 3)**	**Total**
Cash and cash equivalents:				
Cash equivalent	$ 17,139	—	—	17,139
Common collective fund:				
Cash equivalent	—	100,000	—	100,000
US large cap equity	—	20,306,113	—	20,306,113
US small/mid cap equity	—	5,014,240	—	5,014,240
Mutual funds:				
US fixed income	27,233,087	—	—	27,233,087
US small/mid cap equity	5,066,054	—	—	5,066,054
International equity	10,167,141	—	—	10,167,141
Total investments	$ 42,483,421	25,420,353	—	67,903,774

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Investments at fair value as determined by quoted prices in active markets (Level 1)	Investments at estimated fair value: Valuation techniques based on observable market data (Level 2)	Investments at estimated fair value: Valuation techniques incorporating information other than observable market data (Level 3)	Total
Cash and cash equivalents:				
Cash equivalent	$ 3,357	—	—	3,357
Common collective fund:				
Cash equivalent	—	100,000	—	100,000
US large cap equity	—	18,944,457	—	18,944,457
US small/mid cap equity	—	4,703,833	—	4,703,833
Mutual funds:				
US fixed income	25,645,899	—	—	25,645,899
US small/mid cap equity	4,728,455	—	—	4,728,455
International equity	9,490,228	—	—	9,490,228
Total investments	$ 39,867,939	23,748,290	—	63,616,229

(4) Funding Policy

The Company's policy is to contribute to the Plan at least the minimum required contribution, per Internal Revenue Service (IRS) regulations, as determined by the Plan's actuary. Participants make no contributions to the Plan. The ERISA minimum funding requirements have been met for the years ended December 31, 2011 and 2010.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA.

(5) Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a participant's accumulated plan benefit will be paid depends on both the priority of those benefits and the level of the benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

(6) Investments

The trustee of the Plan, Wells Fargo Institutional Retirement and Trust, has provided the plan administrator certifications of investment information and data in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The data certified includes all investment information reflected in the statements of net assets available for benefits at December 31, 2011 and 2010, and investment income reflected in the statements of changes in net assets available for benefits for the years then ended, as well as the investment information included in note 3 and this note and the accompanying schedules to these financial statements.

The following table presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2011 and 2010:

		2011	2010
Ameriprise Trust Equity Index Fund I	$	20,306,113	18,944,456
Fidelity Diversified International Fund		10,167,141	9,490,228
Vanguard Long Term Bond Index Fund		27,232,589	25,645,422
Timesquare Mid Cap Growth (Inst)		5,066,054	4,728,454
BGI Russell 2000 Value Index Fund		5,014,240	4,703,833

During 2011 and 2010, the Plan's investments (including realized gains and losses on investments bought and sold, as well as unrealized gains and losses on investments held during the year) appreciated in value as follows:

		2011	2010
Collective trust funds	$	415,930	3,875,382
Mutual funds		2,655,479	2,888,115
Total	$	3,071,409	6,763,497

(7) Related-Party Transactions

Under the terms of a trust agreement, certain plan investments are managed by an entity related to Wells Fargo Institutional Retirement and Trust, the trustee of the Plan. Therefore, these transactions are party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $11,453 and $11,252 for the years ended December 31, 2011 and 2010, respectively. Any penalties incurred as a result of incomplete or late filings will be paid by the Company.

(8) Tax Status

The IRS has determined and informed the Plan administrator by a letter dated January 8, 2009 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not been amended since receiving the determination letter. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Participants in the Plan are not subject to federal income taxes until they receive a distribution from the Plan.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognized a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

(9) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with 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 changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to 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 would be material to the financial statements.

(10) Commitments and Contingencies

The Plan was involved in a lawsuit by certain participants in the Plan who disputed the amounts of their vested benefit. A settlement agreement was reached on May 10, 2011 where the Plan will pay additional benefits to participants of approximately $775,000. Legal fees of $405,331 related to the lawsuit were paid in 2011.

(11) Reconciliation of Financial Statements to Form 5500

The principal difference between the financial statements and IRS Form 5500, the Annual Report of Employee Benefit Plan under ERISA of 1974 (Form 5500), is that the Plan's Form 5500 is presented on a cash basis and, as such, certain accruals are presented in the financial statements and not in the Form 5500.

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2011 and 2010 to Form 5500:

		2011	2010
Net assets available for benefits per the financial statements	$	69,140,271	64,806,049
Accrued litigation expense		—	405,331
Net assets available for benefits per Form 5500	$	69,140,271	65,211,380

(Continued)

The following is a reconciliation of the changes in net assets available for benefits for the years ended December 31, 2011 and 2010 per the financial statements to Form 5500:

		2011	2010
Net increase in net assets available for benefits per the financial statements	$	4,234,222	6,232,851
Litigation expense (recovery)		—	(244,669)
Net increase in net assets available for benefits per Form 5500	$	4,234,222	5,988,182

(12) Subsequent Events

The Plan has evaluated subsequent events though October 11, 2012, the date the financial statements were issued, and no event has occurred through the evaluation date, which would impact the financial statements for the year ended December 31, 2011.

Schedule 1

INSTRUMENTARIUM CASH BALANCE PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Years ended December 31, 2011 and 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Wells Fargo Bank N. A.	Cash	$ 17,139	17,139
*	Wells Fargo Bank N. A.	Ameriprise Trust Money Market Fund II	100,000	100,000
*	Wells Fargo Bank N. A.	Ameriprise Trust Equity Index Fund I	15,816,060	20,306,113
	BGI Russell	BGI Russell 2000 Value Index Fund	4,381,200	5,014,240
	PIMCO Funds	PIMCO Total Return Fund	495	498
	Timessquare	TimesSquare Mid Cap Growth (Inst)	4,488,426	5,066,054
	Vanguard	Vanguard Long Term Bond Index Fund	22,842,010	27,232,589
	Fidelity Management Trust Company	Fidelity Diversified International Fund	10,857,171	10,167,141
	Total investments		$ 58,502,501	67,903,774

* Denotes party-in-interest to the Plan.

This schedule was derived from information certified as complete and accurate by Wells Fargo Institutional Retirement and Trust, the Trustee of the Plan.

See accompanying independent auditors' report.

Schedule 2

INSTRUMENTARIUM CASH BALANCE PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2011

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Single transactions:								
None								
Series of transactions:								
Vanguard	Vanguard L/T Bond Index Fund	4,945,618	7,562,782	—	—	6,322,792	—	1,239,990

This schedule was derived from information certified as complete and accurate by Wells Fargo Institutional Retirement and Trust, the Trustee of the Plan.

See accompanying independent auditors' report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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

Instrumentarium Cash Balance Plan

B Three-digit plan number (PN) ▶ 002

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

Datex-Ohmeda, Inc

D Employer Identification Number (EIN)

22-3029570

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2011

2 Assets:

a	Market value	2a	65,199,805
b	Actuarial value	2b	60,347,398

3 Funding target/participant count breakdown:

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	256	12,325,077
b	For terminated vested participants	3b	1,000	29,936,975
c	For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		17,157,858
	(3) Total active	3c(3)	554	17,157,858
d	Total	3d	1,810	59,419,910

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

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

5	Effective interest rate	5	6.23 %
6	Target normal cost	6	400,000

Statement by Enrolled Actuary

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

SIGN HERE

ROBERT W. BERNSEE

Signature of actuary

10/04/2012

Date

ROBERT W. BERNSEE

Type or print name of actuary

11-02764

Most recent enrollment number

HEWITT ASSOCIATES LLC

Firm name

(847) 295-5000

Telephone number (including area code)

100 HALF DAY ROAD

LINCOLNSHIRE IL 60069-3258

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	8,078,768	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	8,078,768	0
10	Interest on line 9 using prior year's actual return of 14.10 %	1,139,106	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		1,489,343
	b Interest on (a) using prior year's effective rate of 6.56 % except as otherwise provided (see instructions)		97,701
	c Total available at beginning of current plan year to add to prefunding balance		1,587,044
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9,217,874	0

Part III Funding percentages

14	Funding target attainment percentage	14	86.04 %
15	Adjusted funding target attainment percentage	15	101.56 %
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	103.79 %
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
07/14/2011	450,000				
10/13/2011	950,000				
01/11/2012	950,000				
04/13/2012	100,000				
07/02/2012	100,000				
			Totals • 18(b)	2,550,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,418,662

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	
3.78 %	6.31 %	6.57 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	63

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

Part VIII Minimum required contribution for current year

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

a Target normal cost (line 6)	31a	400,000
b Excess assets, if applicable, but not greater than 31a	31b	0

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	400,000

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

36 Additional cash requirement (line 34 minus line 35)	36	400,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2,418,662
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	2,018,662
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB Attachment (Form 5500)—2011 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
July 14, 2011	$ 450,000	6.23%	$ 435,775
October 13, 2011	950,000	6.23%	906,211
January 11, 2012	950,000	6.23%	892,806
April 13, 2012	100,000	6.23%	92,544
July 2, 2012	100,000	6.23%	91,326
Total Contribution	$ 2,550,000		$ 2,418,662

Schedule SB Attachment (Form 5500)—2011 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
54.5	0.00%	1.0000	0.00
55.5	2.50%	1.0000	1.39
56.5	2.50%	0.9750	1.38
57.5	2.50%	0.9506	1.37
58.5	2.50%	0.9269	1.36
59.5	2.50%	0.9037	1.34
60.5	5.00%	0.8811	2.67
61.5	5.00%	0.8370	2.57
62.5	20.00%	0.7952	9.94
63.5	5.00%	0.6362	2.02
64.5	5.00%	0.6043	1.95
65	100.00%	0.5741	37.32
		Weighted Average	63.31

Schedule SB Attachment (Form 5500)—2011 Plan Year
Instrumentarium Cash Balance Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest rates	Based on segment rates with a four-month lookback (as of September 2010).
1st segment rate	3.78%
2nd segment rate	6.31%
3rd segment rate	6.57%
Cash balance interest crediting rate	5.00%
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 55 for Cash Balance Benefits. Age 65 for Deferred Annuity Benefits
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal rates	See Table 2
Disability rates	None
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving spouse benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $195,000.
Valuation of plan assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500)—2011 Plan Year
Instrumentarium Cash Balance Plan
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Expected return on assets	
2009 plan year	6.69%
2010 plan year	6.76%
Trust expenses included in target normal cost	$400,000 due to the Spacelabs Medical, Inc. lawsuit settlement.
Actuarial method	Standard unit credit cost method
Valuation date	January 1, 2011

Table 1

Retirement Rates

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	5.00%
61	5.00%
62	20.00%
63	5.00%
64	5.00%
65+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	7.9384%	40	6.1129%
16	7.9384%	41	5.9439%
17	7.9384%	42	5.7652%
18	7.9384%	43	5.5766%
19	7.9384%	44	5.3767%
20	7.9384%	45	5.1633%
21	7.8989%	46	4.9291%
22	7.8587%	47	4.6643%
23	7.8169%	48	4.3606%
24	7.7723%	49	4.0117%
25	7.7242%	50	3.6161%
26	7.6714%	51	3.1803%
27	7.6132%	52	2.7184%
28	7.5484%	53	2.2489%
29	7.4766%	54	1.7932%
30	7.3966%	55	1.3713%
31	7.3077%	56	0.9995%
32	7.2098%	57	0.6880%
33	7.1022%	58	0.4414%
34	6.9851%	59	0.2580%
35	6.8583%	60	0.1315%
36	6.7230%	61	0.0535%
37	6.5580%	62	0.0137%
38	6.4302%	63+	0.0000%
39	6.2743%		

Schedule SB Attachment (Form 5500)—2011 Plan Year
Instrumentarium Cash Balance Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A one time increase in the funding target of $775,000 due to the Spacelabs Medical, Inc. lawsuit settlement.

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2011 Plan Year
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Schedule SB, line 25—Change in Method

The funding valuation reflects the following changes:

- A change in the interest rate assumption from segment rates with no lookback (as of January 2010) to segment rates with a four-month lookback (as of September 2010).

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2011 Plan Year
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Schedule SB Attachment (Form 5500)—2011 Plan Year
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	April 4, 1998.
Employees Covered by the Plan	Participants in the Prior Plan on April 3, 1998 joined this plan on April 4, 1998. All non-union employees entered the plan on the first day of such employment as a regular full-time employee. Effective January 1, 2003 there is a one year service requirement.
Normal Retirement	
Eligibility	Age 65 with 5 years of service.
Pay Credits	Effective January 1, 2005 there are no Pay Credits.

For participants on January 1, 2003:

- Employees who have less than ten years of service will receive 6% of compensation allocated on a quarterly basis.
- Employees who have at least ten years of service will receive 8% of compensation, allocated on a quarterly basis.

Effective January 1, 2003, the following is the Pay Credit schedule for former participants in the Spacelabs Medical Inc. Retirement Plan:

Calendar Year	Pay Credit
January 1, 2003 to December 31, 2005	4%
January 1, 2006 to December 31, 2008	5%
January 1, 2009 to December 31, 2011	6%
After January 1, 2012	8%

Effective January 1, 2003, the following is the Pay Credit schedule for new participants:

Participation Service	Pay Credit
0 – 3 Years	4%
3 – 6 Years	5%
6 – 9 Years	6%
9+ Years	8%

Interest Credits	The annual interest credit rate is determined as 0.5% plus the One-Year Treasury Constant Maturity Rate in effect on December 1 prior to each plan year. For each quarter, the prior quarter's account balance is increased by 1/4 of the annual interest credit rate.
Normal Retirement Benefit	Account balance at normal retirement date converted to an annuity.
Early Retirement	
Eligibility	Age 55 with 10 years of vesting service.
Benefit	Computed as for normal retirement.
Deferred Vested Retirement	
Eligibility	Participants vest according to the following schedule:

Years of Vesting Service	Vested Percentage
0 – 2 Years	0%
3 Years	20%
4 Years	40%
5 Years	60%
6 Years	80%
7 or More Years	100%

Benefit	Participant's vested account balance upon termination.
Preretirement Death Benefit	
Eligibility	All participants.
Benefits	The account balance is automatically vested on the death of a participant. If the beneficiary is not the participant's spouse, the beneficiary receives a lump sum equal to the account balance as of the end of the calendar quarter in which the participant's death occurs. If the beneficiary is the participant's spouse, the beneficiary will receive an annuity. The beneficiary can elect to receive a lump sum equal to the account balance.

Definitions	
Pay	Employees' annual calendar year compensation inclusive of base pay, commissions and bonuses, but shall exclude overtime pay. Compensation is determined prior to any reduction due to 401(k) or Flexible Spending Account salary reductions and is limited by IRC 401(a)(17) which is $225,000 for 2007.
Vesting Service	An employee shall accrue Vesting Service based on elapsed time as a participant in this plan. Vesting Service will also include vesting service earned under the prior plan (with the BOC Group).
Standard Form of Payment	Married participants: Qualified Joint and Survivor Annuity. Non-married participants: Life Annuity.
Optional Form of Payment	Option A: Contingent Annuity. Option B: Lump Sum Payment.
Annuity Conversion:	Annuity amounts are determined under this plan based on the 30-year U.S. Treasury security for the month of November preceding the year of determination and the applicable mortality table published in Revenue Ruling 95-6 or other guidance from the IRS.

Special Provisions Applicable to Former Instrumentarium Retirement Plan Participants

Date of Merger	Effective December 31, 1998, the Instrumentarium Retirement Plan (“IRP”) merged into this plan. Each participant of the IRP on December 31, 1998 became a participant of this plan.
Opening Account Balance	On December 31, 1998, each active participant who had an accrued benefit under the IRP was credited with an opening account balance equal to the value of the IRP accrued benefit. The value of the IRP accrued benefit was determined at December 31, 1998 based on an interest rate of 5.5% and the Unisex GAM 83 Mortality Table.
Special Transition Credits	At December 31, 1999, December 31, 2000, and December 31, 2001, a special transition credit equal to 10% of the value of the IRP accrued benefit (as determined on December 31, 1998) was credited to the account of an active participant who was a former IRP participant and was born prior to January 1, 1959.
Special Vesting Provision	Former IRP participants with at least three years of service at December 31, 1998 became fully vested after five year of service.
Service Recognition	Service while a participant of the IRP shall be counted under this plan.
Grandfathered Provisions	In no event shall any benefit or right earned as of December 31, 1998 under the IRP be eliminated or reduced. In addition, for any participants of the IRP on December 30, 1998, who at February 1, 1999 were at least 50 years of age and had at least 10 years of service, are considered grandfathered participants under this plan. The benefits payable to a grandfathered participant under this plan cannot be less than the benefits that would have been earned under the terms of the Instrumentarium Retirement Plan on December 31, 1998 taking into account all service under this plan.

Special Provisions Applicable to Spacelabs Medical, Inc Plan Participants

Date of Merger	Effective December 31, 2002, the Spacelabs Medical, Inc. Retirement Plan ("SMRP") merged into this plan. Each participant of the SMRP on December 31, 2002 became a participant of this plan.
Opening Account Balance	On December 31, 2002, each active participant who had an accrued benefit under the SMRP was credited with an opening account balance equal to the value of the SMRP accrued benefit. The value of the SMRP accrued benefit was determined at December 31, 2002 based on an interest rate of 5.5% and the Unisex GAR 94 Mortality Table.
Special Transition Credits	At December 31, 2002, December 31, 2003, and December 31, 2004, a special transition credit equal to 5% of the value of the SMRP accrued benefit (as determined on December 31, 2002) was credited to the account of an active participant who was a former SMRP participant and was born prior to January 1, 1963.
Special Vesting Provision	Former SMRP participants with at least three years of service at December 31, 2002 will become fully vested after five year of service.
Service Recognition	Service while a participant of the SMRP shall be counted under this plan.
Grandfathered Provisions	In no event shall any benefit or right earned as of December 31, 2002 under the SMRP be eliminated or reduced. In addition, for any participants of the SMRP on December 30, 2002, who at January 1, 2003 were at least 50 years of age and had at least 10 years of service, or at least 40 years of age and had at least 20 years of service, are considered grandfathered participants under this plan. The benefits payable to a grandfathered participant under this plan cannot be less than the benefits that would have been earned under the terms of the Spacelabs Medical, Inc. Retirement Plan on December 31, 2002 taking into account all service under this plan.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Instrumentarium Cash Balance Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		16	3							
35-39		19	13	2						
40-44		22 $50,000 $10,519	26 $50,000 $30,586	23 $50,000 $36,477	4					
45-49		24 $50,000 $9,491	22 $50,000 $34,995	27 $50,000 $40,002	32 $50,000 $42,656	3				
50-54		17	27 $50,000 $37,601	20 $50,000 $38,644	37 $50,000 $42,447	20 $50,000 $53,070	11			
55-59		18	11	14	31 $50,000 $56,939	11	15	6		
60-64		7	11	9	10	7	15	4	2	
65-69		2		1	2		4	1	2	
70+		1			1					1

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Schedule 1

INSTRUMENTARIUM CASH BALANCE PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Years ended December 31, 2011 and 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Wells Fargo Bank N. A.	Cash	$ 17,139	17,139
*	Wells Fargo Bank N. A.	Ameriprise Trust Money Market Fund II	100,000	100,000
*	Wells Fargo Bank N. A.	Ameriprise Trust Equity Index Fund I	15,816,060	20,306,113
	BGI Russell	BGI Russell 2000 Value Index Fund	4,381,200	5,014,240
	PIMCO Funds	PIMCO Total Return Fund	495	498
	Timessquare	TimesSquare Mid Cap Growth (Inst)	4,488,426	5,066,054
	Vanguard	Vanguard Long Term Bond Index Fund	22,842,010	27,232,589
	Fidelity Management Trust Company	Fidelity Diversified International Fund	10,857,171	10,167,141
	Total investments		$ 58,502,501	67,903,774

* Denotes party-in-interest to the Plan.

This schedule was derived from information certified as complete and accurate by Wells Fargo Institutional Retirement and Trust, the Trustee of the Plan.

See accompanying independent auditors' report.

Schedule 2

INSTRUMENTARIUM CASH BALANCE PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2011

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Single transactions:								
None								
Series of transactions:								
Vanguard	Vanguard L/T Bond Index Fund	4,945,618	7,562,782	—	—	6,322,792	—	1,239,990

This schedule was derived from information certified as complete and accurate by Wells Fargo Institutional Retirement and Trust, the Trustee of the Plan.

See accompanying independent auditors' report.