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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
GE HEALTHCARE USA HOLDING INC.

100 RESULTS WAY
MARLBOROUGH, MA 01752

2b Employer Identification Number (EIN)
04-2860743

2c Plan Sponsor's telephone number
508-683-2335

2d Business code (see instructions)
551112

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.	11/05/2015	JAMES T HOFFMAN
	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

JOINT QUAL RET PLANS COMMITTEE AMERSHAM HEALTH INC
JAMES T. HOFFMAN
100 RESULTS WAY
MARLBOROUGH, MA 01752

3b Administrator's EIN: 04-2860743

3c Administrator's telephone number: 215-953-2304

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**	2623
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)**	538
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	486
b	Retired or separated participants receiving benefits	**6b**	624
c	Other retired or separated participants entitled to future benefits	**6c**	1344
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2454
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	73
f	Total. Add lines **6d** and **6e**.	**6f**	2527
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

▶ **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
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GE HEALTHCARE USA HOLDING INC.

D Employer Identification Number (EIN)
04-2860743

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	215429112
b Actuarial value	**2b**	204766292

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	631	87866184	87866184
b For terminated vested participants	1475	55643350	55643350
c For active participants	517	25469268	27678393
d Total	2623	168978802	171187927

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**	6.50%
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

Signature of actuary

09/21/2015
Date

AARON L. SENS
Type or print name of actuary

14-06808
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

847-295-5000
Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069-4302
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	25387637	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)	25387637	0
10	Interest on line 9 using prior year's actual return of 10.53%	2673318	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 6.33 %		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		0
12	Other reductions in balances due to elections or deemed elections	1595845	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	26465110	0

Part III Funding Percentages

14	Funding target attainment percentage	14	104.15 %
15	Adjusted funding target attainment percentage	15	119.61 %
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	114.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2014	214743				
			Totals ► 18(b)	214743	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	211471
	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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GE HEALTHCARE USA HOLDING INC.

D Employer Identification Number (EIN)
04-2860743

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NYCOMED AMERSHAM MASTER TRUST

b Name of sponsor of entity listed in (a): AMERSHAM HEALTH INC

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)
36-7255737-001	M	231044162

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
GE HEALTHCARE USA HOLDING INC.

D Employer Identification Number (EIN)
04-2860743

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	215429112	231044162
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	215429112	231044162
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	215429112	231044162

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)	214743	
	(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)		214743
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(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)		24233167
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		24447910
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8832860	
(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)		8832860
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8832860
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15615050
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
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	**6b** Trust's EIN

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.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
GE HEALTHCARE USA HOLDING INC.

D Employer Identification Number (EIN)
04-2860743

Part I Distributions

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

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

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

EIN(s): 36-3046063

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** 45

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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: 25% Investment-Grade Debt: 70% High-Yield Debt: 0% Real Estate: 4% Other: 1%

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):

AMERSHAM HEALTH RETIREMENT PLAN

Financial Statements

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

AMERSHAM HEALTH RETIREMENT PLAN

Financial Statements

December 31, 2014 and 2013

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Note: Supplemental Schedules required by Section 29 CFR2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act (ERISA) of 1974 have been omitted because they are not applicable.

KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Plan Administrator
Amersham Health Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Amersham Health Retirement Plan (the Plan), which comprise the statements of net assets available for plan benefits and of accumulated plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for plan benefits and of changes in accumulated plan benefits for the year ended December 31, 2014, 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 U.S. generally accepted accounting principles; 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 note 3, which was certified by The Northern Trust Company, the Trustee 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 December 31, 2014 and 2013, and for the year ended December 31, 2014, 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.

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

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

The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

October 15, 2015

AMERSHAM HEALTH RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2014 and 2013

	2014	2013
Assets:		
Investments at fair value (as certified by trustee):		
Plan interest in Nycomed Amersham Master Trust (note 3)	$ 231,044,162	215,429,112
Net assets available for plan benefits	$ 231,044,162	215,429,112

See accompanying notes to financial statements.

AMERSHAM HEALTH RETIREMENT PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Year ended December 31, 2014

Additions to net assets attributed to:		
Plan interest in Nycomed Amersham Master Trust net investment income, as certified by trustee (note 3)	$	24,233,167
Employer Contributions		214,743
Total additions		24,447,910
Deductions from plan assets attributed to:		
Benefits paid to participants		(8,832,860)
Net increase in net assets		15,615,050
Net assets available for plan benefits at:		
Beginning of year		215,429,112
End of year	$	231,044,162

See accompanying notes to financial statements.

AMERSHAM HEALTH RETIREMENT PLAN

Statements of Accumulated Plan Benefits

December 31, 2014 and 2013

	2014	2013
Vested benefits:		
Participants currently receiving payments	$ 88,920,397	92,269,583
Other participants	72,972,894	92,799,521
Total vested plan benefits	161,893,291	185,069,104
Nonvested benefits	1,701,241	2,539,978
Total actuarial present value of accumulated plan benefits	$ 163,594,532	187,609,082

See accompanying notes to financial statements.

AMERSHAM HEALTH RETIREMENT PLAN

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2014

Actuarial present value of accumulated plan benefits, at beginning of year	$	187,609,082
Increase (decrease) during the year attributed to :		
Benefits paid		(8,832,860)
Interest accumulation		10,537,127
Changes in actuarial assumptions		(26,468,126)
Normal operation of pension plan		749,309
Actuarial present value of accumulated plan benefits, at end of year	$	163,594,532

See accompanying notes to financial statements.

(1) Description of the Plan

The following brief description of the Amersham Health Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

(a) General

The Plan is a defined benefit pension plan for the benefit of employees of Amersham Health Inc. (the Company), formerly Nycomed Amersham Inc., whose ultimate parent was Amersham plc. On April 8, 2004, General Electric Capital Corporation, whose ultimate parent is General Electric Company (GE), acquired Amersham plc. The Plan provides participants with a lifetime income in retirement and the opportunity to continue payments for life to a surviving spouse, or under certain conditions, a specific designee following the participant's death during retirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Prior to November 28, 2004, all employees of the Company who have attained 21 years of age and were credited with one year of service, as defined, were eligible to participate in the Plan. On November 28, 2004 (Freeze Date), accruals of benefits in the Plan ceased. At that time, employees began accruing benefits under the GE Pension Plan. The pay and service amounts used to calculate benefits were frozen on that date resulting in accrued benefits that will not change over time. However, participants will still be able to become eligible for early retirement as they continue to work for GE and are accruing benefits under the GE Pension Plan.

The Company and The Northern Trust Company (the Trustee) entered into a defined benefit plan master trust agreement, effective February 1, 1999 creating a master trust (the Nycomed Master Trust or Master Trust) for the Plan, the Amersham Biosciences Corp Retirement Plan and the Amersham Health Puerto Rico, Inc. Pension Plan.

Effective January 1, 2012, the Plan was amended so that no amendment will increase the duties or liabilities of the Trustee without the consent of the Trustee. No amendment will deprive any participant of any of the benefits to which the participant is entitled under the Plan with respect to benefits previously accrued, nor will any amendment decrease the vested percentage of any participant's accrued benefit unless permitted or required by law. No amendment will provide for the use of funds or assets held to provide benefits under the Plan other than for the benefit of participants or to meet administrative expenses of the Plan except as may be specifically authorized by statute or regulation.

(b) Pension Benefits

Generally, normal retirement date is the first day of the month coincident with or next following a participant's 65th birthday. The participant's benefit is determined by a computation based on years of service and average earnings, as defined in the Plan document. Vested participants can elect early retirement between the ages of 55 and 65; however, benefits would be reduced by a percentage per year from the yearly benefit for each year, and proportionately for each month, depending upon the age of the participant at retirement date and dependent on the participant's credited services. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on the normal retirement date in the amount of his accrued benefit. A participant who terminates prior to age 55 and begins to receive benefit payments

prior to age 65 will receive benefits that are the actuarial equivalent of benefits payable at age 65. All participants, regardless of service level were fully vested in their accrued benefits as of the Freeze Date.

Participants may elect to receive their distributions, subject to certain plan provisions, in the form of an annuity. If the present value of the participant's accrued benefit is $1,000 or less, the participant will receive a lump-sum payment as soon as practicable after termination date and amounts greater than $1,000 and up to and including $5,000 will be paid with the consent of the participant. If a participant becomes disabled before retirement, the participant will receive benefit payments at the time he would have reached normal retirement unless the participant elects early retirement upon attaining 55 years of age.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting and in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management of the Plan to make estimates and assumptions that affect the reported amounts in the financial statements and related disclosures. The most significant estimates relate to the determination of the accumulated plan benefits (e.g., assumptions pertaining to interest rates, inflation rates and employee demographics). Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan records its interest in the Master Trust based on the contributions, benefit payments and its proportionate interest in investment income of the Master Trust, which includes net appreciation (depreciation) in the fair value of investments.

The following are the investment valuation and income recognition policies of the Master Trust:

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements.

Purchase and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The net appreciation in the fair value of investments consists of realized gains and losses as well as unrealized gains and losses on investments for the period.

(d) Payment of Benefits

Benefit payments to participants are recorded when paid. At December 31, 2014, all benefit payments processed and approved for payment had been paid by the Plan.

(e) Administrative Expenses

Administrative expenses are generally paid by the Company. Certain expenses, such as investment management fees were paid by the Master Trust or Plan as allowed, per the Master Trust and Plan documents.

(f) Plan Administration

The Plan is administered through the Master Trust in accordance with the Master Trust Agreement between the Company and the Trustee. The Master Trust is supervised by the Joint Qualified Retirement Plans Committee as appointed by the Board of Directors of GE.

(g) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their average compensation during the three or five years prior to the Freeze Date dependent on the participant's credited service and Plan entry prior to the Freeze Date. 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 prior to or through the Freeze Date.

An actuarial firm determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discount for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2014 were (a) expected mortality rates of participants using the RP 2014 mortality table for employees and healthy annuitants with a fully generational projection using MP 2014 improvement scale that are modified to converge to a long term improvement rate of 0.75% (to age 85) from 2015 to 2022; (b) retirement age ranging from 55 to 65, and (c) interest rate assumption of 7.5%.

In 2014, the Society of Actuaries issued a new mortality table projecting longer life expectancies. As a result, the Plan updated its mortality tables at December 31, 2014 using the RP 2014 mortality table for employees and healthy annuitants with a fully generational projection using MP 2014 improvement scale that are modified to converge to a long term improvement rate of 0.75% (to age 85) from 2015 to 2022. In addition, interest rates was increased from 5.75% in 2013 to 7.5% in 2014. These changes resulted to a cumulative decrease in accumulated plan benefits of $26,468,126.

In 2013, the Plan has elected to change its method of accounting for accumulated plan benefits from the beginning of the plan year to the end of the plan year. This change aligns the valuation date of the actuarial present value of accumulated plan benefits with that of the statement of net assets available for plan benefits.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimates and assumption process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements as whole.

(h) Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Disclosures for Investment in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. This ASU removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share as a practical expedient. ASU No. 2015-07 is effective retrospectively for fiscal years beginning after December 15, 2016, with early adoption permitted. Management of the Master Trust and the Plan is currently evaluating the impact of adopting this new accounting standards update on the Plan's financial statements.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962) and Health and Welfare Benefit Plans (Topic 965): I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures; III. Measurement Date Practical Expedient.* ASU 2015-12 (1) requires defined contribution plans to use contract value as the only measure for fully benefit-responsive investment contracts, (2) simplifies certain investment disclosure requirements for employee benefit plans, and (3) provides employee benefit plans with a measurement-date practical expedient on a month-end date that is nearest to the fiscal year end, when the fiscal year end does not coincide with a month-end. The simplified investment disclosure in Part II eliminates the following disclosures previously required: (a) disaggregation of investments by nature, risks and characteristics; (b) individual investments that represent five percent or more of net assets available for benefits; and (c) net appreciation or depreciation of investments by general type. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015 and early adoption is permitted. Part I and II are required to be applied retrospectively and Part III is required to be applied prospectively. Management of the Master Trust and the Plan is currently evaluating the impact of adopting the applicable components of ASU 2015-12 on the Plan's financial statements.

(3) Information Certified by The Northern Trust Company (Unaudited)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2014 and 2013, and net appreciation in fair value of investments, interest and dividends investment income for the year ended December 31, 2014, that is disclosed in the accompanying financial statements, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee of the Plan.

Effective February 1, 1999, the Company formed the Master Trust in accordance with a Master Trust Agreement with the Trustee. Under the Master Trust Agreement, use of a master trust permits the commingling of various investments that fund company-sponsored defined benefit plans for investment and administrative purposes. Although assets are commingled in the Master Trust, the Trustee maintains records for the purpose of allocating contributions and changes in net assets of the Master Trust to individual participating plans based upon each plan's proportionate interest in the Master Trust.

As certified, the following table presents the net assets of the Master Trust:

		2014	2013
Investments at fair value:			
Common and collective trusts – U.S. equity	$	47,290,693	112,833,866
Mutual fund – non U.S. equity		38,518,914	39,422,786
Government securities – U.S.		—	816,265
Corporate debt instruments – preferred		48,999,120	35,852,516
Corporate debt instruments – other		60,006,598	41,433,692
Limited liability company		111,406,378	52,453,930
Real estate investment trust fund		11,916,592	10,666,148
Other		2,029,968	1,392,582
Common stock		—	1
Total Master Trust investments		320,168,263	294,871,786
Accrued investment income		1,619,978	1,387,900
Due from (to) broker for securities sold (purchased)		910,522	(146,640)
Net assets of the Master Trust	$	322,698,763	296,113,046
Plan's investment in the Master Trust	$	231,044,162	215,429,112
Plan's percentage ownership interest in the Master Trust		72%	73%

(Continued)

Net investment income of the Master Trust for the year ended December 31, 2014 is as follows:

Net appreciation (depreciation) in the fair value of investments:		
Common and collective trusts – U.S. equity	$	3,884,184
Mutual fund – non U.S. equity		(1,566,413)
Government Securities – U.S.		674,579
Corporate debt instruments – preferred		4,886,206
Corporate debt instruments – other		4,457,465
Limited liability company		13,952,448
Real estate investment trust fund		691,599
Other		283,175
Common stock		2,469
		27,265,712
Fees and expenses		(499,518)
Interest		5,847,384
Dividends		827,391
Total net investment income of the Master Trust	$	33,440,969
Plan's interest in net investment income of the Master Trust	$	24,233,167
Plan's percentage net investment income of the Master Trust		72%

Due to the timing of the Plan's contributions and disbursements, the Plan's interest in net assets and net investment income of the Master Trust can vary throughout the year.

(4) Fair Value Measurements

U.S. GAAP requires fair value to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. U.S. GAAP establishes a three-level valuation hierarchy based upon observable and nonobservable inputs.

For financial assets and liabilities, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction with a market participant at the measurement date. In the absence of active markets for the identical assets and liabilities, such measurements involve developing assumptions based on market observable data and, in the absence of such data, internal information that is consistent with what market participants would use in a hypothetical transaction that occurs at the measurement date. Also determination of fair value assumes that market participants will consider the highest and best use of the asset.

Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect market assumptions. Preference is given to observable inputs. These two types of inputs create the following fair value hierarchy:

Level 1 – Quoted prices for identical investments in active markets.

Level 2 – Quoted prices for similar investments in active markets; quoted prices for identical or similar investments in markets that are not active; and model-derived valuations whose significant value drivers are observable.

Level 3 – Significant inputs to the valuation model are unobservable.

The Master Trust maintains policies and procedures to value investments using the best and most relevant data available. The following section describes the valuation methodologies used to measure investments at fair value.

When available, quoted market prices are used to determine the fair value of investment securities, and they are included in Level 1. Level 1 investments of the Master Trust primarily include mutual funds – non US equity.

When quoted market prices are unobservable, quotes from independent pricing vendors are used based on recent trading activity and other relevant information including market interest rate curves, referenced credit spreads and estimated prepayment rates where applicable. These investments are included in Level 2. The Master Trust's ownership in the common and collective trusts and limited liability company that are reported based on the fair value of the underlying investments as determined by investment manager using quoted prices in active markets or other significant inputs that are deemed observable. The Plan's investments in common collective trusts and limited liability company included in Level 2 consist of shares or units in investment funds as opposed to direct interest in the funds underlying holdings, which may be marketable. Government securities – U.S., corporate debt instruments – preferred and others and other securities are valued daily at institutional bid evaluation. These investments are included in Level 2 to the extent that they are readily redeemable at their net asset value (NAV).

In infrequent circumstances, the pricing vendors may provide the Master Trust with valuations that are based on significant unobservable inputs, and in those circumstances the Master Trust classifies the investment securities in Level 3. Level 3 investments primarily include real estate investment trust fund. Level 3 valuations are derived from other valuation methodologies including pricing models, discounted cash flow models and similar techniques. Level 3 valuations incorporate subjective judgments and consider assumptions including capitalization rates, discount rates, cash flows and other factors that are not observable in the market. The Master Trust owns limited partnership interests in the real estate investment trust fund and are valued using the NAV per unit of funds that are invested in real property, and the real property is valued using independent market appraisals. Since appraisals involve utilization of significant unobservable inputs and the private real estate fund is not redeemable for cash, the Master Trust's investment in the private real estate fund is included in Level 3.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values of the Master Trust investments. Furthermore, although the Master Trust 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. There have been no changes in the methodologies used at December 31, 2014 and 2013.

As discussed in note 3, these tables were derived from information that was certified as complete and accurate by the Trustee of the Plan.

The following table presents the investments in the Master Trust measured at fair value on a recurring basis at December 31, 2014:

	Fair value measurement using input type			
	Level 1	**Level 2**	**Level 3**	**Total**
	(In thousands)			
Common and collective trusts – U.S. equity	$ —	47,291	—	47,291
Mutual fund – non U.S. equity	38,519	—	—	38,519
Corporate debt instruments – preferred	—	48,999	—	48,999
Corporate debt instruments – other	—	60,007	—	60,007
Limited liability company	—	111,406	—	111,406
Real estate investment trust fund	—	—	11,916	11,916
Other	—	2,030	—	2,030
Total investments, at fair value	$ 38,519	269,733	11,916	320,168

The following table presents the investments in the Master Trust measured at fair value on a recurring basis at December 31, 2013:

	Fair value measurement using input type			
	Level 1	**Level 2**	**Level 3**	**Total**
	(In thousands)			
Common and collective trusts – U.S. equity	$ —	112,834	—	112,834
Mutual fund – non U.S. equity	39,423	—	—	39,423
Government securities – U.S.	—	816	—	816
Corporate debt instruments – preferred	—	35,852	—	35,852
Corporate debt instruments – other	—	41,434	—	41,434
Other	—	1,393	—	1,393
Limited liability company	—	52,454	—	52,454
Real estate investment trust fund	—	—	10,666	10,666
Common stock*	—	—	—	—
Total investments, at fair value	$ 39,423	244,783	10,666	294,872

* Represents less than $500 and rounds to $0.

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the real estate investment trust fund:

	Year ended December 31	
	2014	2013
	(In thousands)	
Real estate investment trust fund:		
Balance, beginning of year	$ 10,666	9,657
Appreciation	691	510
Re-investment of distribution received	559	499
Balance, end of year	$ 11,916	10,666

The unrealized appreciation at the Master Trust relating to Level 3 assets still held at December 31, 2014 amounted to $691,599 and is included in the net investment income of the Master Trust for the year ended December 31, 2014 in note 3.

Transfers in and out are considered to occur at the beginning of the period. There were no such transfers between levels during 2014 or 2013. The realized and unrealized gains and losses indicated above are included in the Plan's interest in the Master Trust's net investment income in the Statements of Changes in Net Assets Available for Plan Benefits.

The funds within the Master Trust, excluding the real estate investment trust fund and limited liability company, are generally redeemable daily and generally have no restrictions on redemptions, including dollar limit that can be redeemed. The interest in the limited liability company is redeemable weekly and have restriction on redemptions amounts, which can be permitted by the investment manager of the limited liability company. The hierarchy between Level 2 and Level 3 is based on the Plan's ability to redeem its interest at or near term. If the interest can be redeemed in the near term, the investment is categorized as Level 2. A fee maybe charged for redeeming an investment outside the redemption period.

Management of the Plan has concluded that the NAV reported by the underlying real estate investment trust fund held by the Master Trust, approximates the fair value of the investment. These investments are redeemable on a quarterly basis at the NAV upon written notice to the fund at least 60 days prior to the end of the quarter. However, withdrawals are subject to the availability of cash arising from net investment income, allocations and the sale of investments in the normal course of business by the fund.

(5) Risks and Uncertainties

The assets of the Master Trust are principally made up of investment funds. Investment securities to which the funds invest, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

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.

(6) Funding Policy

The Company contributes such amounts as calculated on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to participants. The Company contributed $0 for the year end December 31, 2014.

In 2014, the Company discovered operational errors in the calculation of certain participant benefits related to the calculation of benefits based on participant elections. The Company made corrective payments to affected participants whose monthly retirement benefit was higher than it would have been had it been calculated in accordance with the terms of the Plan. The 2014 Company contribution 4214,743 represents reimbursement to the Plan for this operational error.

The Pension Protection Act (PPA), as amended, required a change in method for determining contributions for the 2014 plan year. PPA mandates use of the accrued benefit funding method with liabilities valued using interest rates determined from a high quality corporate bond yield curve. As of December 31, 2014, the Plan had no unfunded liabilities and the Plan has met the minimum funding requirements required by ERISA.

(7) Plan Termination

The Company expects to continue the Plan and the corresponding trust indefinitely but reserves the right to terminate it in whole or in part at any time by resolution of the board of directors subject to the provision of Internal Revenue Code (IRC) and ERISA.

In the event of termination of the Plan, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

i. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

ii. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency), up to applicable limitations (discussed below).

iii. All other vested benefits (that is, vested benefits not insured by the PBGC).

iv. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefits that PBGC guarantees. For plan terminations occurring during 2015 that ceiling is $5,011 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever occurs later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is adjusted downward.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

(8) Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 2, 2010, that the Plan and the 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 provisions of the IRC. Therefore, there is no provision for income taxes recorded in the Plan's financial statements.

On April 1, 2015, a new determination letter was obtained.

U.S. GAAP provides guidance for how uncertain tax positions should be recognized, measured, presented, and disclosed in the financial statements. U.S. GAAP also requires evaluation of tax positions taken or expected to be taken in the course of preparing the Master Trust's tax returns to determine whether the Master Trust tax positions are "more likely than not" of being sustained by the applicable tax authority. The management of the Master Trust and Plan concluded that as of December 31, 2014, there were no uncertain tax positions taken or expected to be taken that would require recognition or other disclosure in the Plan's financial statements.

The Master Trust and Plan are subject to routine audits by various taxing jurisdictions. There are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax audits for the years prior to 2011.

(9) Related Party Transactions (Parties-in-Interest)

Plan investments within the Master Trust include certain units of common and collective trusts, which are managed by Trustee, and therefore qualify as party-in-interest transactions.

(Continued)

(10) Subsequent Events

Subsequent events were evaluated by the Plan in the preparation of these financial statements through October 15, 2015, and the date the financial statements were available to be issued. There were no events that occurred subsequent to December 31, 2014, other than those disclosed, that would require recognition or disclosure in the Plan's financial statements.

Effective March 5, 2015, the assets of the Plan, excluding the investment in the real estate investment trust fund, were liquidated from the Master Trust and the cash and the Plan's proportionate share in the real estate investment trust fund was transferred to GE Pension Trust. The trustee of the GE Pension Trust are officers of GE Asset Management Incorporated (GEAM), a wholly owned subsidiary of GE. On April 1, 2015, the Plan administrator signed a trust agreement with State Street Bank and Trust Company as the trustee.

In October 2015, the Society of Actuaries release their 2015 Mortality Improvement Scale MP 2015. Based on consultation with the Plan's independent actuary, management has concluded that the impact would not be material to Plan's actuarial present value of accumulated plan benefits as of December 31, 2014 and related footnote disclosures.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

▶ **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

Amersham Health Retirement Plan

B Three-digit plan number (PN) ▶ 004

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

GE Healthcare USA Holding Inc.

D Employer Identification Number (EIN)

04-2860743

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	215,429,112
b Actuarial value	2b	204,766,292

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	631	87,866,184	87,866,184
b For terminated vested participants	1,475	55,643,350	55,643,350
c For active participants	517	25,469,268	27,678,393
d Total	2,623	168,978,802	171,187,927

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	6.50 %
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 Aaron L. Sens

Signature of actuary

09/21/2015
Date

Aaron L. Sens
Type or print name of actuary

14-06808
Most recent enrollment number

Hewitt Associates LLC
Firm name

(847) 295-5000
Telephone number (including area code)

4 Overlook Point

Lincolnshire IL 60069-4302
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	25,387,637	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)	25,387,637	0
10	Interest on line 9 using prior year's actual return of 10.53%	2673318	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 6.33%		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		0
12	Other reductions in balances due to elections or deemed elections	1,595,845	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	26,465,110	0

Part III Funding Percentages

14	Funding target attainment percentage	14	104.15 %
15	Adjusted funding target attainment percentage	15	119.61 %
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	114.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2014	214,743				
			Totals ► 18(b)	214,743	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	211,471
	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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

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 SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.50%	Interest Adjusted Contribution
March 31, 2014	$ 214,743	89	$ 211,471
Total Contribution	$ 214,743		$ 211,471

The contributions listed on line 19b reflect a corrective contribution to the plan in the amount of plan overpayments that could not be recovered from participants.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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	7.50%	1.0000	4.16
56.5	7.50%	0.9250	3.92
57.5	7.50%	0.8556	3.69
58.5	7.50%	0.7915	3.47
59.5	7.50%	0.7321	3.27
60.5	10.00%	0.6772	4.10
61.5	10.00%	0.6095	3.75
62.5	25.00%	0.5485	8.57
63.5	25.00%	0.4114	6.53
64.5	25.00%	0.3085	4.98
65.5	50.00%	0.2314	7.58
66.5	25.00%	0.1157	1.92
67.5	25.00%	0.0868	1.46
68.5	25.00%	0.0651	1.11
69.5	25.00%	0.0488	0.85
70	100.00%	0.0366	2.56
		Weighted Average	61.92

Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
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 2
Disability Rates	See Table 3
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%)
Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	6.75%
2013 Plan Year	6.25%
Trust Expenses Included in Target Normal Cost	$0
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Table 1

Retirement Rates

Age	Rate
55	7.50%
56	7.50%
57	7.50%
58	7.50%
59	7.50%
60	10.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 2—Page 1 of 4

Withdrawal Rates—Male

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
15	40.00%	35.00%	30.00%	25.00%	19.00%
16	40.00%	35.00%	30.00%	25.00%	19.00%
17	40.00%	35.00%	30.00%	25.00%	19.00%
18	40.00%	35.00%	30.00%	25.00%	19.00%
19	40.00%	35.00%	30.00%	25.00%	19.00%
20	40.00%	35.00%	30.00%	25.00%	19.00%
21	40.00%	35.00%	30.00%	25.00%	16.80%
22	40.00%	35.00%	30.00%	25.00%	14.60%
23	40.00%	35.00%	30.00%	25.00%	13.20%
24	40.00%	35.00%	30.00%	25.00%	11.80%
25	40.00%	35.00%	30.00%	25.00%	10.40%
26	40.00%	35.00%	30.00%	25.00%	9.00%
27	40.00%	35.00%	30.00%	25.00%	7.60%
28	40.00%	35.00%	30.00%	25.00%	7.20%
29	40.00%	35.00%	30.00%	25.00%	6.80%
30	30.00%	30.00%	25.00%	20.00%	6.40%
31	30.00%	30.00%	25.00%	20.00%	6.00%
32	30.00%	30.00%	25.00%	20.00%	5.60%
33	30.00%	30.00%	25.00%	20.00%	5.40%
34	30.00%	30.00%	25.00%	20.00%	5.20%
35	30.00%	30.00%	25.00%	20.00%	5.00%
36	30.00%	30.00%	25.00%	20.00%	4.80%
37	30.00%	30.00%	25.00%	20.00%	4.60%
38	30.00%	30.00%	25.00%	20.00%	4.30%
39	30.00%	30.00%	25.00%	20.00%	4.10%
40	25.00%	25.00%	20.00%	15.00%	3.90%
41	25.00%	25.00%	20.00%	15.00%	3.70%
42	25.00%	25.00%	20.00%	15.00%	3.50%
43	25.00%	25.00%	20.00%	15.00%	3.30%
44	25.00%	25.00%	20.00%	15.00%	3.10%

Table 2—Page 2 of 4

Withdrawal Rates—Male

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
45	20.00%	20.00%	15.00%	10.00%	2.80%
46	20.00%	20.00%	15.00%	10.00%	2.60%
47	20.00%	20.00%	15.00%	10.00%	2.40%
48	20.00%	20.00%	15.00%	10.00%	2.20%
49	20.00%	20.00%	15.00%	10.00%	1.90%
50	15.00%	15.00%	10.00%	5.00%	1.70%
51	15.00%	15.00%	10.00%	5.00%	1.40%
52	15.00%	15.00%	10.00%	5.00%	1.10%
53	15.00%	15.00%	10.00%	5.00%	0.90%
54	15.00%	15.00%	10.00%	5.00%	0.60%
55	10.00%	10.00%	5.00%	2.00%	0.30%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 2—Page 3 of 4

Withdrawal Rates—Female

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
15	40.00%	35.00%	30.00%	25.00%	24.60%
16	40.00%	35.00%	30.00%	25.00%	24.60%
17	40.00%	35.00%	30.00%	25.00%	24.60%
18	40.00%	35.00%	30.00%	25.00%	24.60%
19	40.00%	35.00%	30.00%	25.00%	24.60%
20	40.00%	35.00%	30.00%	25.00%	24.60%
21	40.00%	35.00%	30.00%	25.00%	22.50%
22	40.00%	35.00%	30.00%	25.00%	20.40%
23	40.00%	35.00%	30.00%	25.00%	18.30%
24	40.00%	35.00%	30.00%	25.00%	16.20%
25	40.00%	35.00%	30.00%	25.00%	14.10%
26	40.00%	35.00%	30.00%	25.00%	12.00%
27	40.00%	35.00%	30.00%	25.00%	9.90%
28	40.00%	35.00%	30.00%	25.00%	9.60%
29	40.00%	35.00%	30.00%	25.00%	9.30%
30	30.00%	30.00%	25.00%	20.00%	9.00%
31	30.00%	30.00%	25.00%	20.00%	8.70%
32	30.00%	30.00%	25.00%	20.00%	8.30%
33	30.00%	30.00%	25.00%	20.00%	8.00%
34	30.00%	30.00%	25.00%	20.00%	7.70%
35	30.00%	30.00%	25.00%	20.00%	7.40%
36	30.00%	30.00%	25.00%	20.00%	7.10%
37	30.00%	30.00%	25.00%	20.00%	6.80%
38	30.00%	30.00%	25.00%	20.00%	6.50%
39	30.00%	30.00%	25.00%	20.00%	6.20%
40	25.00%	25.00%	20.00%	15.00%	5.90%
41	25.00%	25.00%	20.00%	15.00%	5.60%
42	25.00%	25.00%	20.00%	15.00%	5.20%
43	25.00%	25.00%	20.00%	15.00%	4.90%
44	25.00%	25.00%	20.00%	15.00%	4.60%

Table 2—Page 4 of 4

Withdrawal Rates—Female

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
45	20.00%	20.00%	15.00%	10.00%	4.30%
46	20.00%	20.00%	15.00%	10.00%	3.90%
47	20.00%	20.00%	15.00%	10.00%	3.60%
48	20.00%	20.00%	15.00%	10.00%	3.30%
49	20.00%	20.00%	15.00%	10.00%	2.90%
50	15.00%	15.00%	10.00%	5.00%	2.50%
51	15.00%	15.00%	10.00%	5.00%	2.10%
52	15.00%	15.00%	10.00%	5.00%	1.70%
53	15.00%	15.00%	10.00%	5.00%	1.20%
54	15.00%	15.00%	10.00%	5.00%	0.80%
55	10.00%	10.00%	5.00%	2.00%	0.40%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	40	0.323%	0.485%
16	0.285%	0.428%	41	0.334%	0.501%
17	0.285%	0.428%	42	0.348%	0.522%
18	0.285%	0.428%	43	0.365%	0.548%
19	0.285%	0.428%	44	0.383%	0.575%
20	0.286%	0.429%	45	0.405%	0.608%
21	0.287%	0.431%	46	0.430%	0.645%
22	0.288%	0.432%	47	0.460%	0.690%
23	0.284%	0.426%	48	0.494%	0.741%
24	0.280%	0.420%	49	0.532%	0.798%
25	0.278%	0.417%	50	0.574%	0.861%
26	0.277%	0.416%	51	0.623%	0.935%
27	0.276%	0.414%	52	0.676%	1.014%
28	0.275%	0.413%	53	0.735%	1.103%
29	0.275%	0.413%	54	0.798%	1.197%
30	0.275%	0.413%	55	0.868%	1.302%
31	0.276%	0.414%	56	0.946%	1.419%
32	0.278%	0.417%	57	1.035%	1.553%
33	0.281%	0.422%	58	1.135%	1.703%
34	0.284%	0.426%	59	1.245%	1.868%
35	0.288%	0.432%	60	1.363%	2.045%
36	0.294%	0.441%	61	1.491%	2.237%
37	0.300%	0.450%	62	1.628%	2.442%
38	0.307%	0.461%	63	1.778%	2.667%
39	0.314%	0.471%	64	1.938%	2.907%
			65+	0.000%	0.000%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Plan Freeze	Effective November 28, 2004, the plan was frozen and all future benefit accruals will be earned under the GE formula in the GE plan. As of the freeze date, all participants were fully vested in their accrued benefit based on service and pay up to the freeze date.
Participation	Employees of the company become participants after completing one year of service. Former **Tech/Ops** employees with at least one year of service with Tech/Ops became participants on July 1, 1986. All new Tech/Ops employees become participants after completing one year of service. Service is credited only on service after July 1, 1986. Former **Hoffman-La Roche/Medi-Physics** employees with at least one year of service with Hoffman-La Roche/Medi-Physics became participants on June 14, 1990. All new Medi-Physics employees become participants after completing one year of service. Former **United States Biochemical (USB)** employees are considered employees of the company effective July 1, 1994, and will become participants after completing one year of service. Vesting service and credited service will be considered only on service after July 1, 1994. Former **BDS** employees are considered employees of the company effective May 1, 1995, and will become participants after completing one year of service. Vesting service and credited service will be considered only on service after May 1, 1995. Each Amersham participant and each Nycomed participant will be a participant in the plan on January 1, 1999.

Normal Retirement Benefits

Eligibility	Age 65.
Benefit	The monthly normal retirement benefit is the greater of (a), (b), (c), or (d) below:

(a) 1.25% of final average monthly compensation plus 0.4% of final average monthly compensation in excess of covered compensation, times service (maximum 35).

Prior Amersham

(b) 1.67% of final average monthly compensation as of December 31, 1998) times years of credited service as of December 31, 1998 (maximum 35).

(c) 2.00% of final average monthly compensation as of December 31, 1996 times years of credited service as of December 31, 1996 (maximum 30).

Amersham employees who are age 55 with 10 years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or in effect on December 31, 1998.

Prior Nycomed

(d) 52% of final earnings less 50% of Social Security benefit, prorated for service less than 30 years or projected service to age 65, if greater.

Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Early Retirement Benefits

Eligibility	Participants who terminate employment after age 55 with five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement and reduced by 4/12% for each month by which payments precede age 62. Amersham employees who are age 55 with 10 years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996. Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1998. Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Deferred Vested Retirement Benefits

Eligibility	Five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65.

Automatic Preretirement Surviving Spouse Benefit

Eligibility	Five years of vesting service.
Benefit	One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity.

Normal Form of Benefit	For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.
Definitions	
Monthly Compensation	Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, and perquisite pay, subject to the 401(a)(17) limits.
Final Average Monthly Compensation	The average of the participant's compensation for the 60 consecutive complete calendar months for which compensation is highest during the 120-calendar month period immediately preceding the participant's termination date. If a participant does not have 60 full consecutive months of employment, his final average monthly compensation during the period he was an employee by the number of months thereof.
Final Earnings	The participant's highest average annual regular earnings earned in any three consecutive years of service within the 10-year period immediately preceding his severance from group date, his severance from employer date (but only if he incurs a severance from employer date as a result of ceasing to be a salaried employee and if he thereafter remains an employee with the Hafslund Control Group) or his annuity starting date, whichever is earliest. If the participant does not have at least three consecutive years of service within the 10-year period immediately preceding the applicable date, "Final Earnings" shall mean the participant's average annual regular earnings earned during whatever number of consecutive years of service he completes within the 10-year period.

Credited Service	Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 hours of service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee is credited with 90 hours of service. For former **Tech/Ops** employees, credited service begins at the later of July 1, 1986 or date of hire. For **Medi-Physics** employees, service is credited back to date of hire, provided the employee works 541 hours for Amersham in 1990 after June 13, 1990, or earns a year of credited service in any plan year after 1990. For former **USB** employees, credited service begins at the later of July 1, 1994 or date of hire. For former **BDS** employees, credited service begins at the later of May 1, 1995 or date of hire.
Vesting Service	Service credited to an employee for purposes of determining a participant's vested percentage in and eligibility to receive payment of his accrued benefit under the plan. One year of vesting service is credited for each plan year in which the employee completes 1,000 hours of service.

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			1	1						
30-34				21	1					
35-39			1	31	18					
40-44			5	30	33	4				
45-49			3	38	31	30	6			
50-54			4	34	16	12	21	1		
55-59			1	40	21	6	18	4	2	
60-64			1	19	13	9	3	2	4	
65-69			3	8	5	1	1		1	1
70+			2	6	4					

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Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.50%	Interest Adjusted Contribution
March 31, 2014	$ 214,743	89	$ 211,471
Total Contribution	$ 214,743		$ 211,471

The contributions listed on line 19b reflect a corrective contribution to the plan in the amount of plan overpayments that could not be recovered from participants.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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	7.50%	1.0000	4.16
56.5	7.50%	0.9250	3.92
57.5	7.50%	0.8556	3.69
58.5	7.50%	0.7915	3.47
59.5	7.50%	0.7321	3.27
60.5	10.00%	0.6772	4.10
61.5	10.00%	0.6095	3.75
62.5	25.00%	0.5485	8.57
63.5	25.00%	0.4114	6.53
64.5	25.00%	0.3085	4.98
65.5	50.00%	0.2314	7.58
66.5	25.00%	0.1157	1.92
67.5	25.00%	0.0868	1.46
68.5	25.00%	0.0651	1.11
69.5	25.00%	0.0488	0.85
70	100.00%	0.0366	2.56
		Weighted Average	61.92

Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			1	1						
30-34				21	1					
35-39			1	31	18					
40-44			5	30	33	4				
45-49			3	38	31	30	6			
50-54			4	34	16	12	21	1		
55-59			1	40	21	6	18	4	2	
60-64			1	19	13	9	3	2	4	
65-69			3	8	5	1	1		1	1
70+			2	6	4					

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Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
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 2
Disability Rates	See Table 3
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%)
Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	6.75%
2013 Plan Year	6.25%
Trust Expenses Included in Target Normal Cost	$0
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Table 1

Retirement Rates

Age	Rate
55	7.50%
56	7.50%
57	7.50%
58	7.50%
59	7.50%
60	10.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 2—Page 1 of 4

Withdrawal Rates—Male

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
15	40.00%	35.00%	30.00%	25.00%	19.00%
16	40.00%	35.00%	30.00%	25.00%	19.00%
17	40.00%	35.00%	30.00%	25.00%	19.00%
18	40.00%	35.00%	30.00%	25.00%	19.00%
19	40.00%	35.00%	30.00%	25.00%	19.00%
20	40.00%	35.00%	30.00%	25.00%	19.00%
21	40.00%	35.00%	30.00%	25.00%	16.80%
22	40.00%	35.00%	30.00%	25.00%	14.60%
23	40.00%	35.00%	30.00%	25.00%	13.20%
24	40.00%	35.00%	30.00%	25.00%	11.80%
25	40.00%	35.00%	30.00%	25.00%	10.40%
26	40.00%	35.00%	30.00%	25.00%	9.00%
27	40.00%	35.00%	30.00%	25.00%	7.60%
28	40.00%	35.00%	30.00%	25.00%	7.20%
29	40.00%	35.00%	30.00%	25.00%	6.80%
30	30.00%	30.00%	25.00%	20.00%	6.40%
31	30.00%	30.00%	25.00%	20.00%	6.00%
32	30.00%	30.00%	25.00%	20.00%	5.60%
33	30.00%	30.00%	25.00%	20.00%	5.40%
34	30.00%	30.00%	25.00%	20.00%	5.20%
35	30.00%	30.00%	25.00%	20.00%	5.00%
36	30.00%	30.00%	25.00%	20.00%	4.80%
37	30.00%	30.00%	25.00%	20.00%	4.60%
38	30.00%	30.00%	25.00%	20.00%	4.30%
39	30.00%	30.00%	25.00%	20.00%	4.10%
40	25.00%	25.00%	20.00%	15.00%	3.90%
41	25.00%	25.00%	20.00%	15.00%	3.70%
42	25.00%	25.00%	20.00%	15.00%	3.50%
43	25.00%	25.00%	20.00%	15.00%	3.30%
44	25.00%	25.00%	20.00%	15.00%	3.10%

Table 2—Page 2 of 4

Withdrawal Rates—Male

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
45	20.00%	20.00%	15.00%	10.00%	2.80%
46	20.00%	20.00%	15.00%	10.00%	2.60%
47	20.00%	20.00%	15.00%	10.00%	2.40%
48	20.00%	20.00%	15.00%	10.00%	2.20%
49	20.00%	20.00%	15.00%	10.00%	1.90%
50	15.00%	15.00%	10.00%	5.00%	1.70%
51	15.00%	15.00%	10.00%	5.00%	1.40%
52	15.00%	15.00%	10.00%	5.00%	1.10%
53	15.00%	15.00%	10.00%	5.00%	0.90%
54	15.00%	15.00%	10.00%	5.00%	0.60%
55	10.00%	10.00%	5.00%	2.00%	0.30%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 2—Page 3 of 4

Withdrawal Rates—Female

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
15	40.00%	35.00%	30.00%	25.00%	24.60%
16	40.00%	35.00%	30.00%	25.00%	24.60%
17	40.00%	35.00%	30.00%	25.00%	24.60%
18	40.00%	35.00%	30.00%	25.00%	24.60%
19	40.00%	35.00%	30.00%	25.00%	24.60%
20	40.00%	35.00%	30.00%	25.00%	24.60%
21	40.00%	35.00%	30.00%	25.00%	22.50%
22	40.00%	35.00%	30.00%	25.00%	20.40%
23	40.00%	35.00%	30.00%	25.00%	18.30%
24	40.00%	35.00%	30.00%	25.00%	16.20%
25	40.00%	35.00%	30.00%	25.00%	14.10%
26	40.00%	35.00%	30.00%	25.00%	12.00%
27	40.00%	35.00%	30.00%	25.00%	9.90%
28	40.00%	35.00%	30.00%	25.00%	9.60%
29	40.00%	35.00%	30.00%	25.00%	9.30%
30	30.00%	30.00%	25.00%	20.00%	9.00%
31	30.00%	30.00%	25.00%	20.00%	8.70%
32	30.00%	30.00%	25.00%	20.00%	8.30%
33	30.00%	30.00%	25.00%	20.00%	8.00%
34	30.00%	30.00%	25.00%	20.00%	7.70%
35	30.00%	30.00%	25.00%	20.00%	7.40%
36	30.00%	30.00%	25.00%	20.00%	7.10%
37	30.00%	30.00%	25.00%	20.00%	6.80%
38	30.00%	30.00%	25.00%	20.00%	6.50%
39	30.00%	30.00%	25.00%	20.00%	6.20%
40	25.00%	25.00%	20.00%	15.00%	5.90%
41	25.00%	25.00%	20.00%	15.00%	5.60%
42	25.00%	25.00%	20.00%	15.00%	5.20%
43	25.00%	25.00%	20.00%	15.00%	4.90%
44	25.00%	25.00%	20.00%	15.00%	4.60%

Table 2—Page 4 of 4

Withdrawal Rates—Female

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
45	20.00%	20.00%	15.00%	10.00%	4.30%
46	20.00%	20.00%	15.00%	10.00%	3.90%
47	20.00%	20.00%	15.00%	10.00%	3.60%
48	20.00%	20.00%	15.00%	10.00%	3.30%
49	20.00%	20.00%	15.00%	10.00%	2.90%
50	15.00%	15.00%	10.00%	5.00%	2.50%
51	15.00%	15.00%	10.00%	5.00%	2.10%
52	15.00%	15.00%	10.00%	5.00%	1.70%
53	15.00%	15.00%	10.00%	5.00%	1.20%
54	15.00%	15.00%	10.00%	5.00%	0.80%
55	10.00%	10.00%	5.00%	2.00%	0.40%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	40	0.323%	0.485%
16	0.285%	0.428%	41	0.334%	0.501%
17	0.285%	0.428%	42	0.348%	0.522%
18	0.285%	0.428%	43	0.365%	0.548%
19	0.285%	0.428%	44	0.383%	0.575%
20	0.286%	0.429%	45	0.405%	0.608%
21	0.287%	0.431%	46	0.430%	0.645%
22	0.288%	0.432%	47	0.460%	0.690%
23	0.284%	0.426%	48	0.494%	0.741%
24	0.280%	0.420%	49	0.532%	0.798%
25	0.278%	0.417%	50	0.574%	0.861%
26	0.277%	0.416%	51	0.623%	0.935%
27	0.276%	0.414%	52	0.676%	1.014%
28	0.275%	0.413%	53	0.735%	1.103%
29	0.275%	0.413%	54	0.798%	1.197%
30	0.275%	0.413%	55	0.868%	1.302%
31	0.276%	0.414%	56	0.946%	1.419%
32	0.278%	0.417%	57	1.035%	1.553%
33	0.281%	0.422%	58	1.135%	1.703%
34	0.284%	0.426%	59	1.245%	1.868%
35	0.288%	0.432%	60	1.363%	2.045%
36	0.294%	0.441%	61	1.491%	2.237%
37	0.300%	0.450%	62	1.628%	2.442%
38	0.307%	0.461%	63	1.778%	2.667%
39	0.314%	0.471%	64	1.938%	2.907%
			65+	0.000%	0.000%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Plan Freeze	Effective November 28, 2004, the plan was frozen and all future benefit accruals will be earned under the GE formula in the GE plan. As of the freeze date, all participants were fully vested in their accrued benefit based on service and pay up to the freeze date.
Participation	Employees of the company become participants after completing one year of service. Former **Tech/Ops** employees with at least one year of service with Tech/Ops became participants on July 1, 1986. All new Tech/Ops employees become participants after completing one year of service. Service is credited only on service after July 1, 1986. Former **Hoffman-La Roche/Medi-Physics** employees with at least one year of service with Hoffman-La Roche/Medi-Physics became participants on June 14, 1990. All new Medi-Physics employees become participants after completing one year of service. Former **United States Biochemical (USB)** employees are considered employees of the company effective July 1, 1994, and will become participants after completing one year of service. Vesting service and credited service will be considered only on service after July 1, 1994. Former **BDS** employees are considered employees of the company effective May 1, 1995, and will become participants after completing one year of service. Vesting service and credited service will be considered only on service after May 1, 1995. Each Amersham participant and each Nycomed participant will be a participant in the plan on January 1, 1999.

Normal Retirement Benefits

Eligibility	Age 65.
Benefit	The monthly normal retirement benefit is the greater of (a), (b), (c), or (d) below:

(a) 1.25% of final average monthly compensation plus 0.4% of final average monthly compensation in excess of covered compensation, times service (maximum 35).

Prior Amersham

(b) 1.67% of final average monthly compensation as of December 31, 1998) times years of credited service as of December 31, 1998 (maximum 35).

(c) 2.00% of final average monthly compensation as of December 31, 1996 times years of credited service as of December 31, 1996 (maximum 30).

Amersham employees who are age 55 with 10 years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or in effect on December 31, 1998.

Prior Nycomed

(d) 52% of final earnings less 50% of Social Security benefit, prorated for service less than 30 years or projected service to age 65, if greater.

Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Early Retirement Benefits

Eligibility	Participants who terminate employment after age 55 with five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement and reduced by 4/12% for each month by which payments precede age 62. Amersham employees who are age 55 with 10 years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996. Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1998. Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Deferred Vested Retirement Benefits

Eligibility	Five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65.

Automatic Preretirement Surviving Spouse Benefit

Eligibility	Five years of vesting service.
Benefit	One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity.

Normal Form of Benefit	For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.
Definitions	
Monthly Compensation	Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, and perquisite pay, subject to the 401(a)(17) limits.
Final Average Monthly Compensation	The average of the participant's compensation for the 60 consecutive complete calendar months for which compensation is highest during the 120-calendar month period immediately preceding the participant's termination date. If a participant does not have 60 full consecutive months of employment, his final average monthly compensation during the period he was an employee by the number of months thereof.
Final Earnings	The participant's highest average annual regular earnings earned in any three consecutive years of service within the 10-year period immediately preceding his severance from group date, his severance from employer date (but only if he incurs a severance from employer date as a result of ceasing to be a salaried employee and if he thereafter remains an employee with the Hafslund Control Group) or his annuity starting date, whichever is earliest. If the participant does not have at least three consecutive years of service within the 10-year period immediately preceding the applicable date, "Final Earnings" shall mean the participant's average annual regular earnings earned during whatever number of consecutive years of service he completes within the 10-year period.

Credited Service	Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 hours of service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee is credited with 90 hours of service. For former **Tech/Ops** employees, credited service begins at the later of July 1, 1986 or date of hire. For **Medi-Physics** employees, service is credited back to date of hire, provided the employee works 541 hours for Amersham in 1990 after June 13, 1990, or earns a year of credited service in any plan year after 1990. For former **USB** employees, credited service begins at the later of July 1, 1994 or date of hire. For former **BDS** employees, credited service begins at the later of May 1, 1995 or date of hire.
Vesting Service	Service credited to an employee for purposes of determining a participant's vested percentage in and eligibility to receive payment of his accrued benefit under the plan. One year of vesting service is credited for each plan year in which the employee completes 1,000 hours of service.

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.