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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide 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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 04/04/1998

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

500 W. MONROE ST
CHICAGO, IL 60661

2b Employer Identification Number (EIN) 88-2515116

2c Plan Sponsor's telephone number 224-239-0617

2d Business code (see instructions) 621510

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	BRYAN FALATO
	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

GE HEALTHCARE BENEFITS ADMINISTRATIVE COMMITTEE

500 W. MONROE ST
CHICAGO, IL 60611

3b Administrator's EIN 88-2515116

3c Administrator's telephone number 224-239-0617

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 DATEX-OHMEDA, INC.

c Plan Name INSTRUMENTARIUM CASH BALANCE PLAN

4b EIN 22-3029570

4d PN 002

5	Total number of participants at the beginning of the plan year	**5**	1235
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)**	155
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	256
b	Retired or separated participants receiving benefits	**6b**	5842
c	Other retired or separated participants entitled to future benefits	**6c**	3844
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9942
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	985
f	Total. Add lines **6d** and **6e**.	**6f**	10927
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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
GE HEALTHCARE LEGACY AFFILIATES PENSION 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 TECHNOLOGIES INC.

D Employer Identification Number (EIN)
88-2515116

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 2023

2 Assets:

a Market value	**2a**	67775437
b Actuarial value	**2b**	74552980

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	515	25509565	25509565
b For terminated vested participants	565	19845198	19845198
c For active participants	155	5708522	5781379
d Total	1235	51063285	51136142

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**	5.16 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	406892
c Target normal cost	**6c**	406892

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/06/2024
Date

DAWN M. OCHOA
Type or print name of actuary

23-07557
Most recent enrollment number

AON CONSULTING, INC.
Firm name

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

MSC #17755
PO BOX 1447
LINCOLNSHIRE, IL 60069-4302
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	21771994	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)	21771994	0
10	Interest on line 9 using prior year's actual return of -20.90 %	-4550347	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 5.33 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	17221647	0

Part III Funding Percentages

14	Funding target attainment percentage	14	112.11 %
15	Adjusted funding target attainment percentage	15	145.79 %
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	166.90 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

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

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	**31a**	406892
b Excess assets, if applicable, but not greater than line 31a	**31b**	406892

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
88-2515116

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

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

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

AON CONSULTING, INC.

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	931419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IVINS, PHILLIPS & BAKER

1700 PENNSYLVANIA AVENUE
SUITE 600
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	44400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL BANK

42-1520346

(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?
15 50	NONE	40952	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)

DELOITTE & TOUCHE LLP

13-3891517

(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	23900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON

98-1261616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	10756	Yes [ ] No [X]	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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
GE HEALTHCARE LEGACY AFFILIATES PENSION 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 TECHNOLOGIES INC.

D Employer Identification Number (EIN)
88-2515116

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	0

a Name of MTIA, CCT, PSA, or 103-12 IE: GE HEALTHCARE PENSION MASTER TRUST

b Name of sponsor of entity listed in (a): GE HEALTHCARE TECHNOLOGIES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
88-2667837-005	M	713563177

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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
88-2515116

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 reported 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)	67795437	713563177
(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	67795437	713563177
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	20000	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	20000	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	67775437	713563177

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)		5204113
(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		5204113
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3828537	
(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)		3828537
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	40952	
(4) IQPA audit fees	2i(4)	23900	
(5) Investment advisory and investment management fees	2i(5)	10756	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	931419	
(8) Legal fees	2i(8)	44400	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	118560	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1169987
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4998524
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		205589
l Transfers of assets:			
(1) To this plan	2l(1)		645582151
(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] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		20000000
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 506023.

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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
88-2515116

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): 14-6015763

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** 28

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 17.0 % Private Equity: 14.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.0 %

High-Yield Debt: 30.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 6.0 % Other: 7.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

GE HealthCare Defined Benefit Plans

GE HealthCare Pension Plan

Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.

GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan)

Financial Report

(000s omitted)

December 31, 2023

GE HealthCare Defined Benefit Plans

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INDEPENDENT AUDITOR'S REPORT

The GE HealthCare Benefits Administrative Committee of
GE HealthCare Pension Plan,
GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan) and Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc.

Opinion

We have audited the financial statements of GE HealthCare Pension Plan, GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan) and Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc. (each a "Plan" and collectively the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA), which comprise the following:

a. Statement of net assets available for benefits as of December 31, 2023, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements, for the GE HealthCare Pension Plan.

b. Statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2022, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements for the GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan) and the Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2023, and the changes in its net assets available for benefits for the year then ended for the GE HealthCare Pension Plan, and the net assets available for benefits as of December 31, 2023 and 2022, the changes in their net assets available for benefits for the years then ended, the accumulated plan benefits as of December 31, 2022, and the changes in their accumulated plan benefits for the year ended December 31, 2022 for the GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan) and the Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc. in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our reports. We are required to be independent of the Plans and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis-of-Matter – GE HealthCare Pension Plan

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds and real estate investments valued at approximately $3.96 billion (27% of the Plan's net assets available for benefits) as of December 31, 2023, whose fair values have been estimated by management in the absence of readily determinable fair values. Management's estimates are based on information provided by the fund managers or general partners. Our opinion is not modified with respect to this matter.

Emphasis-of-Matter – GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan)

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds (as applicable) and real estate investments valued at approximately $192 million and $19 million (27% of the Plan's net assets available for benefits) as of December 31, 2023 and 2022, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Management's estimates are based on information provided by the fund managers or general partners. Our opinion is not modified with respect to this matter.

As discussed in Note 2 to the financial statements, the Plan has elected to change its method of accounting and disclosure for the accumulated plan benefit information and the change in accumulated plan benefit information to the beginning of the plan year. Previously this information was accounted for and presented as of the end of the plan year. Our opinion is not modified with respect to this matter.

Emphasis-of-Matter – Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc.

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds (as applicable) and real estate investments valued at approximately $19 million (27% of the Plan's net assets available for benefits) as of December 31, 2023 and 2022, whose fair values have been estimated by management in the absence of readily determinable fair values. Management's estimates are based on information provided by the fund managers or general partners. Our opinion is not modified with respect to this matter.

As discussed in Note 2 to the financial statements, the Plan has elected to change its method of accounting and disclosure for the accumulated plan benefit information and the change in accumulated plan benefit information to the beginning of the plan year. Previously this information was accounted for and presented as of the end of the plan year. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining current plan instruments, including all plan amendments, administering the Plans, and determining that the Plans' transactions that are presented and disclosed in the financial statements are in conformity with the Plans' provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audits 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 Plans' internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Deloitte & Touche LLP

October 14, 2024

GE HealthCare Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2023

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Assets			
Plan's interest in the GE HealthCare Pension Master Trust (Notes 3 and 4)	$ 14,700,505	$ 71,574	$ 713,563
Prefunded retiree benefit payments	89,254	-	-
Total assets	14,789,759	71,574	713,563
Net Assets Available for Benefits	**$ 14,789,759**	**$ 71,574**	**$ 713,563**

See notes to financial statements.

Statements of Net Assets Available for Benefits

December 31, 2022

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Assets - Plan's interest in the GE Pension Trust (Notes 3 and 4)	$ -	$ 70,342	$ 67,795
Liabilities - Accrued expenses	-	14	20
Net Assets Available for Benefits	**$ -**	**$ 70,328**	**$ 67,775**

See notes to financial statements.

GE HealthCare Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Additions			
Contributions - Employees	$ 4,290	$ -	$ -
Investment income:			
Plan interest in GE HealthCare Pension Master Trust net investment income	1,134,958	5,463	5,204
Total additions	1,139,248	5,463	5,204
Deductions			
Benefits paid directly to participants or beneficiaries	1,109,027	3,974	3,829
Administrative and investment expenses	78,075	243	1,169
Total deductions	1,187,102	4,217	4,998
Net Decrease Before Other Changes	(47,854)	1,246	206
Transfers	14,837,613	-	645,582
Net Increase	14,789,759	1,246	645,788
Net Assets Available for Benefits			
Beginning of year	-	70,328	67,775
End of year	**$ 14,789,759**	**$ 71,574**	**$ 713,563**

See notes to financial statements.

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2022

(000s omitted)

	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Additions - Plan interest in GE Pension Trust net investment loss	$ (19,142)	$ (18,398)
Deductions		
Benefits paid directly to participants or beneficiaries	3,888	3,573
Administrative and investment expenses	211	408
Total deductions	4,099	3,981
Net Decrease	(23,241)	(22,379)
Net Assets Available for Benefits		
Beginning of year	93,569	90,154
End of year	**$ 70,328**	**$ 67,775**

See notes to financial statements.

GE HealthCare Defined Benefit Plans

Statement of Accumulated Plan Benefits

December 31, 2022

(000s omitted)

	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	$ 34,711	$ 22,028
Other participants	15,331	21,819
Total vested benefits	50,042	43,847
Nonvested benefits	824	-
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 50,866**	**$ 43,847**

See notes to financial statements.

GE HealthCare Defined Benefit Plans

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2022

(000s omitted)

	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	$ 54,983	$ 45,900
Increase (decrease) during the year attributable to:		
Benefits accumulated	757	-
Interest due to the decrease in the discount period	3,184	2,648
Benefits paid	(3,888)	(3,573)
Changes in actuarial assumptions	(5,012)	(1,332)
Other	842	204
Net decrease	(4,117)	(2,053)
Actuarial Present Value of Accumulated Plan Benefits - End of year	**$ 50,866**	**$ 43,847**

See notes to financial statements.

Note 1 - Plan Description

The following descriptions of the GE HealthCare Pension Plan ("HealthCare Pension Plan" or "HCPP"), the Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc. (the "Retirement Income Plan" or "RIP"), and the GE HealthCare Legacy Affiliates Pension Plan (the "Legacy Affiliates Plan" or "LAPP"), collectively the GE HealthCare Defined Benefit Plans, provides only general information. Participants should refer to each respective plan's agreement for a more complete description of the Plans' provisions. The Plans are defined benefit pension plans and are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

General

GE HealthCare Pension Plan

The GE HealthCare Pension Plan is a contributory defined benefit plan and was formed on January 1, 2023 as a result of GE HealthCare Technologies Inc.'s (the "Company") spin-off from General Electric Company ("GE"). The Company is part of GE HealthCare ("GEHC"). Accordingly, assets and liabilities of approximately $14,838,000 and accumulated plan benefits of approximately $13,823,000 were transferred to the HCPP from the GE Pension Plan. The GE Pension Plan is a defined benefit plan sponsored by GE. HCPP is sponsored by GE HealthCare Technologies Inc. (the "Plan Sponsor").

HCPP provides benefits to covered participants based on the greater of two formulas recognizing: a) a regular pension based on career earnings; or b) a minimum guaranteed pension based on length of service and final average earnings. Benefit provisions are subject to collective bargaining. If participants made contributions to the HCPP, they are also eligible for a Personal Pension Account Annuity or a Voluntary Pension Account Annuity as defined in the HCPP's agreement.

Salaried employees who commenced service on or after January 1, 2011 at the Company or GE, and any employee who commenced service on or after January 1, 2012 at the Company or GE, are not eligible to participate in the HCPP, but will participate in a defined contribution retirement plan. Salaried employees benefits are frozen. All other employees who commenced service prior to January 1, 2012 are accruing pension benefits.

Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.

The Retirement Income Plan is a noncontributory defined benefit plan sponsored by Datex-Ohmeda, Inc. ("Datex-Ohmeda"). Datex-Ohmeda is an affiliate of the Company.

RIP provides benefits to substantially all union employees of Datex-Ohmeda hired before June 15, 2012. RIP was closed to new participants effective June 15, 2012. Benefits are determined based on length of service and a dollar multiplier that is subject to collective bargaining.

GE HealthCare Legacy Affiliates Pension Plan

Effective December 31, 2023, the non-contributory Retirement Plan for Select GE Businesses (the "Select Plan") sponsored by the Company, and the Amersham Health Retirement Plan (the "Amersham Plan") sponsored by GE Healthcare USA Holding LLC, merged into the Instrumentarium Cash Balance Plan, sponsored by Datex-Ohmeda, Inc. Subsequent to the merger, the Instrumentarium Cash Balance Plan was renamed the GE HealthCare Legacy Affiliates Pension Plan, and the Plan Sponsor was changed from Datex-Ohmeda to the Company. In accordance with the effective date of the merger, the net assets of the Select Plan and Amersham Plan, totaling $438,688, and $206,894, respectively, and accumulated plan benefits of $463,130 and $153,653, respectively, transferred to the Legacy Affiliates Plan's interest in the GE HealthCare Pension Master Trust on the accompanying Statement of Net Assets Available for Benefits as of December 31, 2023. The physical assets of the Select Plan and Amersham Plan were transferred to the Legacy Affiliates Plan in January 2024. The Legacy Affiliates Pension Plan is a frozen defined benefit pension plan, other than accumulation of interest credits due for participants under the terms of the former Instrumentarium Cash Balance Plan.

Note 1 - Plan Description (Continued)

Master Trusts

Prior to January 1, 2023, RIP and LAPP held an interest in the GE Pension Trust ("GEPT"). Each participating benefit plan had an undivided interest in the GEPT.

Effective January 1, 2023, the Plans hold an interest in the GE HealthCare Pension Master Trust ("GEHC MT"), which was established on this date for the investment of assets of the Plans. Each participating benefit plan has an undivided interest in the GEHC MT as of December 31, 2023.

Effective January 1, 2023, the GEHC MT has a divided interest in the GEPT. The GEHC MT and GEPT are collectively referred to herein as the "Master Trusts." Certain plan assets were transferred from GEPT to GEHC MT in April, 2024.

Contributions

Contributions are made by the Company and Datex-Ohmeda (the "Plan Sponsors") in actuarially determined amounts. The funding policy of the Plans is to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax law plus additional amounts as the Company may determine to be appropriate. There were no contributions required by the Plan Sponsors to meet the minimum funding requirements of ERISA during 2023.

Effective January 1, 2023, employees may voluntarily contribute 3 percent of their first $100,000 of eligible compensation and required to contribute 3 percent of any eligible compensation above $100,000 to the HCPP. Required and voluntary contributions of participating employees are 100 percent vested and earn interest credits as defined by the Plan.

Vesting

Participants are generally fully vested for retirement benefits after five years of service. For the cash balance components, participants are fully vested for retirement benefits.

Pension Benefits

GE HealthCare Pension Plan

Participating qualified employees are generally entitled to pension benefits (paid monthly) beginning at normal retirement age (65) consisting of a regular pension, and if applicable, an additional pension to provide the minimum guaranteed pension, a Personal Pension Account Annuity, and a Voluntary Pension Account Annuity. The Pension Plan permits early retirement at age 60.

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

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

GE HealthCare Legacy Affiliates Pension Plan

Participants are entitled to pension benefits (paid monthly or in certain cases as a lump sum) beginning at normal retirement age of 65. The Legacy Affiliates Plan permits early retirement beginning at age 55 if a participant has 10 or more years of credited service. If a participant becomes disabled and meets the criteria, the Legacy Affiliates Plan provides for a disability retirement benefit. In addition, for those with a prior Cash Balance benefit in the LAPP, distributions are permitted at any age after termination of employment.

Note 1 - Plan Description (Continued)

Death Benefits

In certain circumstances, if an active or terminated employee who has a vested interest in the Plan dies prior to their normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the Plans.

Party-in-interest Transactions

Certain plan assets are in investment funds held by the Master Trusts and managed by State Street Corporation or its affiliates. State Street Corporation is the trustee of the Plans, therefore these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the Unites States of America (GAAP).

Change in Accounting Principle

Beginning in 2023, the accumulated plan benefit information for the Legacy Affiliates Plan and the Retirement Income Plan has been presented as of the beginning of the plan year. Previously, such information was presented as of the end of the plan year. GAAP allows presentation of accumulated plan benefits as of the beginning or end of the year. The change is preferable from a comparability and consistency standpoint, as all plans included within these combined financial statements now present this information as of the beginning of the plan year. The change did not have an impact on the net assets available for benefits or the changes in net assets available for benefits of these Plans as previously presented.

Investment Valuation and Income Recognition

Investments held by the Master Trusts are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value of the Plans' respective interests in the Master Trusts is based on the beginning of the year value of each of the respective Plans' interests in the Master Trusts, plus actual contributions and allocated investment income (loss), less actual distributions for benefit payments, expenses, and allocated expenses. See Note 4 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid. The HCPP prefunded retiree benefit payments on the accompanying Statements of Net Assets Available for Benefits represents funds withdrawn from the GEPT prior to December 31, 2023, and paid as benefits to participants or beneficiaries in January 2024.

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plans' provisions, to the service employees have rendered through the valuation date. These include benefits expected to be paid to:

(a) Retired or terminated employees or their beneficiaries

(b) Beneficiaries of employees who have died

(c) Present employees or their beneficiaries

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2022 are summarized as follows:

Assumed rate of return	7.00% (6.00% at December 31, 2021)
Mortality basis	HCPP - Pri-2012 mortality study with adjustments for age, sex, and wage class projected generationally to 2016 by the MP-2018 improvement scale and projected generationally from 2016 by the MP-2021 improvement scales for males and females modified to converge to the 2021 proxy SSA long-term rates RIP - Pri-2012 amounts-weighted aggregates rates with blue collar adjustment for employees and healthy annuitants projected generationally by the MP-2021 improvement scale modified to converge to the 2021 proxy SSA long-term rates LAPP - Pri-2012 amounts-weighted aggregates rates for employees and healthy annuitants projected generationally by the MP-2021 improvement scale modified to converge to the 2021 proxy SSA long-term rates
Average retirement age	HCPP - Ranging from 60 to 70 RIP - Ranging from 55 to 70 LAPP - Ranging from 55 to 70

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

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2023 or January 1, 2022 recognized in the actuarial present value of accumulated plan benefits as of December 31, 2022 and 2021, respectively.

Note 2 - Summary of Significant Accounting Policies (Continued)

The other changes component included in the accompanying statement of changes in accumulated plan benefits represents the normal operations of the pension plan. It consists primarily of those items of plan experience not associated with plan asset performance.

Administrative Expenses

Certain fees and expenses are directly charged to the Plans and certain fees and expenses are allocated based on the Plans' respective interests in the Master Trusts. Other costs of administering the Plans are paid by the Plan Sponsor and Datex-Ohmeda.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plans and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks, which include risks related to pandemics and international conflict. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 14, 2024, which is the date the financial statements were available to be issued.

Note 3 - Interest in Master Trust

The GEHC MT has a divided interest in the GEPT and does not have any investments outside of this interest.

The HCPP, the LAPP, and the RIP have an undivided interest in the GEHC MT. These Plans do not hold any investments outside of this interest. Investment income and expenses relating to the GEHC MT are allocated to the individual plans based upon average monthly balances invested by each plan. Application of the percentages of each Plan's undivided interest in the GEHC MT from the table below to the types of investments held by the GEHC MT represents each respective Plan's interest in the investments held by the GEHC MT.

At December 31, 2023, the Plans' approximate ownership interests in the GEHC MT (rounded to the nearest 1 percent) were as follows:

	2023
GE HealthCare Pension Plan	95 %
Legacy Affiliates Plan	5
Retirement Income Plan (Less than 1 percent)	
Total GE HealthCare Master Trust investments	100 %

Note 3 - Interest in Master Trust (Continued)

The net assets of the GEPT, and the GEHC MT's divided interest in GEPT balances at December 31, 2023, are as follows:

	December 31, 2023	
	GE Pension Trust	GE HealthCare Pension Master Trust
Investments:		
Global equity		
U.S. equities	$ 5,643,185	$ 1,913,521
Non-U.S. equity securities	2,379,713	835,428
Debt securities		
Investment fund - Cash	2,762,310	957,588
U.S. government and federal agency	6,490,324	2,199,278
U.S. corporate	10,218,659	3,465,547
Residential mortgage-backed	174,643	59,224
State and municipal	275,805	93,592
Commercial mortgage-backed	208,203	70,365
Asset-backed	469,194	158,227
Non-U.S. corporate	1,718,559	582,703
Non-U.S. government	49,541	16,788
Derivatives - Options	13,362	5,000
Derivatives - Swaps	13,834	4,679
Investment fund - fixed income	2,948,021	996,956
Private equities and other investments		
Investment fund - hedge	3,071,271	1,017,374
Private equities	6,527,442	2,193,898
Real estate	2,845,711	960,578
Total investments	45,809,777	15,530,746
Other assets		
Cash	232,029	61,065
Due from broker for securities purchased	625,419	208,430
Income receivable	231,321	80,172
Total other assets	1,088,769	349,667
Total assets	46,898,546	15,880,413
Other liabilities		
Due to broker for securities sold and other	(963,574)	(381,159)
Accrued expenses - Trust	(10,825)	(13,612)
Total other liabilities	(974,399)	(394,771)
Total net assets	$ 45,924,147	$ 15,485,642

Note 3 - Interest in Master Trust (Continued)

At December 31, 2022, the LAPP and RIP approximate ownership interests in the GEPT (rounded to the nearest 1 percent) were less than 1 percent.

The net assets of the GEPT and the Plans' undivided interest in GEPT balances at December 31, 2022 are as follows:

	December 31, 2022		
	GE Pension Trust	Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Investments:			
Global equity	$ 7,466,272	$ 11,259	$ 10,851
Debt securities	25,804,918	38,915	37,502
Private equities and other investments	9,585,974	14,456	13,931
Real estate	3,223,328	4,861	4,684
Total investments	46,080,492	69,491	66,968
Other assets:			
Cash	401,520	606	584
Due from broker for securities purchased	39,016	59	57
Income receivable	198,931	300	289
Other receivables	5,445	8	8
Total other assets	644,912	973	938
Total assets	46,725,404	70,464	67,906
Other liabilities:			
Due to broker for securities sold and other	(66,163)	(100)	(96)
Accrued expenses - Trust	(4,220)	(22)	(15)
Total other liabilities	(70,383)	(122)	(111)
Total net assets	$ 46,655,021	$ 70,342	$ 67,795

The net investment income (loss) of the GE Pension Trust is as follows:

	2023	2022
Net realized and unrealized gains (losses) on investments	$ 2,335,797	$ (13,537,162)
Interest and dividends	1,117,557	969,435
Total investment income (loss)	$ 3,453,354	$ (12,567,727)

The net investment income (loss) of the GE HealthCare Pension Master Trust is as follows:

	2023
Net realized and unrealized gains on investments	$ 1,186,298
Interest and dividends	2,497
Total investment income	$ 1,188,795

Note 3 - Interest in Master Trust (Continued)

Derivative Instruments

In the normal course of business, the GEPT enters into transactions in various financial instruments with offbalancesheet risk. These financial instruments involve varying degrees and types of risks, including interest rate, credit, and market risks, which may be in excess of the amounts recognized in the net assets of the GEPT. Forward contracts and futures are recorded at fair value, and the unrealized gain or loss is included in due to brokers and due from brokers in the GEPT's statements of net assets. Financial futures are marked to market and settled with the broker on a daily basis. The GEPT 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 majority of the GEPT's derivative contracts have master netting agreements in place.

The below table represent the notional amounts and fair values, by primary risk exposure, presented as gross assets and liabilities and gains (losses) as of December 31, 2023:

	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	Gain/(Loss) Recognized in Income
Swaptions	$ 31,675	$ (19,347)	$ 6,715	$ -	$ 19,044	$ 7,452

The below table represent the notional amounts and fair values of GEPT, by primary risk exposure, presented as gross assets and liabilities and gains (losses) as of December 31, 2022:

	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	Gain/(Loss) Recognized in Income
Swaptions	$ 10,465	$ (24,965)	$ -	$ (48,390)	$ (62,890)	$ -

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management’s own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Note 4 - Fair Value Measurements (Continued)

In instances whereby inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Master Trusts' investments:

Global Equities

Level 1 global equities, which include mutual funds, common stock, and registered investment companies, are valued at quoted prices reported in active markets. A subset of the funds in this asset class are structured as common/collective trusts. Common/collective trusts are valued at the net asset value (NAV) per share or its equivalent of the funds, which is based on the fair value of the funds' underlying net assets.

Debt Securities

Debt securities, which include investments in state and municipal debt, U.S. and non-U.S. government bonds, commercial mortgage-backed securities, option derivatives, and swap derivatives are valued based on quotes received from independent pricing services or from dealers who make markets in such securities. Pricing services utilize matrix pricing, which considers readily available inputs such as the yield or price of securities of comparable quality, coupon, maturity and type.

Certain debt securities are valued at the NAV per share or its equivalent of the fixed income funds, which is based on the fair value of the fixed income funds' underlying net assets.

Option and swap derivatives are valued based upon the expected amount that the Master Trusts would receive or pay to exit the derivative at the reporting date. The valuation methodology uses the income approach and relies on inputs, including, but not limited to, benchmark yields, swap curves, cash flow analysis, ratings updates, and interdealer broker rates.

The cash in the investment fund is valued based on quoted market prices.

Private Equities and Other Investments

Certain investments in private equities are valued at the NAV per share or its equivalent of the funds, which is based on the fair value of the funds' underlying net assets.

Certain investments in private equities are valued using unobservable inputs and are therefore classified as 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

Certain real estate investments are valued at the NAV per share or its equivalent of the real estate funds, which is based on the fair value of the funds' underlying net assets.

Certain real estate investments are valued using discounted cash flow techniques using 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.

Note 4 - Fair Value Measurements (Continued)

The following table presents information about the GEPT investments measured at fair value on a recurring basis at December 31, 2023:

	GE Pension Trust Net Assets at December 31, 2023			
	GE Pension Trust	Level 1	Level 2	Level 3
Investments at fair value:				
Global equity				
U.S. equities	$ 1,449,969	$ 1,449,969	$ -	$ -
Non-U.S. equity securities	1,586,262	1,586,262	-	-
Debt securities				
Investment fund - Cash	2,762,310	2,762,310	-	-
U.S. government and federal agency	6,490,324	-	6,490,324	-
U.S. corporate	10,218,659	-	10,218,659	-
Residential mortgage-backed	174,643	-	174,643	-
State and municipal	275,805	-	275,805	-
Commercial mortgage-backed	208,203	-	208,203	-
Asset-backed	469,194	-	468,773	421
Non-U.S. corporate	1,718,559	-	1,718,559	-
Non-U.S. government	49,541	-	49,541	-
Derivatives - Options	13,362	-	13,362	-
Derivatives - swaps	13,834	-	13,834	-
Private equities and other investments	661,324	-	-	661,324
Real estate	1,196,021	-	-	1,196,021
Total	27,288,010	$ 5,798,541	$ 19,631,703	$ 1,857,766
Investments measured at NAV:				
Global equity				
U.S. equities	4,193,216			
Non-U.S. equity securities	793,451			
Debt securities - Investment fund - Fixed income	2,948,021			
Private equities and other investments				
Investment fund - Hedge	3,071,271			
Private equities	5,866,118			
Real estate	1,649,690			
Total investments at fair value	$ 45,809,777			

Note 4 - Fair Value Measurements (Continued)

The following table presents information about the GEPT investments measured at fair value on a recurring basis at December 31, 2022:

	GE Pension Trust Net Assets at December 31, 2022			
	GE Pension Trust	Level 1	Level 2	Level 3
Investments at fair value:				
Global equity	$ 4,060,909	$ 4,060,909	$ -	$ -
Debt securities				
Fixed income and cash investment funds	4,986,550	2,861,248	2,125,302	-
U.S. corporate	9,144,110	111,193	9,032,917	-
Non-U.S. corporate	1,384,459	-	1,384,459	-
Residential mortgage-backed	32,526	-	32,526	-
U.S. government and federal agency	5,977,731	-	5,977,731	-
Other debt securities	684,217	-	683,796	421
Private equities and other investments	796,355	-	-	796,355
Real estate	1,540,439	-	-	1,540,439
Total	28,607,296	$ 7,033,350	$ 19,236,731	$ 2,337,215
Investments measured at NAV:				
Global equity	3,405,364			
Debt securities	3,595,325			
Private equities and other investments	8,789,618			
Real estate	1,682,889			
Total investments at fair value	$ 46,080,492			

The Plans' policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer as of the end of the reporting period.

Changes in Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2023 and 2022 are as follows:

	Debt Securities	Private Equities and Other Investments	Real Estate
Balance at January 1, 2023	$ 421	$ 796,355	$ 1,540,439
Purchases, issuances, sales, and settlements:			
Purchases	-	23,402	31,316
Sales	-	(22,242)	(89,589)
Total realized gains (losses)	-	(78,490)	20,497
Total unrealized gains (losses)	-	(57,701)	(306,642)
Balance at December 31, 2023	$ 421	$ 661,324	$ 1,196,021

Note 4 - Fair Value Measurements (Continued)

	Debt Securities	Private Equities and Other Investments	Real Estate
Balance at January 1, 2022	$ 511	$ 1,411,277	$ 2,601,232
Purchases, issuances, sales, and settlements:			
Purchases	-	106,917	55,649
Sales	(90)	(204,941)	(1,073,642)
Total realized gains (losses)	-	5,801	373,951
Total unrealized gains (losses)	-	(400,231)	(416,751)
Transfers out of Level 3	-	(122,468)	-
Balance at December 31, 2022	$ 421	$ 796,355	$ 1,540,439

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities. As a result, the unrealized gains and losses for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

Quantitative Information about Level 3 Fair Value Measurements

The following table summarizes the valuation methods and inputs used to determine fair value at December 31, 2023 and 2022 for assets and liabilities measured at fair value on a recurring basis using unobservable inputs.

	Fair Value at December 31, 2023	Valuation Technique	Significant Unobservable Inputs Used	Range of Inputs	Weighted Average of Inputs
Investments:					
Private equity	$ 119,615	Combination (Market & Income approach)	Revenue	1.70x - 8.00x	4.55x
			EBITDA	13x - 14x	13.18x
Real estate	899,542	Discounted cash flow	Capitalization rate	5.25% - 8.50%	6.07%
			Discount rate	6.75% - 10.25%	7.42%

The remaining amount of Level 3 investments as of December 31, 2023 totaling $838,609 were individually insignificant and utilize a number of different unobservable inputs (EBITDA, revenue) and combination of methods (market comparables, market transactions, income approach - DCF) to derive investment valuation.

Note 4 - Fair Value Measurements (Continued)

	Fair Value at December 31, 2022	Valuation Technique	Significant Unobservable Inputs Used	Range of Inputs	Weighted Average of Inputs
Investments:					
Private equity	$ 144,262	Combination (Market & Income approach)	Revenue	1.75x - 10.75x	N/A
			EBITDA	12x - 15x	N/A
Real estate	1,256,145	Discounted cash flow	Capitalization rate	4.75X% - 7.75X%	5.71%
			Discount rate	6.25% - 10.00%	6.94%

The remaining amount of Level 3 investments as of December 31, 2022 totaling $936,808 were individually insignificant and utilize a number of different unobservable inputs (EBITDA, revenue) and combination of methods (market comparables, market transactions, income approach - DCF) to derive investment valuation.

Investments in Entities that Calculate Net Asset Value per Share

The GE Pension Trust holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

At year end, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	December 31, 2023 Fair Value	December 31, 2022 Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Investments:					
Global equity	$ 4,986,667	$ 3,405,364	$ -	Daily - Annually	15 - 30 days
Debt securities	2,948,021	3,595,325	-	Daily - Monthly	5 - 15 days
Private equities	8,937,389	8,789,618	1,767,127	Non-redeemable	Non-redeemable
Real Estate	1,649,690	1,682,889	596,811	10 or more years	N/A
Total	$ 18,521,767	$ 17,473,196	$ 2,363,938		

Note 5 - Plan Termination

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

Note 5 - Plan Termination (Continued)

Although it has not expressed any intention to do so, the Company has the right under the Plans to terminate the Plans subject to the provisions set forth in ERISA. In the event the Company exercises this right for any reason other than distress, all benefits would be fully paid to participants.

Note 6 - Tax Status

RIP and LAPP have received determination letters dated April 28, 2017 and April 23, 2021, respectively, from the Internal Revenue Service indicating that these plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although RIP and LAPP have been amended since receiving the determination letters, management believes that these plans are designed and are currently being operated in compliance with the applicable requirements of the IRC. HCPP will file for a determination letter by December 31, 2024 in accordance with IRC filing requirements. Although the HCPP has not received a formal determination letter, management believes that HCPP is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in these financial statements.

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		2								
45-49	1	7	5							
50-54		10	18	10						
55-59		9	11	16	11	1				
60-64	1	2	8	9	15	4	2			
65-69	1	1	1	1	3	3	2			
70+					1					

N-155

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 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 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2022), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.09%
3rd Segment Rate	3.58%
Cash Balance Interest Crediting Rate	3.75%
Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Optional Payment Form Election Percentage	15% Single Life Annuity 25% Joint & 100% Survivor Annuity 60% Lump Sum
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2 for Cash Balance Benefits. Age 65 for deferred Annuity Benefits.
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.
Withdrawal Rates	See Table 3
Disability Rates	None

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $265,000.
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	
2021 Plan Year	6.25%, limited to 6.11%
2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.00%, limited to 5.74%
Trust Expenses Included in Target Normal Cost	$406,892 Based on last year's expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2023

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	15.00%
60	20.00%
61	30.00%
62	25.00%
63	15.00%
64	15.00%
65	30.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2 - Terminated Vested Cash Balance Participants

Retirement Rates

Age	Rate
45	1.00%
46	1.00%
47	1.00%
48	1.00%
49	1.00%
50	3.00%
51	3.00%
52	3.00%
53	3.00%
54	3.00%
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	10.00%
63	5.00%
64	5.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 3

Withdrawal Rates

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

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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
GE HEALTHCARE LEGACY AFFILIATES PENSION 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 TECHNOLOGIES INC.

D Employer Identification Number (EIN)
88-2515116

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 2023

2 Assets:

a Market value	**2a**	67,775,437
b Actuarial value	**2b**	74,552,980

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	515	25,509,565	25,509,565
b For terminated vested participants	565	19,845,198	19,845,198
c For active participants	155	5,708,522	5,781,379
d Total	1,235	51,063,285	51,136,142

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**	5.16 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	406,892
c Target normal cost	**6c**	406,892

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 — Signature of actuary

09/06/2024 — Date

Dawn M. Ochoa — Type or print name of actuary

2307557 — Most recent enrollment number

Aon Consulting, Inc. — Firm name

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

MSC #17755
PO Box 1447
Lincolnshire IL 60069-4302
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	21,771,994	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)	21,771,994	0
10	Interest on line 9 using prior year's actual return of -20.90 %	-4,550,347	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 5.33 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	17,221,647	0

Part III Funding Percentages

14	Funding target attainment percentage	14	112.11 %
15	Adjusted funding target attainment percentage	15	145.79 %
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	166.90 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

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

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	**31a**	406,892
b Excess assets, if applicable, but not greater than line 31a	**31b**	406,892

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 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	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	15.00%	0.8145	7.27
60.5	20.00%	0.6923	8.38
61.5	30.00%	0.5539	10.22
62.5	25.00%	0.3877	6.06
63.5	15.00%	0.2908	2.77
64.5	15.00%	0.2472	2.39
65.5	30.00%	0.2101	4.13
66.5	50.00%	0.1471	4.89
67.5	50.00%	0.0735	2.48
68.5	50.00%	0.0368	1.26
69.5	50.00%	0.0184	0.64
70	100.00%	0.0092	0.64
		Weighted Average	61.69

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 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 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2022), without regard to interest rate stabilization
1st Segment Rate	1.41%
2nd Segment Rate	3.09%
3rd Segment Rate	3.58%
Cash Balance Interest Crediting Rate	3.75%
Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Optional Payment Form Election Percentage	15% Single Life Annuity 25% Joint & 100% Survivor Annuity 60% Lump Sum
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2 for Cash Balance Benefits. Age 65 for deferred Annuity Benefits.
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.
Withdrawal Rates	See Table 3
Disability Rates	None

Schedule SB Attachment (Form 5500)—2023 Plan Year
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For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $265,000.
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	
2021 Plan Year	6.25%, limited to 6.11%
2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.00%, limited to 5.74%
Trust Expenses Included in Target Normal Cost	$406,892 Based on last year's expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2023

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	15.00%
60	20.00%
61	30.00%
62	25.00%
63	15.00%
64	15.00%
65	30.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Table 2 - Terminated Vested Cash Balance Participants

Retirement Rates

Age	Rate
45	1.00%
46	1.00%
47	1.00%
48	1.00%
49	1.00%
50	3.00%
51	3.00%
52	3.00%
53	3.00%
54	3.00%
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	10.00%
63	5.00%
64	5.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 3

Withdrawal Rates

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

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

April 4, 1998.

Employees Covered by the Plan

Participants in the prior plan on April 3, 1998 joined this plan on April 4, 1998. All non-union employees entered the plan on the first day of such employment as a regular full-time employee. Effective January 1, 2003 there is a one year service requirement.

Normal Retirement

Eligibility

Age 65 with five years of service.

Pay Credits

Effective January 1, 2005 there are no pay credits.

For participants on January 1, 2003:

- Employees who have less than 10 years of service will receive 6% of compensation allocated on a quarterly basis.
- Employees who have at least 10 years of service will receive 8% of compensation, allocated on a quarterly basis.

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

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

Effective January 1, 2003, the following is the pay credit schedule for new participants:

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

Interest Credits

The annual interest credit rate is determined as 0.5% plus the one-year Treasury constant maturity rate in effect on December 1 prior to each plan year.

For each quarter, the prior quarter's account balance is increased by ¼ of the annual interest credit rate.

Normal Retirement Benefit

Account balance at normal retirement date converted to an annuity.

Early Retirement

Eligibility

Age 55 with 10 years of vesting service.

Benefit

Computed as for normal retirement.

Deferred Vested Retirement

Eligibility

Participants vest according to the following schedule:

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

Benefit

Participant's vested account balance upon termination.

Preretirement Death Benefit

Eligibility

All participants.

Benefits

The account balance is automatically vested on the death of a participant.

If the beneficiary is not the participant's spouse, the beneficiary receives a lump sum equal to the account balance as of the end of the calendar quarter in which the participant's death occurs.

If the beneficiary is the participant's spouse, the beneficiary will receive an annuity. The beneficiary can elect to receive a lump sum equal to the account balance.

Definitions

Pay

Employees' annual calendar year compensation inclusive of base pay, commissions and bonuses, but shall exclude overtime pay. Compensation is determined prior to any reduction due to 401(k) or Flexible Spending Account salary reductions and is limited by IRC 401(a)(17).

Vesting Service	An employee shall accrue vesting service based on elapsed time as a participant in this plan. Vesting service will also include vesting service earned under the prior plan (with the BOC Group).
Standard Form of Payment	Married participants: Qualified joint and survivor annuity. Non-married participants: Life annuity.
Optional Form of Payment	Option A: Contingent annuity. Option B: Lump sum payment.
Annuity Conversion	Annuity amounts are determined under this plan based on the 30-year U.S. Treasury security for the month of November preceding the year of determination and the applicable mortality table published in Revenue Ruling 95-6 or other guidance from the IRS.

Special Provisions Applicable to Former Instrumentarium Retirement Plan Participants

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Special Provisions Applicable to Spacelabs Medical, Inc Plan Participants

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

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

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

As of December 31, 2023, the Retirement Plan for Select GE Business (“Select Plan”, EIN: 88-2515116, PN: 003) and the Amersham Health Retirement Plan (“Amersham Plan”, EIN: 04-2860743, PN: 004) were merged into the Instrumentarium Cash Balance Plan (“Instrumentarium Plan”, EIN: 22-3029570, PN: 002). Following the merger, the Select and Amersham Plans will be the discontinued plans. The ongoing plan will be the Instrumentarium Cash Balance Plan (“Instrumentarium Plan”, EIN: 22-3029570, PN: 002). Subsequently, the plan name for the ongoing plan changed to the GE HealthCare Legacy Affiliates Pension Plan (“Legacy Affiliates Plan”, EIN: 88-2515116, PN: 004). This plan merger is a non de minimis merger.

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected return on assets from 6.00% to 7.00%.

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		2								
45-49	1	7	5							
50-54		10	18	10						
55-59		9	11	16	11	1				
60-64	1	2	8	9	15	4	2			
65-69	1	1	1	1	3	3	2			
70+					1					

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Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	629,342	1,892,575	2,476,410	4,998,327
2024	565,485	1,270,614	2,420,650	4,256,748
2025	570,930	1,321,225	2,360,833	4,252,988
2026	577,145	1,411,164	2,297,072	4,285,381
2027	512,993	1,436,628	2,229,510	4,179,131
2028	457,192	1,421,506	2,158,315	4,037,012
2029	421,730	1,479,677	2,083,659	3,985,066
2030	415,330	1,446,145	2,005,700	3,867,175
2031	380,736	1,445,987	1,924,578	3,751,301
2032	347,972	1,420,987	1,840,422	3,609,381
2033	319,482	1,430,485	1,753,353	3,503,321
2034	308,248	1,372,501	1,663,493	3,344,242
2035	293,300	1,347,583	1,571,010	3,211,893
2036	271,479	1,272,190	1,476,133	3,019,802
2037	252,270	1,219,846	1,379,171	2,851,288
2038	235,551	1,205,256	1,280,558	2,721,365
2039	225,283	1,144,950	1,180,865	2,551,099
2040	213,793	1,103,619	1,080,802	2,398,215
2041	205,301	1,051,317	981,218	2,237,836
2042	195,799	991,615	883,081	2,070,494
2043	190,181	962,526	787,418	1,940,125
2044	183,502	896,291	695,265	1,775,057
2045	177,680	844,657	607,605	1,629,942
2046	171,062	786,003	525,306	1,482,371
2047	164,966	725,719	449,085	1,339,770
2048	158,276	673,076	379,507	1,210,859
2049	151,375	610,630	316,952	1,078,957
2050	143,913	555,771	261,586	961,269
2051	136,090	498,213	213,360	847,662
2052	127,864	445,045	172,025	744,934
2053	119,313	393,874	137,157	650,343
2054	110,526	345,327	108,210	564,063
2055	101,604	299,926	84,556	486,085
2056	92,651	258,065	65,522	416,238
2057	83,773	220,009	50,435	354,216
2058	75,075	185,886	38,644	299,605
2059	66,655	155,701	29,551	251,908
2060	58,605	129,346	22,624	210,575
2061	51,003	106,616	17,401	175,021
2062	43,914	87,240	13,496	144,651
2063	37,391	70,899	10,590	118,879
2064	31,467	57,247	8,430	97,144
2065	26,161	45,941	6,821	78,923
2066	21,476	36,650	5,612	63,737

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	17,398	29,064	4,691	51,153
2068	13,903	22,909	3,976	40,788
2069	10,953	17,942	3,410	32,304
2070	8,503	13,953	2,950	25,405
2071	6,501	10,767	2,568	19,835
2072	4,892	8,237	2,243	15,372

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 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	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	15.00%	0.8145	7.27
60.5	20.00%	0.6923	8.38
61.5	30.00%	0.5539	10.22
62.5	25.00%	0.3877	6.06
63.5	15.00%	0.2908	2.77
64.5	15.00%	0.2472	2.39
65.5	30.00%	0.2101	4.13
66.5	50.00%	0.1471	4.89
67.5	50.00%	0.0735	2.48
68.5	50.00%	0.0368	1.26
69.5	50.00%	0.0184	0.64
70	100.00%	0.0092	0.64
		Weighted Average	61.69

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
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2025	570,930	1,321,225	2,360,833	4,252,988
2026	577,145	1,411,164	2,297,072	4,285,381
2027	512,993	1,436,628	2,229,510	4,179,131
2028	457,192	1,421,506	2,158,315	4,037,012
2029	421,730	1,479,677	2,083,659	3,985,066
2030	415,330	1,446,145	2,005,700	3,867,175
2031	380,736	1,445,987	1,924,578	3,751,301
2032	347,972	1,420,987	1,840,422	3,609,381
2033	319,482	1,430,485	1,753,353	3,503,321
2034	308,248	1,372,501	1,663,493	3,344,242
2035	293,300	1,347,583	1,571,010	3,211,893
2036	271,479	1,272,190	1,476,133	3,019,802
2037	252,270	1,219,846	1,379,171	2,851,288
2038	235,551	1,205,256	1,280,558	2,721,365
2039	225,283	1,144,950	1,180,865	2,551,099
2040	213,793	1,103,619	1,080,802	2,398,215
2041	205,301	1,051,317	981,218	2,237,836
2042	195,799	991,615	883,081	2,070,494
2043	190,181	962,526	787,418	1,940,125
2044	183,502	896,291	695,265	1,775,057
2045	177,680	844,657	607,605	1,629,942
2046	171,062	786,003	525,306	1,482,371
2047	164,966	725,719	449,085	1,339,770
2048	158,276	673,076	379,507	1,210,859
2049	151,375	610,630	316,952	1,078,957
2050	143,913	555,771	261,586	961,269
2051	136,090	498,213	213,360	847,662
2052	127,864	445,045	172,025	744,934
2053	119,313	393,874	137,157	650,343
2054	110,526	345,327	108,210	564,063
2055	101,604	299,926	84,556	486,085
2056	92,651	258,065	65,522	416,238
2057	83,773	220,009	50,435	354,216
2058	75,075	185,886	38,644	299,605
2059	66,655	155,701	29,551	251,908
2060	58,605	129,346	22,624	210,575
2061	51,003	106,616	17,401	175,021
2062	43,914	87,240	13,496	144,651
2063	37,391	70,899	10,590	118,879
2064	31,467	57,247	8,430	97,144
2065	26,161	45,941	6,821	78,923

2066	21,476	36,650	5,612	63,737
Plan Year	**Active Participants**	**Terminated Vested Participants**	**Retired Participants and Beneficiaries Receiving Payments**	**Total**
2067	17,398	29,064	4,691	51,153
2068	13,903	22,909	3,976	40,788
2069	10,953	17,942	3,410	32,304
2070	8,503	13,953	2,950	25,405
2071	6,501	10,767	2,568	19,835
2072	4,892	8,237	2,243	15,372

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

April 4, 1998.

Employees Covered by the Plan

Participants in the prior plan on April 3, 1998 joined this plan on April 4, 1998. All non-union employees entered the plan on the first day of such employment as a regular full-time employee. Effective January 1, 2003 there is a one year service requirement.

Normal Retirement

Eligibility

Age 65 with five years of service.

Pay Credits

Effective January 1, 2005 there are no pay credits.

For participants on January 1, 2003:

- Employees who have less than 10 years of service will receive 6% of compensation allocated on a quarterly basis.
- Employees who have at least 10 years of service will receive 8% of compensation, allocated on a quarterly basis.

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

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

Effective January 1, 2003, the following is the pay credit schedule for new participants:

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

Interest Credits

The annual interest credit rate is determined as 0.5% plus the one-year Treasury constant maturity rate in effect on December 1 prior to each plan year.

For each quarter, the prior quarter's account balance is increased by ¼ of the annual interest credit rate.

Normal Retirement Benefit

Account balance at normal retirement date converted to an annuity.

Early Retirement

Eligibility

Age 55 with 10 years of vesting service.

Benefit

Computed as for normal retirement.

Deferred Vested Retirement

Eligibility

Participants vest according to the following schedule:

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

Benefit

Participant's vested account balance upon termination.

Preretirement Death Benefit

Eligibility

All participants.

Benefits

The account balance is automatically vested on the death of a participant.

If the beneficiary is not the participant's spouse, the beneficiary receives a lump sum equal to the account balance as of the end of the calendar quarter in which the participant's death occurs.

If the beneficiary is the participant's spouse, the beneficiary will receive an annuity. The beneficiary can elect to receive a lump sum equal to the account balance.

Definitions

Pay

Employees' annual calendar year compensation inclusive of base pay, commissions and bonuses, but shall exclude overtime pay. Compensation is determined prior to any reduction due to 401(k) or Flexible Spending Account salary reductions and is limited by IRC 401(a)(17).

Vesting Service	An employee shall accrue vesting service based on elapsed time as a participant in this plan. Vesting service will also include vesting service earned under the prior plan (with the BOC Group).
Standard Form of Payment	Married participants: Qualified joint and survivor annuity. Non-married participants: Life annuity.
Optional Form of Payment	Option A: Contingent annuity. Option B: Lump sum payment.
Annuity Conversion	Annuity amounts are determined under this plan based on the 30-year U.S. Treasury security for the month of November preceding the year of determination and the applicable mortality table published in Revenue Ruling 95-6 or other guidance from the IRS.

Special Provisions Applicable to Former Instrumentarium Retirement Plan Participants

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

Special Provisions Applicable to Spacelabs Medical, Inc Plan Participants

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

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

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

As of December 31, 2023, the Retirement Plan for Select GE Business (“Select Plan”, EIN: 88-2515116, PN: 003) and the Amersham Health Retirement Plan (“Amersham Plan”, EIN: 04-2860743, PN: 004) were merged into the Instrumentarium Cash Balance Plan (“Instrumentarium Plan”, EIN: 22-3029570, PN: 002). Following the merger, the Select and Amersham Plans will be the discontinued plans. The ongoing plan will be the Instrumentarium Cash Balance Plan (“Instrumentarium Plan”, EIN: 22-3029570, PN: 002). Subsequently, the plan name for the ongoing plan changed to the GE HealthCare Legacy Affiliates Pension Plan (“Legacy Affiliates Plan”, EIN: 88-2515116, PN: 004). This plan merger is a non de minimis merger.

Schedule SB Attachment (Form 5500)—2023 Plan Year
GE HealthCare Legacy Affiliates Pension Plan
EIN: 88-2515116 PN: 004

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected return on assets from 6.00% to 7.00%.

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