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 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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1994

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)

GE HEALTHCARE USA HOLDING INC.

C/O PAMELA HANNON
500 W. MONROE, 22ND FLOOR
CHICAGO, IL 60661

2b Employer Identification Number (EIN) 04-2860743

2c Plan Sponsor's telephone number 312-259-7390

2d Business code (see instructions) 551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2019	JAMES T. HOFFMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

JOINT QUALIFIED RETIREMENT PLANS COMMITTEE
JAMES T. HOFFMAN
4636 SOMERTON ROAD
BUILDING #11, SUITE C
TREVOSE, PA 19053

3b Administrator's EIN: 04-2860743

3c Administrator's telephone number: 215-942-3880

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	2092
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)**	401
a(2) Total number of active participants at the end of the plan year	**6a(2)**	354
b Retired or separated participants receiving benefits	**6b**	763
c Other retired or separated participants entitled to future benefits	**6c**	861
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1978
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	100
f Total. Add lines **6d** and **6e**.	**6f**	2078
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
04-2860743

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	247134842
b Actuarial value	**2b**	234921701

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	813	113081017	113081017
b For terminated vested participants	896	53918123	53918123
c For active participants	383	20065840	21392872
d Total	2092	187064980	188392012

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**	5.65 %
6 Target normal cost	**6**	476056

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: 09/05/2019
DAWN M. OCHOA	17-07557
Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.	847-295-5000
Firm name	Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHITE, 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)	32428645	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)	32428645	0
10	Interest on line 9 using prior year's actual return of 14.46 %	4689182	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 5.86%		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)	37117827	0

Part III Funding Percentages

14	Funding target attainment percentage	14	104.99%
15	Adjusted funding target attainment percentage	15	124.69%
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	124.44%
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:	
3.92%	5.52%	6.29%	☐ 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)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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**	476056
b Excess assets, if applicable, but not greater than line 31a	**31b**	476056

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

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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
04-2860743

Part I 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 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

(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 CONSULTING

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	192979	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG

13-5565207

(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?
10 50	NONE	28000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK & TRUST

04-2654585

(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?
18 50	NONE	20225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
04-2860743

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

a Name of MTIA, CCT, PSA, or 103-12 IE: 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	223766880

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
04-2860743

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	247134842	223766880
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	247134842	223766880
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	247134842	223766880

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)		-12119815
(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		-12119815
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10848835	
(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)		10848835
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)	244504	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	154808	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		399312
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11248147
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-23367962
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4149368. (See instructions.)

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 sections 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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
04-2860743

Part I Distributions

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

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

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

EIN(s): 04-3581074

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 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: 37.0 % Investment-Grade Debt: 38.0 % High-Yield Debt: 7.0 % Real Estate: 7.0 % Other: 11.0 %

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

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

AMERSHAM HEALTH RETIREMENT PLAN

Financial Statements

December 31, 2018 and 2017

(With Independent Auditors' Report Thereon)

AMERSHAM HEALTH RETIREMENT PLAN

Table of Contents

December 31, 2018 and 2017

	Page Number(s)
Independent Auditors' Report	3
Financial Statements:	
Statements of Net Assets Available for Plan Benefits as of December 31, 2018 and 2017	4
Statements of Changes in Net Assets Available for Plan Benefits for the Years Ended December 31, 2018 and 2017	5
Statements of Accumulated Plan Benefits as of December 31, 2018 and 2017	6
Statements of Changes in Accumulated Plan Benefits for the Years Ended December 31, 2018 and 2017	7
Notes to Financial Statements	8 - 23

KPMG LLP
515 Broadway
Albany, NY 12207-2974

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Amersham Health Retirement Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of the Amersham Health Retirement Plan (the Plan), which comprise the statements of net assets available for plan benefits and of accumulated plan benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for plan benefits and of changes in accumulated plan benefits for the years then ended, 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 financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2018 and 2017, and the changes in its financial status for the years then ended, in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Albany, New York
September 10, 2019

KPMG LLP is a Delaware limited liability partnership and the U.S. member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.

AMERSHAM HEALTH RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2018 and 2017

(in thousands)

	2018	2017
Assets:		
Investments at fair value (notes 3 and 4)		
Plan interest in GE Pension Trust	$ 223,767	$ 247,135
Net assets available for plan benefits	$ 223,767	$ 247,135

See accompanying notes to financial statements.

AMERSHAM HEALTH RETIREMENT PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2018 and 2017

(in thousands)

	2018	2017
Additions (reductions) to net assets attributed to:		
Investment income allocated from GE Pension Trust (note 3):		
Interest and dividends	$ 3,471	$ 3,481
Net appreciation (depreciation) in fair value of investments	(14,094)	29,893
Investment management fees and other expenses (note 7)	(1,497)	(1,446)
Total additions (reductions)	(12,120)	31,928
Deductions from plan assets attributed to:		
Benefit payments	10,849	10,287
Administrative expenses (note 7)	399	442
Total deductions	11,248	10,729
Net increase (decrease)	(23,368)	21,199
Net assets available for plan benefits at:		
Beginning of year	247,135	225,936
End of year	$ 223,767	$ 247,135

See accompanying notes to financial statements.

AMERSHAM HEALTH RETIREMENT PLAN

Statements of Accumulated Plan Benefits

December 31, 2018 and 2017

(in thousands)

	2018	2017
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 109,547	$ 107,178
Other participants	61,633	67,189
	171,180	174,367
Non-vested benefits	1,416	1,189
Total actuarial present value of accumulated plan benefits	$ 172,596	$ 175,556

See accompanying notes to financial statements.

AMERSHAM HEALTH RETIREMENT PLAN

Statements of Changes in Accumulated Plan Benefits

Years Ended December 31, 2018 and 2017

(in thousands)

	2018	2017
Actuarial present value of accumulated plan benefits at beginning of year	$ 175,556	$ 162,398
Increase (decrease) during the year attributable to:		
Increase for interest due to the decrease in the discount period	11,490	11,801
Benefit payments	(10,849)	(10,287)
Changes in actuarial assumptions (note 2(e))	(4,325)	11,466
Experience losses, net	724	178
Net increase (decrease)	(2,960)	13,158
Actuarial present value of accumulated plan benefits at end of year	$ 172,596	$ 175,556

See accompanying notes to financial statements.

(1) Description of the Plan

The Amersham Health Retirement Plan (the "Plan") is a frozen noncontributory defined benefit plan sponsored by GE Healthcare USA Holding 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").

Effective November 29, 2004, the Plan was frozen such that no new participants may be added on or after that date and accruals of benefits in the Plan ceased. All participants became fully vested as of the freeze date with the exception of certain death and disability benefits. At that time, employees began accruing benefits under the GE Pension Plan.

Participants are entitled to pension benefits (paid monthly) beginning at normal retirement age (65). The Plan permits early retirement beginning at age 55; however, benefits would be reduced by a percentage per year from the yearly benefit for each year, and proportionately for each month, depending upon the age of the participant at retirement date and on the participant's credited service.

The Plan invests its funds in the GE Pension Trust (the "Trust"). GE personnel are Trustees of the Trust, and State Street Global Advisors Trust Company and SSGA Funds Management, Inc., affiliates of State Street Corporation, act as investment advisors, providing investment advisory, investment management and related services to the Trust. State Street Bank & Trust Company 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 Amersham Health Retirement 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

All Plan investment assets are held in the Trust. The Trust's investments are carried at fair value. See notes 3 and 4 for additional information.

Investment transactions are recorded by the Trust 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 statements 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 at the beginning of each month.

(c) Fair Value Measurements

For financial assets and liabilities, fair value is the price the Trust 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 Trust 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.

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

Trust 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.

Investments in private equity, real estate and collective funds held by the Trust, are generally valued using the net asset value ("NAV") per share as a practical expedient for fair value provided certain criteria are met. The NAVs are determined based on the fair values of the underlying investments in the funds. Investments that are measured at fair value using the NAV as a practical expedient are not classified in the fair value hierarchy.

(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 will be required under the Plan's provisions based on the employees' contributions, compensation and service through year-end. 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, withdrawal, 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, 2018 and 2017 were: (a) expected mortality rates of participants are determined using the RP-2014 aggregate base table with a generationally projected longevity improvement by a modified Scale MP-2017 (0.75% ultimate rate) for 2018 and 2017; (b) retirement age ranging from 55 to 65; and (c) interest discount assumption of 6.75% for 2018 and 2017 (d) additional rate and election changes. The assumption changes in 2018 are primarily due to certain changes in the retirement rates, the retirement age assumption, and the optional form assumptions. In addition, male spouses are assumed to be two years older than female spouses in the valuation of joint and survivor annuities. The changes in actuarial assumptions in 2017 are primarily due to the decrease in the interest discount rate from 7.5 % to 6.75%.

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 Trust Financial Information

(a) 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 Trust net assets as of December 31, 2018 and 2017, respectively. The net assets and changes in net assets of the Trust follow.

Net Assets:	December 31,	
	2018	2017
	(in thousands)	
Assets:		
Investments (note 4):		
Global equity (a)	$ 19,320,310	$ 24,252,512
Debt securities (a)	23,358,488	18,098,995
Private equities and other investments (a)	5,930,484	7,479,112
Real estate (a)	3,616,773	3,575,524
Total investments	52,226,055	53,406,143
Cash	8,485	32,852
Receivables:		
Due from brokers	258,255	5,911
Income receivable	178,694	143,067
Other receivables	9,091	9,887
Total receivables	446,040	158,865
Total assets	52,680,580	53,597,860
Liabilities:		
Due to brokers	498,241	279,164
Accounts payable and accrued expenses	180,235	79,799
Total liabilities	678,476	358,963
Net assets of the Trust	$ 52,002,104	$ 53,238,897

(a) Includes direct investments and investment funds.

Changes in Net Assets:	Years Ended December 31,	
	2018	2017
	(in thousands)	
Investment income:		
Interest and dividend income	$ 776,445	$ 746,650
Net appreciation (depreciation) in value of investments:		
Global equity	(2,547,708)	3,811,285
Debt securities	(1,092,174)	650,690
Private equities and other investments	21,079	1,621,528
Real estate	286,147	342,197
Total net appreciation (depreciation)	(3,332,656)	6,425,700
Investment management fees and other expenses	(314,285)	(307,140)
Transfers in:		
Employee contributions	90,271	103,742
Employer contributions	6,015,777	1,755,952
Transfers out:		
Affiliate plans	(553,213)	(38,002)
Benefit payments and employee refunds	(3,649,120)	(3,712,838)
Administrative expenses	(270,012)	(291,182)
Net increase (decrease)	(1,236,793)	4,682,882
Net assets of the Trust at:		
Beginning of year	53,238,897	48,556,015
End of year	$ 52,002,104	$ 53,238,897

(c) Investments

The Trust invests in global equity, debt securities, private equities, 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 0.5% and 1.0% of Trust net assets at December 31, 2018 and 2017, respectively.

(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 statements 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 $1,606 million and $2,590 million as of December 31, 2018 and 2017, respectively, 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, 2018 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
Derivatives classified in Other investments:		
Options, foreign currency	$ 6,384	$ —
Swaps	3,348	—
Derivatives classified in Due from brokers or Due to brokers:		
Futures, fixed income	20,025	—
Forwards, foreign currency	37,209	—
Swaps	24,337	—

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, 2018 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	$ 14,402	$ 12,167	$ (1,523)	$ (25,856)
Rights	2,385	2,418	33	—
Futures	242	235	(35,474)	17,005
Forwards, foreign currency	637,690	1,379,787	(127,914)	138,806
Swaps	46,460	49,460	3,970	4,402

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, 2017 follow.

(in thousands)	Asset Derivative Fair Value	Liability Derivative Fair Value
Derivatives classified in Other investments:		
Options, equity	$ 31,529	—
Swaps	—	1,793
Derivatives classified in Due from brokers or Due to brokers:		
Futures:		
Equity index	1	—
Fixed income	1,786	—
Forwards, foreign currency	6	101,602
Swaps	—	25

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, 2017 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	$ 3,389	$ 43,186	$ 11,606	$ 40,348
Rights	1,929	2,237	308	—
Warrants	—	59	59	—
Futures	484	497	516,912	7,175
Forwards, foreign currency	4,102,226	4,201,428	(69,833)	(174,892)
Swaps	48,311	815	(47,967)	7,941

(4) Fair Value Measurements

The Trust's investments measured at fair value on a recurring basis at December 31, 2018 follow.

	Level 1	Level 2	Level 3	Total
		(in thousands)		
Investments:				
Global equity	$ 6,253,814	$ —	$ —	$ 6,253,814
Debt securities				
Fixed income and cash investment funds	—	2,151,446	—	2,151,446
U.S. corporate (a)	—	9,080,395	—	9,080,395
Non-U.S. corporate	—	1,288,329	—	1,288,329
Residential mortgage-backed	—	410,988	87	411,075
U.S. government and federal agency	—	3,038,356	—	3,038,356
Other debt securities (b)	—	734,358	455	734,813
Private equities and other investments	—	9,732	802,183	811,915
Real estate	—	—	2,305,991	2,305,991
	$ 6,253,814	$ 16,713,604	$ 3,108,716	26,076,134
Investments measured at net asset value (c):				
Global equity				13,056,764
Debt securities				6,654,074
Private equities and other investments				5,128,301
Real estate				1,310,782
Total investments, at fair value				$ 52,226,055
Other assets:				
Derivatives (d)	$ 81,571	$ —	$ —	$ 81,571

(a) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
(b) Primarily represented investments in state and municipal debt, non-U.S. government bonds and commercial mortgage-backed securities.
(c) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient are not classified in the level hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.
(d) Primarily represents futures and forwards.

There were no significant transfers between the fair value levels during 2018. Transfers between fair value levels are considered to occur at the beginning of the period.

The Trust's investments measured at fair value on a recurring basis at December 31, 2017 follow.

	Level 1	Level 2	Level 3	Total
		(in thousands)		
Investments:				
Global equity	$ 9,681,302	$ —	$ —	$ 9,681,302
Debt securities				
Fixed income and cash investment funds	—	1,267,904	—	1,267,904
U.S. corporate (a)	—	6,970,464	—	6,970,464
Non-U.S. corporate	—	1,043,652	—	1,043,652
Residential mortgage-backed	—	399,702	18	399,720
U.S. government and federal agency	—	3,431,484	—	3,431,484
Other debt securities (b)	—	645,098	976	646,074
Private equities and other investments	31,529	(1,793)	808,229	837,965
Real estate	—	—	2,245,777	2,245,777
	$ 9,712,831	$ 13,756,511	$ 3,055,000	26,524,342
Investments measured at net asset value (c):				
Global equity				14,571,210
Private equities and other investments				6,641,147
Debt securities				4,339,697
Real estate				1,329,747
Total investments, at fair value				$ 53,406,143
Other assets:				
Derivatives (d)	$ 1,787	$ 6	$ —	$ 1,793
Other liabilities:				
Derivatives (d)	$ —	$ 101,627	$ —	$ 101,627

(a) Primarily represented investment grade bonds of U.S. issuers from diverse industries.
(b) Primarily represented investments in state and municipal debt, non-U.S. corporate bonds, non-U.S. government bonds and commercial mortgage-backed securities.
(c) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient are not classified in the level hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.
(d) Primary represents futures and forwards.

There were no significant transfers between the fair value levels during 2017. Transfers between fair value levels are considered to occur at the beginning of the period.

The changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2018 follow.

(in thousands)	January 1, 2018	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2018
Debt securities							
Residential mortgage-backed	$ 18	$ —	$ 113	$ —	$ (44)	$ —	$ 87
Other debt securities	976	11	(34)	—	(498)	—	455
Private equities and other investments	808,229	12,021	(36,226)	221,499	(203,340)	—	802,183
Real estate	2,245,777	(45,221)	266,393	298,525	(459,483)	—	2,305,991
	$ 3,055,000	$ (33,189)	$ 230,246	$ 520,024	$ (663,365)	$ —	$ 3,108,716

(a) Transfers in and out of Level 3 are considered to occur at the beginning of the period.

The changes in Level 3 investments measured on a recurring basis for the year ended December 31, 2017 follow.

(in thousands)	January 1, 2017	Net realized gains (losses)	Net unrealized gains (losses)	Purchases	Sales	Transfers into (out of) Level 3 (a)	December 31, 2017
Debt securities							
Residential mortgage-backed	$ 26	$ —	$ 50	$ —	$ (58)	$ —	$ 18
Other debt securities	1,580	(29)	(112)	487	(950)	—	976
Global equity	2,668	—	(757)	—	(1,911)	—	—
Private equities and other investments	679,136	(14,079)	11,357	210,924	(79,069)	(40)	808,229
Real estate	1,964,073	64,083	163,225	265,065	(210,669)	—	2,245,777
	$ 2,647,483	$ 49,975	$ 173,763	$ 476,476	$ (292,657)	$ (40)	$ 3,055,000

(a) Transfers in and out of Level 3 are considered to occur at the beginning of the period.

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2018 follows.

Investment	(in thousands) Fair Value December 31, 2018	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	$ 353,926	Market comparables	EBITDA multiple	11.4X	9.6X - 14.5X
			Book value multiple	.7X	.7X
			Revenue	4.8X	1.4X - 5.4X
	87,885	Private transaction	Recent financing	N/A	N/A
	107,107	Income approach	Discount rate	N/A	7.9% - 30.0%
Real estate	2,054,377	Discounted cash flow	Capitalization rate	6.11%	4.50%-8.00%
			Discount rate	7.27%	6.25%-9.00%
Other (a)	505,421	Other	Other	N/A	N/A
Total	$ 3,108,716				

(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.

Information related to the significant unobservable inputs used in the valuation of Level 3 investments as of December 31, 2017 follows.

Investment	(in thousands) Fair Value December 31, 2017	Valuation technique	Unobservable input (b) (c)	Weighted average	Range of unobservable inputs
Private equity	$ 216,949	Market comparables	EBITDA multiple	11.8X	7.4X - 14.1X
			Book value multiple	.8X	.8X
			Revenue	4.5X	1.7X - 6.8X
	71,026	Private transaction	Recent financing	N/A	N/A
	18,457	Income approach	Discount rate	16.0%	6.8% - 31.8%
Real estate	1,877,249	Discounted cash flow	Capitalization rate	6.13%	4.50% - 8.00%
			Discount rate	7.25%	6.50% - 9.50%
Other (a)	871,319	Other	Other	N/A	N/A
Total	$ 3,055,000				

(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.

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

As described in Note 7, 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.

(6) Tax Status

The Internal Revenue Service has notified the Company by a letter dated August 11, 2015, 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 years ended December 31, 2018 and 2017, the Trust recorded a current income tax expense and benefit of $15.8 million and $0.6 million, respectively. For the years ended December 31, 2018 and December 31, 2017, 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, 2018 and 2017, 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 2015.

(7) 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 discretion.

Expenses for the Plan for the years ended December 31, 2018 and 2017 follow.

	2018	2017
	(in thousands)	
Administrative expenses	$ 399	$ 442
Investment management fees and other expenses	1,497	1,446
Total expenses	$ 1,896	$ 1,888

(8) 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 was not required to make contributions during 2018 and 2017. In addition, the Company has no formal commitment to contribute in 2019 for the 2018 plan year.

(9) 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 the 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 2019, that ceiling, which is adjusted periodically, is $5,608 per month.

(10) Subsequent Events

Subsequent events after the statement of net assets available for plan benefits through September 10, 2019, the date the financial statements were issued, have been evaluated in the preparation of the financial statements.

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		3								
35-39		20 $96	5							
40-44		23 $179	24 $370	1						
45-49		29 $150	38 $445	15	1					
50-54		24 $164	25 $389	23 $988	14					
55-59		22 $105	18	13	12	4				
60-64		19	12	5	10	1	1			
65-69		8	1	3		1	1			
70+		3	4							

N-383

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Optional Payment Form Election Percentage	100% Single Life Annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $220,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2016 Plan Year	7.50%, limited to 6.65%
2017 Plan Year	7.50%, limited to 6.48%
2018 Plan Year	6.75%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	$476,056, Based on last year's expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Table 1

Retirement Rates

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

Table 2—Page 1 of 4

Withdrawal Rates—Male

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

Table 2—Page 2 of 4

Withdrawal Rates—Male

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

Table 2—Page 3 of 4

Withdrawal Rates—Female

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

Table 2—Page 4 of 4

Withdrawal Rates—Female

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

Table 3

Disability Rates

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

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 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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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.)
- ☒ 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
AMERSHAM HEALTH RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/01/1994

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)

GE HEALTHCARE USA HOLDING INC.

C/O PAMELA HANNON
500 W. MONROE, 22ND FLOOR
CHICAGO IL 60661

2b Employer Identification Number (EIN)
04-2860743

2c Plan Sponsor's telephone number
312-259-7390

2d Business code (see instructions)
551112

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

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

SIGN HERE	James T. Hoffman	09-30-2019	JAMES T. HOFFMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

JOINT QUALIFIED RETIREMENT PLANS COMMITTEE
JAMES T. HOFFMAN
4636 SOMERTON ROAD
BUILDING #11, SUITE C
TREVOSE PA 19053

3b Administrator's EIN: 04-2860743

3c Administrator's telephone number: 215-942-3880

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2,092
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)**	401
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	354
b	Retired or separated participants receiving benefits	**6b**	763
c	Other retired or separated participants entitled to future benefits	**6c**	861
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1,978
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	100
f	Total. Add lines **6d** and **6e**.	**6f**	2,078
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
AMERSHAM HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
04-2860743

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2018

2 Assets:

a Market value	**2a**	247,134,842
b Actuarial value	**2b**	234,921,701

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	813	113,081,017	113,081,017
b For terminated vested participants	896	53,918,123	53,918,123
c For active participants	383	20,065,840	21,392,872
d Total	2,092	187,064,980	188,392,012

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**	5.65%
6 Target normal cost	**6**	476,056

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

09/05/2019
Date

DAWN M. OCHOA
Type or print name of actuary

1707557
Most recent enrollment number

AON CONSULTING, INC.
Firm name

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

4 OVERLOOK POINT
LINCOLNSHITE 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)	32,428,645	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)	32,428,645	0
10	Interest on line 9 using prior year's actual return of 14.46%	4,689,182	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 5.86%		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)	37,117,827	0

Part III Funding Percentages

14	Funding target attainment percentage	14	104.99%
15	Adjusted funding target attainment percentage	15	124.69%
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	124.44%
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 [X] 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:	
3.92 %	5.52 %	6.29%	☐ 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)

Prior regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Current regulation: ☐ 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	476,056
b Excess assets, if applicable, but not greater than line 31a	31b	476,056

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.50%	1.0000	4.16
56.5	7.50%	0.9250	3.92
57.5	7.50%	0.8556	3.69
58.5	7.50%	0.7915	3.47
59.5	7.50%	0.7321	3.27
60.5	10.00%	0.6772	4.10
61.5	10.00%	0.6095	3.75
62.5	25.00%	0.5485	8.57
63.5	25.00%	0.4114	6.53
64.5	25.00%	0.3085	4.98
65.5	50.00%	0.2314	7.58
66.5	25.00%	0.1157	1.92
67.5	25.00%	0.0868	1.46
68.5	25.00%	0.0651	1.11
69.5	25.00%	0.0488	0.85
70	100.00%	0.0366	2.56
		Weighted Average	61.92

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Optional Payment Form Election Percentage	100% Single Life Annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $220,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2016 Plan Year	7.50%, limited to 6.65%
2017 Plan Year	7.50%, limited to 6.48%
2018 Plan Year	6.75%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	$476,056, Based on last year's expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2018

Table 1

Retirement Rates

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

Table 2—Page 1 of 4

Withdrawal Rates—Male

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

Table 2—Page 2 of 4

Withdrawal Rates—Male

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

Table 2—Page 3 of 4

Withdrawal Rates—Female

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

Table 2—Page 4 of 4

Withdrawal Rates—Female

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

Table 3

Disability Rates

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

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

Normal Retirement Benefits

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

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

Prior Amersham

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

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

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

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

Prior Nycomed

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

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

Deferred Vested Retirement Benefits	
Eligibility	Five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65.
Automatic Preretirement Surviving Spouse Benefit	
Eligibility	Five years of vesting service.
Benefit	One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity.
Normal Form of Benefit	For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity. Participants who terminated employment prior to January 1, 2016 with a deferred vested benefit were offered a one-time lump sum payment during a window in 2016. The payment forms offered to participants were a one-time lump sum, an immediate annuity, or continued deferral.
Definitions	
Monthly Compensation	Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, and perquisite pay, subject to the 401(a)(17) limits.
Final Average Monthly Compensation	The average of the participant's compensation for the 60 consecutive complete calendar months for which compensation is highest during the 120-calendar month period immediately preceding the participant's termination date. If a participant does not have 60 full consecutive months of employment, his final average monthly compensation during the period he was an employee by the number of months thereof.

Final Earnings	The participant's highest average annual regular earnings earned in any three consecutive years of service within the 10-year period immediately preceding his severance from group date, his severance from employer date (but only if he incurs a severance from employer date as a result of ceasing to be a salaried employee and if he thereafter remains an employee with the Hafslund Control Group) or his annuity starting date, whichever is earliest. If the participant does not have at least three consecutive years of service within the 10-year period immediately preceding the applicable date, "Final Earnings" shall mean the participant's average annual regular earnings earned during whatever number of consecutive years of service he completes within the 10-year period.
Credited Service	Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 hours of service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee is credited with 90 hours of service. For former **Tech/Ops** employees, credited service begins at the later of July 1, 1986 or date of hire. For **Medi-Physics** employees, service is credited back to date of hire, provided the employee works 541 hours for Amersham in 1990 after June 13, 1990, or earns a year of credited service in any plan year after 1990. For former **USB** employees, credited service begins at the later of July 1, 1994 or date of hire. For former **BDS** employees, credited service begins at the later of May 1, 1995 or date of hire.
Vesting Service	Service credited to an employee for purposes of determining a participant's vested percentage in and eligibility to receive payment of his accrued benefit under the plan. One year of vesting service is credited for each plan year in which the employee completes 1,000 hours of service.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 7.50% to 6.75%.

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		3								
35-39		20 $96	5							
40-44		23 $179	24 $370	1						
45-49		29 $150	38 $445	15	1					
50-54		24 $164	25 $389	23 $988	14					
55-59		22 $105	18	13	12	4				
60-64		19	12	5	10	1	1			
65-69		8	1	3		1	1			
70+		3	4							

N-383

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.50%	1.0000	4.16
56.5	7.50%	0.9250	3.92
57.5	7.50%	0.8556	3.69
58.5	7.50%	0.7915	3.47
59.5	7.50%	0.7321	3.27
60.5	10.00%	0.6772	4.10
61.5	10.00%	0.6095	3.75
62.5	25.00%	0.5485	8.57
63.5	25.00%	0.4114	6.53
64.5	25.00%	0.3085	4.98
65.5	50.00%	0.2314	7.58
66.5	25.00%	0.1157	1.92
67.5	25.00%	0.0868	1.46
68.5	25.00%	0.0651	1.11
69.5	25.00%	0.0488	0.85
70	100.00%	0.0366	2.56
		Weighted Average	61.92

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

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

Normal Retirement Benefits

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

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

Prior Amersham

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

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

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

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

Prior Nycomed

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

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

Deferred Vested Retirement Benefits	
Eligibility	Five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65.
Automatic Preretirement Surviving Spouse Benefit	
Eligibility	Five years of vesting service.
Benefit	One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity.
Normal Form of Benefit	For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity. Participants who terminated employment prior to January 1, 2016 with a deferred vested benefit were offered a one-time lump sum payment during a window in 2016. The payment forms offered to participants were a one-time lump sum, an immediate annuity, or continued deferral.
Definitions	
Monthly Compensation	Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, and perquisite pay, subject to the 401(a)(17) limits.
Final Average Monthly Compensation	The average of the participant's compensation for the 60 consecutive complete calendar months for which compensation is highest during the 120-calendar month period immediately preceding the participant's termination date. If a participant does not have 60 full consecutive months of employment, his final average monthly compensation during the period he was an employee by the number of months thereof.

Final Earnings	The participant's highest average annual regular earnings earned in any three consecutive years of service within the 10-year period immediately preceding his severance from group date, his severance from employer date (but only if he incurs a severance from employer date as a result of ceasing to be a salaried employee and if he thereafter remains an employee with the Hafslund Control Group) or his annuity starting date, whichever is earliest. If the participant does not have at least three consecutive years of service within the 10-year period immediately preceding the applicable date, "Final Earnings" shall mean the participant's average annual regular earnings earned during whatever number of consecutive years of service he completes within the 10-year period.
Credited Service	Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 hours of service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee is credited with 90 hours of service. For former **Tech/Ops** employees, credited service begins at the later of July 1, 1986 or date of hire. For **Medi-Physics** employees, service is credited back to date of hire, provided the employee works 541 hours for Amersham in 1990 after June 13, 1990, or earns a year of credited service in any plan year after 1990. For former **USB** employees, credited service begins at the later of July 1, 1994 or date of hire. For former **BDS** employees, credited service begins at the later of May 1, 1995 or date of hire.
Vesting Service	Service credited to an employee for purposes of determining a participant's vested percentage in and eligibility to receive payment of his accrued benefit under the plan. One year of vesting service is credited for each plan year in which the employee completes 1,000 hours of service.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2018 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 7.50% to 6.75%.

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