

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>INSTRUMENTARIUM CASH BALANCE PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DATEX-OHMEDA, INC.</u> <u>C/O GEHC</u> <u>3000 N GRANDVIEW BLVD W690</u> <u>WAUKESHA, WI 53188-1696</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b Three-digit plan number (PN) ▶</td> <td><u>002</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>04/04/1998</u></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>22-3029570</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td><u>866-443-6747</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>621510</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan	<u>04/04/1998</u>	2b Employer Identification Number (EIN)	<u>22-3029570</u>	2c Plan Sponsor's telephone number	<u>866-443-6747</u>	2d Business code (see instructions)	<u>621510</u>
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan	<u>04/04/1998</u>										
2b Employer Identification Number (EIN)	<u>22-3029570</u>										
2c Plan Sponsor's telephone number	<u>866-443-6747</u>										
2d Business code (see instructions)	<u>621510</u>										

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.	09/22/2015	CAROL EADY
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor GE HEALTHCARE AFFILIATE RETIREMENT PLAN COMMITTEE C/O GEHC 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	1737
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	440
a(2) Total number of active participants at the end of the plan year		6a(2)	383
b Retired or separated participants receiving benefits		6b	318
c Other retired or separated participants entitled to future benefits.....		6c	929
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1630
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	47
f Total. Add lines 6d and 6e		6f	1677
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
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 Characteristics Codes in the instructions: 1A 1C 1I 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	70056952	
b Actuarial value	2b	71575981	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	317	14990753	14990753
b For terminated vested participants	980	27095074	27095074
c For active participants	440	12457342	12457342
d Total	1737	54543169	54543169
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	6.37%	
6 Target normal cost	6	0	

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		09/21/2015
Signature of actuary		Date
KARL K. OMAN		14-07459
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		847-295-5000
Firm name		Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-3258		
Address of the firm		

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)	11620040	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)	11620040	0
10 Interest on line 9 using prior year's actual return of <u>-4.44</u> %	-515930	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.22</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11104110	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	110.86 %
15 Adjusted funding target attainment percentage	15	131.22 %
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	127.86 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	0	
b Excess assets, if applicable, but not greater than line 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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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 an election was made to use PRA 2010 funding relief for this plan:			
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP INC.

23-1945930

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

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

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 50 56 62 64 68 72	TRUSTEE	8170	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 ☐

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

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

a Name: ROBERT W. BERNSEE	b EIN: 36-2235791
c Position: ENROLLED ACTUARY	
d Address: 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069-3258	e Telephone:

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON HEWITT, THE ENROLLED ACTUARY HAS CHANGED.

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
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)
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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 41-0007957-030	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100000
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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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)
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>INSTRUMENTARIUM CASH BALANCE PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DATEX-OHMEDA, INC.</u>		D Employer Identification Number (EIN) <u>22-3029570</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	81158	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	50093	1541
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)	100004	100000
	(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)	69933912	71833542
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	70165167	71935083

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	2500	2500
i Acquisition indebtedness	1i		
j Other liabilities	1j	108216	7109
k Total liabilities (add all amounts in lines 1g through 1j)	1k	110716	9609

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	70054451	71925474
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2284471	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2284471
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(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)		3495712
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5780183

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3899160	
(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)		3899160
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)	8170	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	1830	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3909160

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1871023
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust
 WELLS FARGO

6b Trust's EIN
 953692822

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>INSTRUMENTARIUM CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DATEX-OHMEDA, INC.</u>	D Employer Identification Number (EIN) <u>22-3029570</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>56-1354495</u> <u>98-0099254</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>56</u>

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

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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. 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 lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 0% Investment-Grade Debt: 100% High-Yield Debt: 0% Real Estate: 0% Other: 0%

- 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 line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



INSTRUMENTARIUM CASH BALANCE PLAN

Financial Statements and Supplemental Schedules

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

INSTRUMENTARIUM CASH BALANCE PLAN

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits, December 31, 2014 and 2013	3
Statements of Changes in Net Assets Available for Benefits, years ended December 31, 2014 and 2013	4
Statements of Accumulated Plan Benefits, December 31, 2014 and 2013	5
Statements of Changes in Accumulated Plan Benefits, years ended December 31, 2014 and 2013	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule 1 – Schedule H, Line 4i – Schedule of Assets (Held at End of Year), December 31, 2014	15
Schedule 2 – Schedule H, Line 4j – Schedule of Reportable Transactions, year ended December 31, 2014	16
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:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Instrumentarium Cash Balance Plan (the Plan), which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2014 and 2013, the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years ended December 31, 2014 and 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes 3 and 6, which was certified by Wells Fargo Bank, N.A., the trustee and custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the 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, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



Other Matters

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2014, are required by the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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
September 4, 2015

INSTRUMENTARIUM CASH BALANCE PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Cash and cash equivalents	\$ —	81,158
Investments, at fair value (note 3):		
Mutual funds	71,833,542	69,933,912
Collective trust funds	<u>100,000</u>	<u>100,004</u>
Total investments	<u>71,933,542</u>	<u>70,033,916</u>
Receivables:		
Accrued income	<u>1,541</u>	<u>50,093</u>
Total receivables	<u>1,541</u>	<u>50,093</u>
Total assets	<u>71,935,083</u>	<u>70,165,167</u>
Liabilities:		
Administrative fees payable	2,500	2,500
Due to brokers, net	<u>7,109</u>	<u>108,216</u>
Total liabilities	<u>9,609</u>	<u>110,716</u>
Net assets available for benefits	<u>\$ 71,925,474</u>	<u>70,054,451</u>

See accompanying notes to financial statements.

INSTRUMENTARIUM CASH BALANCE PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions:		
Investment income (note 6):		
Net appreciation in fair value of investments	\$ 3,495,712	—
Interest and dividend income	<u>2,284,471</u>	<u>3,016,738</u>
Total investment income	<u>5,780,183</u>	<u>3,016,738</u>
Total additions	<u>5,780,183</u>	<u>3,016,738</u>
Deductions:		
Net depreciation in fair value of investments	—	6,356,639
Benefits paid directly to participants	3,899,160	4,187,961
Administrative expenses	<u>10,000</u>	<u>18,700</u>
Total deductions	<u>3,909,160</u>	<u>10,563,300</u>
Net increase (decrease)	1,871,023	(7,546,562)
Net assets available for benefits:		
Beginning of year	<u>70,054,451</u>	<u>77,601,013</u>
End of year	<u>\$ 71,925,474</u>	<u>70,054,451</u>

See accompanying notes to financial statements.

INSTRUMENTARIUM CASH BALANCE PLAN

Statements of Accumulated Plan Benefits

December 31, 2014 and 2013

	2014	2013
Actuarial present value of accumulated plan benefits (note 2(d)):		
Vested benefits:		
Active participants	\$ 10,205,512	13,517,350
Participants currently receiving benefits	15,684,869	16,542,575
Participants with deferred benefits	26,588,655	33,188,138
Total actuarial present value of accumulated plan benefits	<u>\$ 52,479,036</u>	<u>63,248,063</u>

See accompanying notes to financial statements.

INSTRUMENTARIUM CASH BALANCE PLAN

Statements of Changes in Accumulated Plan Benefits

Years ended December 31, 2014 and 2013

	2014	2013
Actuarial present value of accumulated plan benefits at beginning of year	\$ 63,248,063	68,524,595
Increase (decrease) during the year attributable to:		
Benefits accumulated and other changes	(343,494)	936,843
Increase for interest due to decrease in discount period (note 2(d))	3,066,113	2,824,227
Changes in actuarial assumptions (note 2(d))	(9,592,486)	(4,849,641)
Benefits paid	(3,899,160)	(4,187,961)
Net decrease	(10,769,027)	(5,276,532)
Actuarial present value of accumulated plan benefits at end of year	\$ <u>52,479,036</u>	<u>63,248,063</u>

See accompanying notes to financial statements.

INSTRUMENTARIUM CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Description of the Plan

The following brief description of the Instrumentarium Cash Balance Plan (the Plan) provides only general information. The complete terms of the Plan are provided in the plan document. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description (SPD) and other material distributed to participants.

(a) General

The Plan is a noncontributory frozen defined benefit pension plan covering certain 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 commence their benefits whenever they so choose. 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. With respect to employees who became participants before January 1, 2003, 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. With respect to employees who became participants after January 1, 2003, Pay Credits are calculated as 4% of a participant's earnings. 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 29, 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 (i.e., no further Pay Credits will accrue after that date, but Interest Credits will continue to accrue on existing cash balances). 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.

INSTRUMENTARIUM CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(d) Plan Amendment

An amendment to the Plan was adopted December 13, 2013, which updated the plan document language to comply with Internal Revenue Code (IRC) Section 411 regulations. An amendment to the Plan was adopted December 15, 2014, which updated the plan document language to reflect the Supreme Court's decision in U.S. v. Windsor, which struck down Section 3 of the Defense of Marriage Act (DOMA). These amendments are not expected to have a material impact on the net assets of the Plan based on the net assets as of December 31, 2014.

(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 and changes therein. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investment securities are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation 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, which 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 dates and the expected dates of payments.

INSTRUMENTARIUM CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2014 and 2013

The significant actuarial assumptions used in the valuations as of December 31, 2014 and 2013 include the following:

	2014	2013
Retirement age	Varying up to age 65	Varying up to age 65
Discount rate	7.50%	5.00%
Mortality	RP – 2014 Aggregate Mortality Table with Generationally Projected Improvements by a Modified Scale MP-2014	RP – 2000 Combined Health Table with Generational Projection by Scale AA

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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2015 and 2014. Had the valuations been performed as of December 31, there would have been no material differences.

(e) Administrative Expenses

All reasonable expenses of the Plan are paid by the Plan, unless paid by the Company at its sole discretion.

(f) Benefit Payments

Benefits paid to participants are recorded upon distribution.

(3) Fair Value Measurements

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, 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

INSTRUMENTARIUM CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2014 and 2013

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 maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Common/collective trust fund – Valued at the net asset value (NAV) of the units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The fund invests in a money market fund, which is valued at amortized cost, which represents fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily, and transactions are executed within one week of providing notice to the trustee. There are no unfunded commitments associated with the investment in the collective trust. Were the Plan to initiate a full redemption of the collective trust, the investment adviser would reserve the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual funds – Valued at daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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.

INSTRUMENTARIUM CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2014 and 2013

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Investments at fair value as determined by quoted prices in active markets (Level 1)	Investments at estimated fair value		Total
		Valuation techniques based on observable market data (Level 2)	Valuation techniques incorporating information other than observable market data (Level 3)	
Common/collective trust fund:				
Cash equivalent	\$ —	100,000	—	100,000
Mutual funds:				
U.S. fixed income	71,833,542	—	—	71,833,542
Total investments	<u>\$ 71,833,542</u>	<u>100,000</u>	<u>—</u>	<u>71,933,542</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Investments at fair value as determined by quoted prices in active markets (Level 1)	Investments at estimated fair value		Total
		Valuation techniques based on observable market data (Level 2)	Valuation techniques incorporating information other than observable market data (Level 3)	
Common/collective trust fund:				
Cash equivalent	\$ —	100,004	—	100,004
Mutual funds:				
U.S. fixed income	69,933,912	—	—	69,933,912
Total investments	<u>\$ 69,933,912</u>	<u>100,004</u>	<u>—</u>	<u>70,033,916</u>

INSTRUMENTARIUM CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2014 and 2013

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The significance of transfers between levels is based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2014 and 2013, there were no transfers into or out of Level 1, 2, or 3.

(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. During 2014 and 2013, the Company made no contributions and has met the minimum funding requirements of ERISA.

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 Bank, N.A., has provided the plan administrator certifications as to the completeness and accuracy 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, 2014 and 2013, 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, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Vanguard Long-Term Investment Grade Fund	\$ 25,217,819	24,495,282
Vanguard Interim-Term Investment Grade Fund	17,959,284	17,507,239
Vanguard Short-Term Investment Grade Fund	28,656,439	27,931,391

INSTRUMENTARIUM CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2014 and 2013

During 2014 and 2013, 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 (depreciated) in value as follows:

	<u>2014</u>	<u>2013</u>
Collective trust funds	\$ —	—
Mutual funds	3,495,712	(6,356,639)
Total	\$ <u>3,495,712</u>	<u>(6,356,639)</u>

(7) Related-Party Transactions

Under the terms of a trust agreement, certain plan investments are managed by an entity related to Wells Fargo Bank, N.A., the trustee of the Plan. Therefore, these transactions are party-in-interest transactions. Fees incurred by the Plan for the party-in-interest investment management services amounted to \$10,000 and \$10,000 for the years ended December 31, 2014 and 2013, respectively.

(8) Tax Status

The IRS has determined and informed the plan administrator by a letter dated November 1, 2011 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and that the trust continues to be tax-exempt under IRC Section 501(a). 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 recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not 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, 2014, 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 2010.

(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.

INSTRUMENTARIUM CASH BALANCE PLAN

Notes to Financial Statements

December 31, 2014 and 2013

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) Subsequent Events

The Plan evaluated subsequent events through September 4, 2015, the date the financial statements were issued. Effective March 2, 2015, the plan assets were transferred from Wells Fargo Bank N.A. to the GE Pension Trust, and the Plan was amended to make the General Electric Benefit Plan Investment Committee (BPIC) the investment fiduciary for the Plan and the trustees of the GE Pension Trust the trustees for the Plan.

INSTRUMENTARIUM CASH BALANCE PLAN

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

Year ended December 31, 2014

(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.	Ameriprise Trust:		
		Money Market Fund II	\$ 100,000	100,000
	Vanguard	Vanguard Interim-Term Investment Grade Fund	17,841,113	17,959,284
	Vanguard	Vanguard Long-Term Investment Grade Fund	24,182,175	25,217,819
	Vanguard	Vanguard Short-Term Investment Grade Fund	29,002,085	28,656,439
	Total investments		\$ 71,125,373	71,933,542

* Denotes party in interest to the Plan

This schedule was derived from information certified as complete and accurate by Wells Fargo Bank, N.A., the trustee of the Plan.

See accompanying independent auditors' report.

INSTRUMENTARIUM CASH BALANCE PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2014

(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 Long-Term Investment Grade Fund	—	3,531,480	—	—	3,490,556	3,531,480	40,924
Vanguard	Vanguard Long-Term Investment Grade Fund	1,535,551	—	—	—	—	—	—

This schedule was derived from information certified as complete and accurate by Wells Fargo Bank, N.A., the trustee of the Plan.

See accompanying independent auditors' report.

INSTRUMENTARIUM CASH BALANCE PLAN

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

Year ended December 31, 2014

(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.	Ameriprise Trust:		
		Money Market Fund II	\$ 100,000	100,000
	Vanguard	Vanguard Interim-Term Investment Grade Fund	17,841,113	17,959,284
	Vanguard	Vanguard Long-Term Investment Grade Fund	24,182,175	25,217,819
	Vanguard	Vanguard Short-Term Investment Grade Fund	29,002,085	28,656,439
	Total investments		\$ 71,125,373	71,933,542

* Denotes party in interest to the Plan

This schedule was derived from information certified as complete and accurate by Wells Fargo Bank, N.A., the trustee of the Plan.

See accompanying independent auditors' report.

INSTRUMENTARIUM CASH BALANCE PLAN
Schedule H, Line 4j – Schedule of Reportable Transactions
Year ended December 31, 2014

(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 Long-Term Investment Grade Fund	—	3,531,480	—	—	3,490,556	3,531,480	40,924
Vanguard	Vanguard Long-Term Investment Grade Fund	1,535,551	—	—	—	—	—	—

This schedule was derived from information certified as complete and accurate by Wells Fargo Bank, N.A., the trustee of the Plan.

See accompanying independent auditors' report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

► Round off amounts to nearest dollar.

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

A Name of plan <u>Instrumentarium Cash Balance Plan</u>	B Three-digit plan number (PN) ► <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">002</div>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Datex-Ohmeda, Inc</u>	D Employer Identification Number (EIN) <u>22-3029570</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	70,056,952	
b Actuarial value	2b	71,575,981	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	317	14,990,753	14,990,753
b For terminated vested participants.....	980	27,095,074	27,095,074
c For active participants.....	440	12,457,342	12,457,342
d Total.....	1,737	54,543,169	54,543,169
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	6.37 %	
6 Target normal cost	6	0	

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	<div style="border-bottom: 1px solid black; height: 40px; display: flex; align-items: center; justify-content: center;"> </div> <div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> <u>09/21/2015</u> Date </div> <div style="text-align: center;"> <u>14-07459</u> Most recent enrollment number </div> <div style="text-align: center;"> <u>(847) 295-5000</u> Telephone number (including area code) </div>
<u>Karl K. Oman</u> Type or print name of actuary		
<u>HEWITT ASSOCIATES LLC</u> Firm name		
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2014
v. 140124

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)	11,620,040	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)	11,620,040	0
10 Interest on line 9 using prior year's actual return of <u>-4.44%</u>	-515930	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.22%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	11,104,110	0

Part III Funding Percentages

14 Funding target attainment percentage	14	110.86 %
15 Adjusted funding target attainment percentage	15	131.22 %
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	127.86 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.99 %2nd segment:
6.32 %3rd segment:
6.99 %☐ 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

0

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

0

32 Amortization installments:**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**

0

	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**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

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 an election was made to use PRA 2010 funding relief for this plan:**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)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	15.00%	0.7738	7.02
61.5	10.00%	0.6577	4.04
62.5	25.00%	0.5919	9.25
63.5	10.00%	0.4440	2.82
64.5	10.00%	0.3996	2.58
65.5	50.00%	0.3596	11.78
66.5	25.00%	0.1798	2.99
67.5	25.00%	0.1349	2.28
68.5	25.00%	0.1011	1.73
69.5	25.00%	0.0759	1.32
70	100.00%	0.0569	3.98
Weighted Average			62.77

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Cash Balance Interest Crediting Rate	3.75%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2 for Cash Balance Benefits. Age 65 for deferred Annuity Benefits.
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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).

Expected Return on Assets

2012 Plan Year	5.00%
2013 Plan Year	4.25%

Trust Expenses Included in Target Normal Cost \$0

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Table 1

Retirement Rates—Active Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	15.00%
61	10.00%
62	25.00%
63	10.00%
64	10.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Table 2

Retirement Rates—Terminated Vested Cash balance Participants

<u>Age</u>	<u>Rate</u>
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	5.00%
62	10.00%
63	15.00%
64	5.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Table 3

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)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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 five 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 10 years of service will receive 6% of compensation allocated on a quarterly basis.
- Employees who have at least 10 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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

For each quarter, the prior quarter's account balance is increased by $\frac{1}{4}$ 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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year was reflected in the funding valuation.
- An increase in the annual maximum benefit limit under IRC section 415 from \$205,000 in 2013 to \$210,000 in 2014.

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.

As a result of an internal change in assignments at Aon Hewitt, the Enrolled Actuary has changed.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants									
	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		2								
35-39		19	6							
40-44		18	20	7						
45-49		18	21	27	10					
50-54		16	17	20	39	6	1			
55-59		15	21	15	28	14	14	1		
60-64		8	6	15	16	7	6	6		
65-69		3	2	1	5	2	4	1		
70+		1					1			1

N-440

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	15.00%	0.7738	7.02
61.5	10.00%	0.6577	4.04
62.5	25.00%	0.5919	9.25
63.5	10.00%	0.4440	2.82
64.5	10.00%	0.3996	2.58
65.5	50.00%	0.3596	11.78
66.5	25.00%	0.1798	2.99
67.5	25.00%	0.1349	2.28
68.5	25.00%	0.1011	1.73
69.5	25.00%	0.0759	1.32
70	100.00%	0.0569	3.98
Weighted Average			62.77

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants									
	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		2								
35-39		19	6							
40-44		18	20	7						
45-49		18	21	27	10					
50-54		16	17	20	39	6	1			
55-59		15	21	15	28	14	14	1		
60-64		8	6	15	16	7	6	6		
65-69		3	2	1	5	2	4	1		
70+		1					1			1

N-440

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Cash Balance Interest Crediting Rate	3.75%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2 for Cash Balance Benefits. Age 65 for deferred Annuity Benefits.
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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).

Expected Return on Assets

2012 Plan Year	5.00%
2013 Plan Year	4.25%

Trust Expenses Included in Target Normal Cost \$0

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Table 1

Retirement Rates—Active Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	15.00%
61	10.00%
62	25.00%
63	10.00%
64	10.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Table 2

Retirement Rates—Terminated Vested Cash balance Participants

<u>Age</u>	<u>Rate</u>
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	5.00%
62	10.00%
63	15.00%
64	5.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Table 3

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)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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 five 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 10 years of service will receive 6% of compensation allocated on a quarterly basis.
- Employees who have at least 10 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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

For each quarter, the prior quarter's account balance is increased by $\frac{1}{4}$ 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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

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.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Instrumentarium Cash Balance Plan
EIN: 22-3029570 PN: 002

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year was reflected in the funding valuation.
- An increase in the annual maximum benefit limit under IRC section 415 from \$205,000 in 2013 to \$210,000 in 2014.

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.

As a result of an internal change in assignments at Aon Hewitt, the Enrolled Actuary has changed.