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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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;
- [ ] 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. . . . . ▶ [X]

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
RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/1998

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

DATEX OHMEDA, INC.

C/O GEHC
3000 N GRANDVIEW BLVD W690
WAUKESHA, WI 53188-1696

2b Employer Identification Number (EIN)
22-3029570

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

2d Business code (see instructions)
621510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2016	JOEL SEKUTA
	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)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

GE HEALTHCARE AFFILIATE RETIREMENT PLAN COMMITTEE

C/O GEHC
3000 N GRANDVIEW BLVD W690
WAUKESHA, WI 53188-1696

3b Administrator's EIN: 22-3029570

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	453
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)**	254
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	235
b	Retired or separated participants receiving benefits	**6b**	164
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	433
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	446
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**	1
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:

1B 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)** ☐ 0 **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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
RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
22-3029570

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	**2a**	71029226
b Actuarial value	**2b**	67458291

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	168	30458429	30458429
b For terminated vested participants	31	880993	880993
c For active participants	254	15836461	16808089
d Total	453	47175883	48147511

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**	6.27%
6 Target normal cost	**6**	949665

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 — Date: 09/08/2016

DAWN M. OCHOA — Type or print name of actuary

14-07557 — 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)	6446037	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)	6446037	0
10	Interest on line 9 using prior year's actual return of 11.50%	741294	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 6.47%		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	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7187331	0

Part III Funding Percentages

14	Funding target attainment percentage	14	125.17 %
15	Adjusted funding target attainment percentage	15	140.10 %
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	136.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72 %	6.11 %	6.81 %	☐ 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**	949665
b Excess assets, if applicable, but not greater than line 31a	**31b**	949665

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan	**B** Three-digit plan number (PN) ▶	
RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
DATEX OHMEDA, INC.	22-3029570	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AON HEWITT

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	48970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: KARL K. OMAN

b EIN: 36-2235791

c Position: ENROLLED ACTUARY

d Address: 4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069-3258

e Telephone: 847-295-5000

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
22-3029570

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3357213-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX NON LENDABLE FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-0300291-001	C	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0007957-030	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: GENERAL ELECTRIC PENSION TRUST

b Name of sponsor of entity listed in (a): GENERAL ELECTRIC COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
14-0689340-001	M	69474463

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

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
22-3029570

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	140240	0
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)	26542130	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	69474463
(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)	44346856	0
(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	71029226	69474463
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3500	27206
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	3500	27206
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	71025726	69447257

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(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)		1601740
(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		1601740
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3098631	
(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)		3098631
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)	52620	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	28958	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		81578
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3180209
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1578469
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	N/A	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	N/A	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			90000000
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				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

6a Name of trust
WELLS FARGO

6b Trust's EIN
953692822

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
22-3029570

Part I Distributions

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

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

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

EIN(s): 56-1354495 98-0099254

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

Financial Statements and Supplemental Schedule

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)

RETIREMENT INCOME PLAN FOR BARGAINING
UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

Table of Contents

December 31, 2015 and 2014

	Page Number(s)
Independent Auditors' Report	3
Financial Statements:	
Statements of Net Assets Available for Plan Benefits as of December 31, 2015 and 2014	4
Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended December 31, 2015	5
Statements of Accumulated Plan Benefits as of December 31, 2015 and 2014	6
Statement of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2015	7
Notes to Financial Statements	8 – 22
Supplemental Schedule [(i)]:	
Schedule H, line 4j – Schedule of Reportable Transactions for the Year Ended December 31, 2015	23

[(i)] Schedules required by Form 5500 that are not applicable have not been included.

KPMG LLP
515 Broadway
Albany, NY 12207-2974

Independent Auditors' Report

Plan Administrator
Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc.:

Report on the Financial Statements

We have audited the accompanying financial statements of the Retirement Income Plan for Bargaining Unit Employees of Datex- Ohmeda, Inc. (the Plan) which comprise the statements of net assets available for plan benefits and of accumulated plan benefits as of December 31, 2015 and 2014, 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, 2015, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the Plan's financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2015 and 2014, and the changes in its financial status for the year ended December 31, 2015, in accordance with U.S. generally accepted accounting principles.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2015 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

KPMG LLP

Albany, New York
September 7, 2016

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

RETIREMENT INCOME PLAN FOR BARGAINING
UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

Statements of Net Assets Available for Plan Benefits

December 31, 2015 and 2014

(in thousands)

	2015	2014
Assets:		
Investments at fair value (notes 3, 4 and 5)		
Plan interest in GE Pension Trust	$ 69,474	$ —
Other investments	—	70,889
Due from brokers	—	140
Total assets	69,474	71,029
Liabilities:		
Accrued expenses	27	3
Net assets available for plan benefits	$ 69,447	$ 71,026

See accompanying notes to financial statements.

RETIREMENT INCOME PLAN FOR BARGAINING
UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2015

(in thousands)

	2015
Additions (reductions) to net assets attributed to:	
Investment income allocated from GE Pension Trust (note 3):	
Interest and dividends	$ 1,231
Net depreciation in fair value of investments	(1,810)
Net realized and unrealized loss in foreign currency	(10)
Investment management fees and other expenses (note 8)	(302)
Investment income prior to transfer to GE Pension Trust (note 4):	
Interest and dividends	309
Net appreciation in fair value of investments	2,183
Total additions	1,601
Deductions from plan assets attributed to:	
Benefit payments	3,099
Administrative expenses (note 8)	81
Total deductions	3,180
Net decrease	(1,579)
Net assets available for plan benefits at:	
Beginning of year	71,026
End of year	$ 69,447

See accompanying notes to financial statements.

RETIREMENT INCOME PLAN FOR BARGAINING
UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

Statements of Accumulated Plan Benefits

December 31, 2015 and 2014

(in thousands)

	2015	2014
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 29,244	$ 28,666
Other participants	15,100	14,818
	44,344	43,484
Non-vested benefits	842	826
Total actuarial present value of accumulated plan benefits	$ 45,186	$ 44,310

See accompanying notes to financial statements.

RETIREMENT INCOME PLAN FOR BARGAINING
UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2015

(in thousands)

	2015
Actuarial present value of accumulated plan benefits at beginning of year	$ 44,310
Increase (decrease) during the year attributable to:	
Benefits accumulated	831
Increase for interest due to the decrease in the discount period	3,209
Benefit payments	(3,099)
Changes in actuarial assumptions (note 2(e))	(991)
Plan amendments	469
Experience losses, net	457
Net increase	876
Actuarial present value of accumulated plan benefits at end of year	$ 45,186

See accompanying notes to financial statements.

(1) Description of the Plan

The Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc. (the "Plan") is a noncontributory defined benefit plan sponsored by Datex-Ohmeda, Inc. (the "Company"), an affiliate of General Electric Company ("GE"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan provides benefits to substantially all collectively bargained employees hired before June 15, 2012. The Plan was closed to new participants effective June 15, 2012, Benefits are determined based on length of service and a multiplier that is subject to collective bargaining. Employees are vested upon completing five years of service.

Participants are entitled to pension benefits (paid monthly) beginning at normal retirement age (65). The Plan permits early retirement beginning at age 55 with certain reductions of benefits as defined in the Plan document. If a participant becomes disabled and meets the criteria, the Plan provides for a disability retirement benefit.

Effective March 2, 2015, the Plan's assets totaling $72.8 million were transferred into the GE Pension Trust (the "Trust"). The Trustees of the Trust are officers of GE Asset Management Incorporated ("GEAM"), a wholly owned subsidiary of GE. GEAM is the investment advisor to the Trust and provides investment management and other services. State Street Corporation ("State Street") is the primary custodian for Trust assets.

This description of the Plan is provided for general information purposes only. The complete terms of the Plan are provided in the Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc. Plan document. Information concerning the Plan, including benefits and vesting provisions, is also included in the Summary Plan Description and other material distributed to participants.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investments

As of March 2, 2015, all Plan assets are held in a trust. Plan investments are carried at fair value. See notes 3, 4 and 5 for additional information.

Investment transactions are recorded on a trade date basis. Interest income is earned from settlement date and is recognized on an accrual basis. Dividend income is recorded on the ex-dividend date.

Securities for which exchange quotations are readily available are valued at the last sale price, or if no sales occurred on that day, at the quoted bid price. Short-term investments generally maturing within 60 days or less at the time of purchase are valued on the basis of amortized cost, which approximates fair value. Non-publicly traded investments are principally investments in real estate, alternative investment funds and private equity securities. The fair value estimates for these non-publicly traded investments involve subjective judgments and the actual selling price of these investments can only be determined by negotiations between independent third parties in a sales transaction.

Off-balance-sheet financial instruments and commitments are valued at current market prices and rates, and are included in due from brokers and due to brokers, as applicable, on the statements of net assets of the trust. The net realized and unrealized gains or losses are included in net appreciation (depreciation) in value of investments in the statement of changes in net assets of the trust. Futures contracts are valued at the

settlement price established each day by the board of trade or exchange on which they principally trade. Forward foreign currency contracts are valued at the closing market price.

Investment income and related expenses, including interest and dividend income, net realized gains (losses) on sale and unrealized appreciation (depreciation) in value of investments, is allocated by the trust to the Plan based upon the Plan's percentage of trust net assets.

(c) Fair Value Measurements

For financial assets and liabilities, fair value is the price the Plan would receive to sell an asset or pay 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 or 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.

Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect our 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.

GE maintains policies and procedures to value investments using the best and most relevant data available. Independent pricing vendors are used to assist in valuing certain investments. In addition, GE performs reviews through assessment of the inputs in the determination of valuation for a representative sample of direct investments in private equity securities and real estate investments to assess reasonableness of the valuations.

The following section describes the valuation methodologies used to measure investments at fair value.

When available, quoted market prices are used to determine fair value of investment securities, and they are included in Level 1. Level 1 securities primarily include publicly traded equity securities.

When quoted market prices are unobservable, pricing information is obtained from independent pricing vendors. The pricing vendors use various pricing models for each asset class that are consistent with what other market participants would use. The inputs and assumptions to the model of the pricing vendors are derived from market observable sources including: benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and other market-related data. Since many fixed income securities do not trade on a daily basis, the methodology of the pricing vendors use available information as applicable such as benchmark curves, benchmarking of like securities, sector groupings, and matrix pricing. The pricing vendors consider available market observable inputs in determining the evaluation for a security. Thus, certain securities may not be priced using quoted prices, but rather determined from market observable information. These investments are included in Level 2 and primarily comprise the portfolio of corporate fixed income, and government, mortgage and asset-backed securities. In infrequent circumstances, pricing vendors may provide valuations that are based on significant unobservable inputs, and in those circumstances the investment securities are classified in Level 3.

Private equity security valuations are reviewed at the end of each reporting period utilizing available market data to determine whether or not any fair value adjustments are necessary. The market data includes recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investment or comparable issuers. Unobservable inputs include company specific fundamentals and other third party transactions in that security.

Real estate investments are valued using discounted cash flow techniques on estimated future cash flows generated by the property, market analysis and sales comparison information. Cash flow estimates are based on current market estimates that reflect current and projected lease profiles and available industry information about expected trends in rental, occupancy, and capitalization rates.

The trust's ownership in the collective funds is carried at fair value based on the investment's net asset value per unit and included in Level 2.

Private equity and real estate partnerships are valued using the net asset values provided by the general partners and updated, if necessary, using analytical procedures and/or inquiry of general partners. The net asset values are determined based upon the fair values of the underlying investments in the funds. Investments in private equity and real estate funds are generally included in Level 3 because they are not redeemable at the measurement date.

The valuation methodology for private equity securities and real estate investments is applied consistently, and is included in Level 3.

Closing prices for derivatives, which are traded either on exchanges or liquid over-the-counter markets are included in Level 1.

Investment securities that are valued using techniques other than market quotations, particularly securities that are "fair valued," are subject to valuation risk. The inputs or methodology used for valuing securities are not an indication of the risk associated with investing in those securities.

Annually, GE conducts a review of the primary pricing vendor to validate that the inputs used in that vendor's pricing process are deemed to be market observable as defined in the standard. While GE is not provided access to proprietary models of the vendor, GE's review has included on-site walkthroughs of pricing processes, methodologies and control procedures for each asset class for which prices were provided. GE's review also includes an examination of the underlying inputs and assumptions for a sample of individual securities across asset classes, credit rating levels and various durations. GE believes that the prices received from the pricing vendor are representative of prices that would be received to sell the assets at the measurement date (exit price).

GE may use non-binding broker quotes as its primary basis for valuation when there is limited, or no, relevant market activity for a specific instrument or for other instruments that share similar characteristics. GE has not adjusted the prices obtained from the brokers. Investment securities priced using non-binding broker quotes are included in Level 3. As is the case with the primary pricing vendor, third-party brokers do not provide access to their proprietary valuation models, inputs and assumptions.

(d) Management Estimates and Assumptions

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

(e) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions on the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

Benefits payable as a result of retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by independent actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, termination of employment, and retirement) between the valuation date and the expected date of payment.

The more significant actuarial assumptions used in the valuations as of December 31, 2015 and 2014 were: (a) expected mortality rates of participants based on mortality tables adjusted for the demographic characteristics of the participants; (b) assumed retirement age varying up to age 65; and (c) interest discount assumption of 7.5%. The changes in actuarial assumptions for the year ended December 31, 2015 are primarily due to a change in the mortality base table. The Plan amendments reflect an increase in the benefit multiplier for certain eligible participants.

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

(f) Benefit Payments

Benefit payments to participants are recorded when paid.

(3) Summary of 2015 Trust Financial Information

(a) As of March 2, 2015, the Plan's net assets are invested solely in the Trust which has been established to receive employer and employee contributions, invest or reinvest such sums, and pay benefits in accordance with specific provisions for participating plans.

(b) The Plan's net investment in the Trust rounded to less than 1% of the Trust net assets as of December 31, 2015. The net assets and changes in net assets of the Trust follow.

Net Assets:	December 31, 2015 (in thousands)
Assets:	
Investments (note 5):	
Public equity securities	$ 22,569,123
Fixed income securities	14,579,554
Private equity securities	5,119,966
Real estate	3,339,548
Other	2,415,878
Total investments	48,024,069
Cash	17,095
Receivables:	
Due from brokers	119,080
Income receivable	145,033
Other receivables	29,830
Total receivables	293,943
Total assets	48,335,107
Liabilities:	
Due to brokers	358,389
Accounts payable and accrued expenses	56,306
Total liabilities	414,695
Net assets of the Trust	$ 47,920,412

Changes in Net Assets:	Year Ended December 31 2015 (in thousands)
Investment income:	
Interest and dividend income	$ 1,026,496
Net appreciation (depreciation) in value of investments:	
Public equity securities	(472,009)
Fixed income securities	(708,958)
Private equity securities	640,954
Real estate	347,708
Other	(63,404)
Total net depreciation	(255,709)
Net realized and unrealized gain (loss) in foreign currency	(8,612)
Investment management fees and other expenses	(223,693)
Transfers in:	
Affiliate plans	815,213
Employee contributions	156,039
Employer contributions	17,401
Transfers out:	
Benefit payments and employee refunds	(3,115,780)
Administrative expenses	(239,557)
Net decrease	(1,828,202)
Net assets of the Trust at:	
Beginning of year	49,748,614
End of year	$ 47,920,412

(c) Investments

The Trust invests in U.S. equities, international equities, fixed income securities, private equity securities, real estate, partnerships, and certain other assets. Due to risks associated with certain investments, it is reasonable to expect that changes in the value of investments will occur (including in the near term) and that such changes could materially affect the Trust's investments.

According to the statute, the aggregate holdings of all qualifying employer securities (e.g. General Electric Company common stock) and qualifying employer real property may not exceed 10% of the fair value of trust assets at the time of purchase. General Electric Company securities represented 3.7% of Trust net assets at December 31, 2015.

(d) Financial Instruments with Off-Balance-Sheet Risk

In the normal course of business, the Trust enters into transactions in various financial instruments with off-balance-sheet risk. These financial instruments involve varying degrees and types of risks, including credit and market risks, which may be in excess of the amounts recognized in the net assets of the Trust.

Credit risk represents the potential loss to the Trust due to possible nonperformance by obligors and counterparties of the terms of their contracts. Counterparty credit risk (the risk that counterparties will default and not make payments to the Trust according to the terms of the applicable agreements) are managed on an individual counterparty basis. There are provisions in the Trust's master agreements that require counterparties to post collateral (typically cash or U.S. Treasury Securities) from time to time depending on stated conditions, for example when the Trust's receivable due from that counterparty, measured at current market value, exceeds a specified limit.

Where there are agreements to net derivative exposures with a counterparty, exposures with that counterparty are netted and applied to the value of collateral posted to the Trust to determine the net exposure. These net exposures are actively monitored against defined limits and appropriate actions are taken in response, including requiring additional collateral. Market risk represents the potential loss to the Trust due to the decrease in the value of an off-balance-sheet financial instrument caused primarily by changes in interest rates or foreign exchange rates, or a combination thereof.

Forward contracts and futures represent agreements to purchase or sell securities, money market instruments or foreign currencies at a future date and at a specified price. Short sells represent commitments to purchase securities at a future date. Options give the holder the right, but not the obligation, to purchase or sell securities at a future date and at a specified price. Both credit and market risks exist with respect to forward contracts. Market risk exists with respect to futures, short sells and options. These positions are carried at current market value, and the unrealized gain or loss is included in due to brokers and due from brokers in the Trust's statement of net assets. Financial futures are marked to market and settled with the broker on a daily basis. With futures contracts, there is minimal counterparty credit risk to the Trust since futures contracts are exchange traded and the exchange's clearinghouse, as counterparty to all traded futures, guarantees the futures against default. The Trust does not anticipate that losses, if any, as a result of credit or market risk would materially affect the net asset position of the Trust. The Trust, to a limited extent, enters into transactions involving other financial instruments and commitments as an integral part of the overall management of the investment portfolio. The Trust has elected to offset the fair value amounts recognized for receivables and payables for derivative positions executed with the same counterparty under the same master netting agreement.

The Trust had unfunded commitments of $2,988 million as of December 31, 2015 related to investments in private equity and real estate partnerships.

The derivative contracts entered into by the Trust summarized by primary risk exposure as noted below in the statement of net assets of the Trust as of December 31, 2015 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
Derivatives classified in Other investments:		
Options, equity	$ —	$ 1,751
Options, foreign currency	15,433	—
Derivatives classified in Due from brokers or Due to brokers:		
Futures:		
Equity index	—	114
Fixed income	1,038	1,006
Forwards, foreign currency	45	50,583

The effects of derivative instruments classified in the net appreciation (depreciation) in the value of other investments on the statement of changes in net assets of the Trust for the year ended December 31, 2015 are shown below.

(in thousands)	Total Notional/Cost Amount of Derivative Contracts		Realized Gain or (Loss) on Derivatives Recognized in Income	Change in Unrealized Appreciation/ (Depreciation) on Derivatives Recognized in Income
Derivatives	Purchased	Sold		
Options	$ 81,687	$ 41,492	$ (19,851)	$ (26,513)
Rights	2,458	1,452	355	(124)
Warrants	70	—	—	(70)
Futures	19,692,164	19,718,594	20,613	2,375
Forwards, foreign currency	1,254,047	1,240,589	67,912	12,447
Swaps	172,924	129,553	16,781	(28,225)

(4) Summary of Financial Information Prior to March 2, 2015

Prior to March 2, 2015, the Plan investments were held in registered investment companies and collective trust funds under an agreement with Wells Fargo Bank, N.A. (the "Former Trustee"). The Plan Administrator directed the investment of the Plan's assets.

The net assets held by the Former Trustee at December 31, 2014 follows.

	2014
	(in thousands)
Investments at fair value:	
Registered investment companies	$ 44,347
Common and collective trusts	26,542
Total investments at fair value	$ 70,889

Dividends and interest earned for the period ended March 2, 2015, the date that all assets were transferred to the GE Pension Trust, was $0.3 million. For the period ended March 2, 2015, the amount of investment appreciation totaled $2.2 million.

(5) Fair Value Measurements

The Trust's investments measured at fair value on a recurring basis at December 31, 2015 follow.

	Level 1	Level 2	Level 3	Total
		(in thousands)		
Investments:				
Public equity securities				
U.S. equity securities (a)	$ 11,261,635	$ 1,783,087	$ —	$ 13,044,722
Non-U.S. equity securities (a)	6,787,348	2,734,242	2,811	9,524,401
Fixed income securities				
Fixed income and cash investment funds	226,497	3,181,515	—	3,408,012
U.S. corporate (b)	—	5,794,409	—	5,794,409
Non-U.S. corporate	—	821,123	—	821,123
Residential mortgage-backed	—	957,040	45	957,085
U.S. government and federal agency	—	2,391,863	—	2,391,863
Other debt securities (c)	—	1,205,211	1,851	1,207,062
Private equity securities (a)	—	16,380	5,103,586	5,119,966
Real estate (a)	—	—	3,339,548	3,339,548
Other (d)	—	13,684	2,402,194	2,415,878
Total investments	$ 18,275,480	$ 18,898,554	$ 10,850,035	$ 48,024,069
Other assets:				
Derivatives (e)	$ 1,038	$ 45	$ —	$ 1,083
Other liabilities:				
Derivatives (e)	$ 1,120	$ 50,583	$ —	$ 51,703

(a) Included direct investments and investment funds.
(b) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
(c) Primarily represented investments in state and municipal debt, non-U.S. government bonds and commercial mortgage-backed securities.
(d) Substantially all represented hedge fund investments.
(e) Primarily represented futures and foreign currency forward exchange contracts.

There were no significant transfers between Level 1 and Level 2 during 2015.

The changes in Level 3 Trust's investments measured on a recurring basis for the year ended December 31, 2015 follow.

	January 1, 2015	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2015
				(in thousands)			
Fixed income securities							
U.S. corporate	$ 1,916	$ 36	$ (4)	$ —	$ (1,085)	$ (863)	$ —
Residential mortgage-backed	1,211	(2,963)	2,847	—	(1,050)	—	45
Other debt securities	3,260	(754)	227	1,406	(2,404)	116	1,851
Non-U.S. equity securities	—	(654)	(3,339)	3,783	(2,999)	6,020	2,811
Private equity securities	5,374,981	452,797	198,182	652,932	(1,575,306)	—	5,103,586
Real estate	3,223,817	127,873	258,073	665,131	(986,357)	51,011	3,339,548
Other	2,315,007	24,036	(50,900)	306,061	(192,010)	—	2,402,194
	$ 10,920,192	$ 600,371	$ 405,086	$ 1,629,313	$ (2,761,211)	$ 56,284	$ 10,850,035

(a) Transfers in and out of Level 3 are considered to occur at the beginning of the period.
The transfers into Level 3 are primarily due to the movement of certain assets into real estate and non-U.S. equity securities.

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2015 follows.

(in thousands)

Investment	Fair Value December 31, 2015	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	$ 4,496,825	Net asset value	Third party valuation	N/A	N/A
	123,542	Market comparables	EBITDA multiple	11.2X	7.0X - 14.8X
			Book value multiple	.8X	.8X
	83,617	Private transaction	EBITDA multiple	9.1X	9.1X
			Recent acquisitions	N/A	N/A
	22,317	Income approach	Discount rate	13.7%	10.0% - 30.0%
Real estate	1,508,040	Discounted cash flow	Capitalization rate	6.4%	5.0% - 8.5%
			Discount rate	7.5%	6.5%-10.0%
	1,311,202	Net asset value	Third party valuation	N/A	N/A
Shares in hedge fund	2,402,194	Net asset value	Third party valuation	N/A	N/A
Other (a)	902,298	Other	Other	N/A	N/A
Total	$ 10,850,035				

(a) Fair value measurements classified as Other are assets from the above investment types that were individually insignificant and utilize a number of different unobservable inputs.

(b) Discount rates are determined based on inputs that market participants would use when pricing investments, including credit and liquidity risk. An increase in the discount rate would result in a decrease in the fair value.

(c) Capitalization rates represent the rate of return on net operating income which is considered acceptable for an investor and is used to determine a real estate investment capitalized value. An increase in the capitalization rate would result in a decrease in the fair value.

The Plan's investments measured at fair value on a recurring basis at December 31, 2014 follow.

	Level 1	Level 2	Level 3	Total
		(in thousands)		
Registered investment companies	$ 44,347	$ —	$ —	$ 44,347
Common and collective trusts	—	26,542	—	26,542
Total investments at fair value	$ 44,347	$ 26,542	$ —	$ 70,889

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

Prior to March 2, 2015, certain investments of the Plan included shares of common and collective trusts advised by the Former Trustee. Fees are paid in accordance with the prospectuses.

As described in Note 8, the Plan paid certain expenses related to Plan operations and investment activity to various service providers who are parties in interest under ERISA, including KPMG LLP, the auditor of the Plan's financial statements.

(7) Tax Status

The Internal Revenue Service has notified the Company by a letter dated June 7, 2012, that the Plan is qualified under the appropriate sections of the Internal Revenue Code ("IRC") and that the related trust is tax-exempt. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's counsel believe that the Plan's current design and operations comply in all material respects with the applicable requirements of the IRC, and that the letter remains valid.

The Plan satisfies the non-discrimination requirements of IRC sections 401(a)(4) and 410(b). To the extent the Trust recognizes any "unrelated business taxable income" as defined in Sections 512 through 514 of the IRC, the Trust is required to pay tax on any such income. For the year ended December 31, 2015 the Trust recorded current income tax provisions of $5.3 million. For the year ended December 31, 2015, the Trust recorded no deferred tax liabilities.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. For the years ended December 31, 2015 and 2014, the Plan has not recognized a tax liability (or asset) related to uncertain tax positions.

The Plan is subject to routine audits by taxing jurisdictions and its administrator believes it is no longer subject to income tax examinations for years prior to 2012.

(8) Expenses

Pursuant to the Plan document, the Plan incurs certain administrative expenses and the Plan's proportionate share of other Trust expenses. Administrative expenses consist primarily of premiums paid to the Pension Benefit Guaranty Corporation ("PBGC"), direct recordkeeping and transaction processing costs. The Plan's proportionate share of the other Trust expenses is primarily associated with investment management fees. All reasonable expenses of the Plan are paid by the Plan, unless paid by the Company at its sole discretion.

Expenses for the Plan for the year ended December 31, 2015 follow.

	2015 (in thousands)
Administrative expenses	$ 81
Investment management fees and other expenses	302
Total expenses	$ 383

(9) Funding

It is the Company's policy to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Company may determine to be appropriate. The Company made no contributions in 2015. In addition, the Company had no formal contribution commitment to fund in 2016 as of December 31, 2015.

(10) Plan Termination

Although the Company has not expressed any intent to do so, it has the right to terminate the Plan in accordance with the Plan provisions and the provisions set forth in ERISA.

In the event of complete Plan termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide benefits in a prescribed order starting with benefits attributable to employee contributions.

Additionally, certain benefits under the Plan are insured by PBGC, a U.S. government agency, if the Plan so terminates. Generally, the PBGC guarantees most vested normal 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 benefit protection is subject to certain limitations.

Whether all participants will receive their benefits should the Plan so terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and level of benefits guaranteed by the PBGC. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2016, that ceiling, which is adjusted periodically, is $5,011 per month.

(11) Subsequent Events

Subsequent events after the statement of net assets available for plan benefits through September 7, 2016, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

On July 1, 2016, GE completed the sale of GEAM to State Street for proceeds of $436 million. The net sale proceeds from the transaction will be deposited into the Trust. In connection with the transaction, GE personnel were appointed as Trustees of the Trust, and State Street Global Advisors, a division of State Street, and SSGA Funds Management, Inc. an affiliate of State Street, were appointed as investment advisors, providing investment advisory, investment management and related services that GEAM historically provided to the Trust. The investment objectives and policies of the Trust will not change as a result of this transaction.

RETIREMENT INCOME PLAN FOR BARGAINING
UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2015

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (a) Single Transactions in excess of 5% of Plan assets:						
TimesSquare Mid Cap Growth Fund	Registered investment co.	$ —	$ 5,599,544	$ 3,954,856	$ 5,599,544	$1,644,688
Blackrock Equity Index Fund	Registered investment co.	—	21,547,735	16,848,038	21,547,735	4,699,697
Fidelity Diversified International Fund	Registered investment co.	—	11,227,101	8,859,576	11,227,101	2,367,525
BGI Russell 2000 Value Index Fund	Registered investment co.	—	5,358,569	3,219,383	5,358,569	2,139,186
Vanguard Long-Term Investment Grade Fund	Registered investment co.	—	29,092,620	27,253,068	29,092,620	1,839,552

Note: (e) and (f) are not included. There were no lease rentals with these transactions (e) and there were no expenses incurred with these transactions (f).

See accompanying Independent Auditors' Report.

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

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	2							
30-34		1	4							
35-39		5	10	2	5					
40-44		2	10	10	11	2				
45-49		2	17	22	4	3	1			
50-54		2	9	18	9	3	3		1	
55-59		4	14	17	5	9	3	5	3	
60-64			6	8	5	1		2	4	2
65-69			1	2	3				3	
70+										

N-254

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

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 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2015 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 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $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).

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

Expected Return on Assets	
2013 Plan Year	7.25%, limited to 6.76%
2014 Plan Year	7.25%, limited to 6.99%
Trust Expenses Included in Target Normal Cost	$0
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	40.00%
63	10.00%
64	10.00%
65+	100.00%

Table 2

Withdrawal Rates

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

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0720%	0.0900%	45	0.2650%	0.3597%
16	0.0720%	0.0900%	46	0.2927%	0.3881%
17	0.0720%	0.0900%	47	0.3204%	0.4165%
18	0.0720%	0.0900%	48	0.3755%	0.4643%
19	0.0720%	0.0900%	49	0.4306%	0.5121%
20	0.0720%	0.0900%	50	0.4856%	0.5598%
21	0.0720%	0.0900%	51	0.5407%	0.6076%
22	0.0720%	0.0900%	52	0.5958%	0.6554%
23	0.0736%	0.0928%	53	0.6903%	0.7166%
24	0.0752%	0.0957%	54	0.7848%	0.7778%
25	0.0769%	0.0985%	55	0.8793%	0.8390%
26	0.0785%	0.1013%	56	0.9738%	0.9003%
27	0.0801%	0.1041%	57	1.0683%	0.9615%
28	0.0830%	0.1113%	58	1.1554%	0.9948%
29	0.0859%	0.1184%	59	1.2425%	1.0280%
30	0.0887%	0.1256%	60	1.3297%	1.0613%
31	0.0916%	0.1327%	61	1.4168%	1.0946%
32	0.0945%	0.1399%	62	1.5039%	1.1279%
33	0.1003%	0.1536%	63	1.5910%	1.1612%
34	0.1060%	0.1673%	64	1.6781%	1.1944%
35	0.1118%	0.1810%	65	1.7653%	1.2277%
36	0.1175%	0.1947%	66	1.8524%	1.2610%
37	0.1233%	0.2084%	67	1.9395%	1.2943%
38	0.1350%	0.2216%	68	2.0266%	1.3276%
39	0.1467%	0.2348%	69	2.1137%	1.3609%
40	0.1584%	0.2480%	70+	2.2009%	1.3942%
41	0.1701%	0.2613%			
42	0.1818%	0.2745%			
43	0.2095%	0.3029%			
44	0.2372%	0.3313%			

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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- ☒ a single-employer plan;
- ☐ a DFE (specify) ___

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 04/01/1998

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

C/O GEHC
3000 N GRANDVIEW BLVD W690
WAUKESHA WI 53188-1696

2b Employer Identification Number (EIN)
22-3029570

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

2d Business code (see instructions)
621510

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

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

SIGN HERE	Joel Seku	9/12/16	JOEL SEKUTA
	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)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

GE HEALTHCARE AFFILIATE RETIREMENT PLAN COMMITTEE

C/O GEHC
3000 N GRANDVIEW BLVD W690
WAUKESHA WI 53188-1696

3b Administrator's EIN: 22-3029570

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	453
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)**	254
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	235
b	Retired or separated participants receiving benefits	**6b**	164
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	433
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	446
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**	1
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:
1B 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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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_____

RETIREMENT INCOME PLAN FOR BARGAINING
UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2015

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (a) Single Transactions in excess of 5% of Plan assets:						
TimesSquare Mid Cap Growth Fund	Registered investment co.	$ —	$ 5,599,544	$ 3,954,856	$ 5,599,544	$1,644,688
Blackrock Equity Index Fund	Registered investment co.	—	21,547,735	16,848,038	21,547,735	4,699,697
Fidelity Diversified International Fund	Registered investment co.	—	11,227,101	8,859,576	11,227,101	2,367,525
BGI Russell 2000 Value Index Fund	Registered investment co.	—	5,358,569	3,219,383	5,358,569	2,139,186
Vanguard Long-Term Investment Grade Fund	Registered investment co.	—	29,092,620	27,253,068	29,092,620	1,839,552

Note: (e) and (f) are not included. There were no lease rentals with these transactions (e) and there were no expenses incurred with these transactions (f).

See accompanying Independent Auditors' Report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **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
RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
22-3029570

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	2a	71,029,226
b Actuarial value	2b	67,458,291

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	168	30,458,429	30,458,429
b For terminated vested participants	31	880,993	880,993
c For active participants	254	15,836,461	16,808,089
d Total	453	47,175,883	48,147,511

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	6.27%
6 Target normal cost	6	949,665

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 Dawn M. Ochoa dmo

Signature of actuary

09/08/2016

Date

Dawn M. Ochoa

Type or print name of actuary

1407557

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)	6,446,037	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)	6,446,037	0
10	Interest on line 9 using prior year's actual return of 11.50%	741,294	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 6.47%		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	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7,187,331	0

Part III Funding Percentages

14	Funding target attainment percentage	14	125.17%
15	Adjusted funding target attainment percentage	15	140.10%
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	136.52%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.72%	6.11%	6.81%	☐ 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**	949,665
b Excess assets, if applicable, but not greater than line 31a	**31b**	949,665

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)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	40.00%	0.6268	15.67
63.5	10.00%	0.3761	2.39
64.5	10.00%	0.3385	2.18
65	100.00%	0.3046	19.80
		Weighted Average	61.98

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

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 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2015 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 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $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).

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

Expected Return on Assets	
2013 Plan Year	7.25%, limited to 6.76%
2014 Plan Year	7.25%, limited to 6.99%
Trust Expenses Included in Target Normal Cost	$0
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2015

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	40.00%
63	10.00%
64	10.00%
65+	100.00%

Table 2

Withdrawal Rates

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

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0720%	0.0900%	45	0.2650%	0.3597%
16	0.0720%	0.0900%	46	0.2927%	0.3881%
17	0.0720%	0.0900%	47	0.3204%	0.4165%
18	0.0720%	0.0900%	48	0.3755%	0.4643%
19	0.0720%	0.0900%	49	0.4306%	0.5121%
20	0.0720%	0.0900%	50	0.4856%	0.5598%
21	0.0720%	0.0900%	51	0.5407%	0.6076%
22	0.0720%	0.0900%	52	0.5958%	0.6554%
23	0.0736%	0.0928%	53	0.6903%	0.7166%
24	0.0752%	0.0957%	54	0.7848%	0.7778%
25	0.0769%	0.0985%	55	0.8793%	0.8390%
26	0.0785%	0.1013%	56	0.9738%	0.9003%
27	0.0801%	0.1041%	57	1.0683%	0.9615%
28	0.0830%	0.1113%	58	1.1554%	0.9948%
29	0.0859%	0.1184%	59	1.2425%	1.0280%
30	0.0887%	0.1256%	60	1.3297%	1.0613%
31	0.0916%	0.1327%	61	1.4168%	1.0946%
32	0.0945%	0.1399%	62	1.5039%	1.1279%
33	0.1003%	0.1536%	63	1.5910%	1.1612%
34	0.1060%	0.1673%	64	1.6781%	1.1944%
35	0.1118%	0.1810%	65	1.7653%	1.2277%
36	0.1175%	0.1947%	66	1.8524%	1.2610%
37	0.1233%	0.2084%	67	1.9395%	1.2943%
38	0.1350%	0.2216%	68	2.0266%	1.3276%
39	0.1467%	0.2348%	69	2.1137%	1.3609%
40	0.1584%	0.2480%	70+	2.2009%	1.3942%
41	0.1701%	0.2613%			
42	0.1818%	0.2745%			
43	0.2095%	0.3029%			
44	0.2372%	0.3313%			

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective June 15, 2012, the plan was amended to provide for an increase in the benefit level and to close the plan to new participants.

Effective Date	April 4, 1998
Participation	Participants in the prior plan on April 3, 1998 will join this plan on April 4, 1998. Collectively bargained employees of Instrumentarium will enter the plan on the first day of the month coincident with or next following the completion of 1,000 hours of service in a 12 consecutive month period.
Normal Retirement Benefit	
Eligibility	Age 65.
Benefit	The annual rate of retirement income payable to a participant, commencing on or after normal retirement date shall be equal to the participant's credited Service multiplied by the applicable benefit level as determined according to the following schedule:

Date of Determination	Applicable Benefit Level Amount
From 04/04/1998 through 06/14/1998	$396
From 06/15/1998 through 06/14/1999	$420
From 06/15/1999 through 06/14/2000	$444
From 06/15/2000 through 06/14/2001	$504
From 06/15/2001 through 06/14/2003	$534
From 06/15/2003 through 06/14/2006	$600
From 06/15/2006 through 06/14/2007	$612
From 06/15/2007 through 06/14/2008	$636
From 06/15/2008 through 06/14/2009	$672
From 06/15/2009 through 06/14/2012	$708
From 06/15/2012 through 06/14/2014[1]	$732
On and after 06/15/2014	$744

[1] Anyone who retirees under this provision, will receive a popup to the $62 per month benefit as of June 15, 2014.

Early Retirement

Eligibility

Participants who terminate employment after age 55 with five years of vesting service.

Benefit

The monthly benefit payable at the early retirement date is equal to the normal retirement benefit, reduced to reflect early commencement.

For employees who have completed at least 10 years of continuous service the reduction is 1/2 for each month the early retirement date precedes age 62.

For employees that do not have 10 years of continuous service, the early retirement reduction is based on the table below:

Age at Benefit Commencement	Reduction
65	0.0%
64	6.0%
63	12.0%
62	18.0%
61	24.0%
60	30.0%
59	34.8%
58	39.3%
57	43.3%
56	47.0%
55	50.3%

For eligible participants retiring between June 15, 2009 and September 30, 2009 the early retirement reductions from age 62 to age 60 were reduced from 6% per year to 3% per year.

Deferred Vested Retirement Benefits

Eligibility

Five years of vesting service.

Termination Benefit

A participant is entitled to the vested normal retirement benefit determined as of the date of termination of employment. The participant may commence this benefit as early as age 55, however, the benefit will be reduced in accordance with the reduction factors that apply to a participant who retires with less than 10 years of continuous service.

Termination Benefit for Transferred Participants

Benefit multiplier is frozen at the date of transfer. Early retirement and vesting eligibility are same as for the active participants under this plan.

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.
Disability Benefit	
Eligibility	Fifteen years of continuous service.
Benefit	Unreduced normal retirement benefit based on credited service to date of disability.
Lump Sum Benefit	Effective June 15, 2001, employees retiring from active service are entitled to receive a lump sum retirement bonus of $100 for each year of credited service, payable at retirement.
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.
Credited Service	A participant shall be credited with one year of credited service for each computation period if the participant completes 1,200 hours of service in this period.
Vesting Service	A participant shall be credited with one year of vesting service for each 12 consecutive month period following employment that the participant completed 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.

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

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2015

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	2							
30-34		1	4							
35-39		5	10	2	5					
40-44		2	10	10	11	2				
45-49		2	17	22	4	3	1			
50-54		2	9	18	9	3	3		1	
55-59		4	14	17	5	9	3	5	3	
60-64			6	8	5	1		2	4	2
65-69			1	2	3				3	
70+										

N-254

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	40.00%	0.6268	15.67
63.5	10.00%	0.3761	2.39
64.5	10.00%	0.3385	2.18
65	100.00%	0.3046	19.80
		Weighted Average	61.98

Schedule SB Attachment (Form 5500)—2015 Plan Year
The RET Plan For Bargaining EEs of Datex-Ohmeda
EIN: 22-3029570 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective June 15, 2012, the plan was amended to provide for an increase in the benefit level and to close the plan to new participants.

Effective Date	April 4, 1998
Participation	Participants in the prior plan on April 3, 1998 will join this plan on April 4, 1998. Collectively bargained employees of Instrumentarium will enter the plan on the first day of the month coincident with or next following the completion of 1,000 hours of service in a 12 consecutive month period.
Normal Retirement Benefit	
Eligibility	Age 65.
Benefit	The annual rate of retirement income payable to a participant, commencing on or after normal retirement date shall be equal to the participant's credited Service multiplied by the applicable benefit level as determined according to the following schedule:

Date of Determination	Applicable Benefit Level Amount
From 04/04/1998 through 06/14/1998	$396
From 06/15/1998 through 06/14/1999	$420
From 06/15/1999 through 06/14/2000	$444
From 06/15/2000 through 06/14/2001	$504
From 06/15/2001 through 06/14/2003	$534
From 06/15/2003 through 06/14/2006	$600
From 06/15/2006 through 06/14/2007	$612
From 06/15/2007 through 06/14/2008	$636
From 06/15/2008 through 06/14/2009	$672
From 06/15/2009 through 06/14/2012	$708
From 06/15/2012 through 06/14/2014[1]	$732
On and after 06/15/2014	$744

[1] Anyone who retirees under this provision, will receive a popup to the $62 per month benefit as of June 15, 2014.

Early Retirement

Eligibility

Participants who terminate employment after age 55 with five years of vesting service.

Benefit

The monthly benefit payable at the early retirement date is equal to the normal retirement benefit, reduced to reflect early commencement.

For employees who have completed at least 10 years of continuous service the reduction is 1/2 for each month the early retirement date precedes age 62.

For employees that do not have 10 years of continuous service, the early retirement reduction is based on the table below:

Age at Benefit Commencement	Reduction
65	0.0%
64	6.0%
63	12.0%
62	18.0%
61	24.0%
60	30.0%
59	34.8%
58	39.3%
57	43.3%
56	47.0%
55	50.3%

For eligible participants retiring between June 15, 2009 and September 30, 2009 the early retirement reductions from age 62 to age 60 were reduced from 6% per year to 3% per year.

Deferred Vested Retirement Benefits

Eligibility

Five years of vesting service.

Termination Benefit

A participant is entitled to the vested normal retirement benefit determined as of the date of termination of employment. The participant may commence this benefit as early as age 55, however, the benefit will be reduced in accordance with the reduction factors that apply to a participant who retires with less than 10 years of continuous service.

Termination Benefit for Transferred Participants

Benefit multiplier is frozen at the date of transfer. Early retirement and vesting eligibility are same as for the active participants under this plan.

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.
Disability Benefit	
Eligibility	Fifteen years of continuous service.
Benefit	Unreduced normal retirement benefit based on credited service to date of disability.
Lump Sum Benefit	Effective June 15, 2001, employees retiring from active service are entitled to receive a lump sum retirement bonus of $100 for each year of credited service, payable at retirement.
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.
Credited Service	A participant shall be credited with one year of credited service for each computation period if the participant completes 1,200 hours of service in this period.
Vesting Service	A participant shall be credited with one year of vesting service for each 12 consecutive month period following employment that the participant completed 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.

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