

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="font-weight: bold; text-align: center;">This Form is Open to Public Inspection</p>
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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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

<p>1a Name of plan <u>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>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) <u>GE HEALTHCARE TECHNOLOGIES INC.</u></p> <p><u>500 WEST MONROE STREET</u> <u>CHICAGO, IL 60661</u></p>	<p>1c Effective date of plan <u>01/01/1954</u></p> <p>2b Employer Identification Number (EIN) <u>88-2515116</u></p> <p>2c Plan Sponsor's telephone number <u>224-239-0617</u></p> <p>2d Business code (see instructions) <u>551112</u></p>

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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">GE HEALTHCARE BENEFITS ADMINISTRATIVE COMMITTEE</p> <p style="color: blue;">500 WEST MONROE STREET CHICAGO, IL 60661</p>	<p>3b Administrator's EIN 88-2515116</p> <p>3c Administrator's telephone number 224-239-0617</p>
<p>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:</p> <p>a Sponsor's name GE CAPITAL US HOLDINGS, INC.</p> <p>c Plan Name RETIREMENT PLAN FOR SELECT GE BUSINESSES</p>	<p>4b EIN 47-4432326</p> <p>4d PN 002</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 10019</p>
<p>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).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 13</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 0</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 0</p>
<p>c Other retired or separated participants entitled to future benefits</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c</p>	<p>6d 0</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p>	<p>6e 0</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 0</p>
<p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	<p>6g(1)</p>
<p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	<p>6g(2)</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>6h 0</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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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 <u>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GE HEALTHCARE TECHNOLOGIES INC.</u>	D Employer Identification Number (EIN) <u>88-2515116</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>564290994</u>
	b Actuarial value	2b	<u>620720093</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>4704</u>	<u>334037703</u>
	b For terminated vested participants	<u>5302</u>	<u>316774225</u>
	c For active participants	<u>13</u>	<u>568569</u>
	d Total	<u>10019</u>	<u>651380497</u>
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	<u>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>5961000</u>
	c Target normal cost	6c	<u>5961000</u>

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		<u>08/30/2024</u>
	Signature of actuary	Date
	<u>DAWN M. OCHOA</u>	<u>23-07557</u>
	Type or print name of actuary	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>847-295-5000</u>
	Firm name	Telephone number (including area code)
	<u>MSC #17755 PO BOX 1447 LINCOLNSHIRE, IL 60069</u>	
	Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 5961000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	37647746		3447807	
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 9408807
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	6987342	6987342	
36 Additional cash requirement (line 34 minus line 35).....				36 2421465
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 2486335
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 64870
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 64870
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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan RETIREMENT PLAN FOR SELECT GE BUSINESSES	B Three-digit plan number (PN) ▶	003
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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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

AON CONSULTING, INC.

22-2232264

(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 15 50	NONE	1356925	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IVINS, PHILLIPS & BARKER CHTD

52-1229560

(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	86681	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(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	86000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PRINCIPAL FINANCIAL GROUP, INC

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	6109	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GE HEALTHCARE TECHNOLOGIES INC.</u>	D Employer Identification Number (EIN) <u>88-2515116</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GENERAL ELECTRIC PENSION TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>GENERAL ELECTRIC COMPANY</u>		
c EIN-PN	<u>14-0689340-001</u>	d Entity code	<u>M</u>
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>		
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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan RETIREMENT PLAN FOR SELECT GE BUSINESSES	B Three-digit plan number (PN) ▶	003
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 reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
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)	564471094	0
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	564471094	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	180100	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	180100	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	564290994	0

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)		28295815
(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		28295815

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	146141298	
(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)		146141298
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)	6109	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	86000	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	2419	
(7) Actuarial fees.....	2i(7)	1356925	
(8) Legal fees.....	2i(8)	86681	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	6219614	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7757748
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		153899046

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-125603231
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		438687763

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) 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) 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.)		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?.....		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.).....		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.).....		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?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

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)
GE HEALTHCARE LEGACY AFFILIATES PENSION PLAN	88-2515116	004

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.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 506031.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>RETIREMENT PLAN FOR SELECT GE BUSINESSES</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE HEALTHCARE TECHNOLOGIES INC.</u>	D Employer Identification Number (EIN) <u>88-2515116</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): <u>42-1466678</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	1803

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____.

Retirement Plan for Select GE Businesses

Financial Report
(000s omitted)
December 31, 2023

Retirement Plan for Select GE Businesses

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Note: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable

INDEPENDENT AUDITOR'S REPORT

The GE HealthCare Benefits Administrative Committee of
Retirement Plan for Select GE Businesses

Opinion

We have audited the financial statements of the Retirement Plan for Select GE Businesses (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for the benefits and changes in accumulated plan benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits as of December 31, 2023 and 2022, and the changes in its net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2023, 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 report. We are required to be independent of the Plan 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

We have included the following emphasis of matter paragraph related to information disclosed in the financial statements:

As discussed in Note 3 to the financial statements, the financial statements include private equity and real estate investments valued at approximately \$155 million (27% of net assets available for benefits) as of December 31, 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 1 to the financial statements, the Plan merged into the GE HealthCare Legacy Affiliates Pension Plan ("LAPP") (formerly known as Instrumentarium Cash Balance Plan) effective December 31, 2023. The Plan's net assets and accumulated plan benefits were transferred to the LAPP as a result of the merger. 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 Plan's 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 a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's 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 audit 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 Plan's 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 Plan's 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Deloitte + Touche LLP

October 14, 2024

Retirement Plan for Select GE Businesses

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022
(000s omitted)

	2023	2022
Assets - Plan's interest in the GE HealthCare Pension Master Trust and GE Pension Trust (Notes 3 and 4)	\$ -	\$ 564,471
Liabilities - Accrued expenses	-	180
Net Assets Available for Benefits	\$ -	\$ 564,291

Retirement Plan for Select GE Businesses

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

(000s omitted)

	<u>2023</u>
Additions - Plan's interest in GE HealthCare Pension Master Trust and GE Pension Trust net investment income (loss)	\$ 28,296
Deductions	
Benefits paid directly to participants or beneficiaries	146,141
Administrative and investment expenses	<u>7,758</u>
Total deductions	<u>153,899</u>
Net Decrease Before Other Changes	(125,603)
Transfers Out	<u>(438,688)</u>
Net Decrease	(564,291)
Net Assets Available for Benefits	
Beginning of year	<u>564,291</u>
End of year	<u>\$ -</u>

Retirement Plan for Select GE Businesses

Statements of Accumulated Plan Benefits

December 31, 2023 and 2022
(000s omitted)

	2023	2022
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	\$ -	\$ 288,129
Other participants	-	265,739
Total vested benefits	-	553,868
Nonvested benefits	-	4
Total Actuarial Present Value of Accumulated Plan Benefits	\$ -	\$ 553,872

Retirement Plan for Select GE Businesses

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

(000s omitted)

	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ 553,872
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	33,743
Benefits paid	(146,141)
Changes in actuarial assumptions	(2,581)
Other - Normal operations of the pension plan	24,237
Transfers out	<u>(463,130)</u>
Net decrease	<u>(553,872)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of year	<u>\$ -</u>

December 31, 2023 and 2022

(000s omitted)

Note 1 - Plan Description

The following description of the Retirement Plan for Select GE Businesses (the "Plan") provides only general information. Participants should refer to the plan's agreement for a more complete description of the Plan's provisions. The Plan is a defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

General

The Plan is a frozen defined benefit pension plan sponsored by GE HealthCare Technologies Inc. (the "Company" and the "Plan Sponsor"). The Plan is frozen to new entrants and accrual of benefits. The Company is part of GE HealthCare, which was spun out of General Electric Company ("GE") effective January 1, 2023.

Due to mergers in 2001 and 2002, two other frozen plans are part of this Plan: the Kidder, Peabody Group Inc. Retirement Plan for Salaried and Commissioned Employees and the Heller Financial, Inc. Retirement Plan. The Stewart & Stevenson Pension Plan had previously been merged into the Kidder, Peabody Group Inc. Retirement Plan for Salaried and Commissioned Employees. Thus, the Plan includes four different sets of benefit provisions.

Effective December 31, 2023, the Plan 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 (the "Legacy Affiliates Plan" or "LAPP"), and the plan sponsor of the Legacy Affiliates Plan was changed from Datex-Ohmeda to the Company. In accordance with the effective date of the merger, the net assets of the Plan totaling \$438,688 and accumulated plan benefits totaling \$463,130 were transferred to the Legacy Affiliates Plan. The four different sets of benefit provisions described above were transferred to the LAPP.

Master Trusts

Prior to January 1, 2023, the Plan held an interest in the GE Pension Trust ("GEPT").

Effective January 1, 2023, and through the date of the Plan's merger described above, the Plan held an interest in the GE HealthCare Pension Master Trust ("GEHC MT"), which was established for the investment of assets of plans sponsored by GE HealthCare Technologies, Inc.

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."

Contributions

Contributions are made by the Company in actuarially determined amounts. The funding policy of the Plan 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 to meet the minimum funding requirements of ERISA during 2023.

Vesting

Participants become fully vested in their benefits after they have completed 7 years of credited service or are part of a disposition that triggers 100 percent vesting.

Pension Benefits

The main provisions of the Plan include the following: Benefits are determined using a formula that includes length of service and certain compensation. Participants are entitled to pension benefits (paid monthly) beginning at normal retirement age of 65, or upon death or disability. The Plan permits early retirement beginning at age 55 if a participant has at least 7 years of vesting service. The Plan also provides for a disability pension to participants who meet certain criteria.

December 31, 2023 and 2022

(000s omitted)

Note 1 - Plan Description (Continued)

During 2023, a special lump sum window was offered to certain terminated participants vested in their accrued benefit, resulting in benefits paid directly to participants or beneficiaries totaling \$107,635.

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 Plan.

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 Plan, 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 in accordance with accounting principles generally accepted in the United States of America (GAAP).

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 Plan's interests in the Master Trusts is based on the beginning of the year value of the Plan's 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.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's 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.

December 31, 2023 and 2022

(000s omitted)

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan for the year ended December 31, 2023 are summarized as follows:

Assumed rate of return	7.00%
Mortality basis	Pri-2012 mortality study for males and females, and the tables projected generationally by the MP-2021 improvement scales for males and females modified to converge to a long-term improvement rate of 0.75%
Average retirement age	Ranging from 55 to 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan 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.

The other changes component included in the accompanying statement of changes in accumulated plan benefits represents the normal operations of the pension plan.

Administrative Expenses

Trustee fees, investment management fees, recordkeeping fees, and other expenses related to the Plan are paid from the Master Trusts' assets. Certain fees and expenses are directly allocated to the Plan and certain fees and expenses are allocated based on the Plan's respective interests in the Master Trusts. Other costs of administering the Plan are paid by the Company.

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 Plan 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. 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.

Retirement Plan for Select GE Businesses

Notes to Financial Statements

December 31, 2023 and 2022
(000s omitted)

Note 3 - Interest in Master Trusts

Prior to the merger described above, the Plan held an undivided interest in the GEHC MT and, prior to January 1, 2023, the Plan held an undivided interest in the GEPT. The Plan does not hold any investments outside of this interest. Investment income and expenses related to the GEHC MT are allocated to the plan based upon average monthly balances invested by the plan. Application of the percentage of the Plan's undivided interest in the GEHC MT to the types of investments held by the GEHC MT represents the plan's interest in the investments held by the GEHC MT.

Immediately before the merger of the Plan into the LAPP effective December 31, 2023, the Plan's approximate ownership interest in the GEHC MT (rounded to the nearest 1 percent) was 3 percent.

At December 31, 2022, the Plan's approximate ownership interest in the GEPT (rounded to the nearest 1 percent) was 1 percent. The net assets of the GEPT, and the Plan's undivided interest in GEPT balances at December 31, 2022 are as follows:

	December 31, 2022	
	GE Pension Trust	Plan's Interest
Investments:		
Global equity	\$ 7,466,272	\$ 90,342
Debt securities	25,804,918	312,241
Private equities and other investments	9,585,974	115,991
Real estate	3,223,328	39,002
Total investments	46,080,492	557,576
Other assets:		
Cash	401,520	4,858
Due from broker for securities purchased	39,016	472
Income receivable	198,931	2,407
Other receivables	5,445	66
Total other assets	644,912	7,803
Total assets	46,725,404	565,379
Other liabilities:		
Due to broker for securities sold and other	(66,163)	(801)
Accrued expenses - Trust	(4,220)	(107)
Total other liabilities	(70,383)	(908)
Total net assets	\$ 46,655,021	\$ 564,471

The net investment income (loss) of the GE Pension Trust for the year ended December 31, 2023 is as follows:

	2023
Net realized and unrealized losses on investments	\$ 2,335,797
Interest and dividends	1,117,557
Total	\$ 3,453,354

Retirement Plan for Select GE Businesses

Notes to Financial Statements

December 31, 2023 and 2022

(000s omitted)

Note 3 - Interest in Master Trusts (Continued)

The net investment income (loss) of the GE HealthCare Pension Master Trust for the year ended December 31, 2023 is as follows:

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

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, 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.

December 31, 2023 and 2022

(000s omitted)

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.

Retirement Plan for Select GE Businesses

Notes to Financial Statements

December 31, 2023 and 2022

(000s omitted)

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	<u>\$ 7,033,350</u>	<u>\$ 19,236,731</u>	<u>\$ 2,337,215</u>
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	<u>\$ 46,080,492</u>			

The Plan's 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, 2022 are as follows:

	Private Equities and Other		
	Debt Securities	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	<u>\$ 421</u>	<u>\$ 796,355</u>	<u>\$ 1,540,439</u>

Retirement Plan for Select GE Businesses

Notes to Financial Statements

December 31, 2023 and 2022

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

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, 2022 for assets and liabilities measured at fair value on a recurring basis using unobservable inputs.

	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 EBITDA	1.75x - 10.75x 12x - 15x	N/A N/A
Real estate	1,256,145	Discounted cash flow	Capitalization rate Discount rate	4.75X% - 7.75X% 6.25% - 10.00%	5.71% 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, 2022		Redemption Frequency, if Eligible	Redemption Notice Period
	Fair Value	Unfunded Commitments		
Investments:				
Global equity	\$ 3,405,364	\$ -	Daily - Annually	15 - 30 days
Debt securities	3,595,325	-	Daily - Monthly	5 - 15 days
Private equities	8,789,618	1,767,127	Non-redeemable	Non-redeemable
Real Estate	1,682,889	596,811	10 or more years	N/A
Total	\$ 17,473,196	\$ 2,363,938		

December 31, 2023 and 2022

(000s omitted)

Note 5 - Plan Termination

Should the Plan terminate at some future time due to distress, its 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 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.

Although it has not expressed any intention to do so, even when considering the merger discussed in Note 1, the Company has the right under the Plan to terminate the Plan 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

The Plan has received a determination letter dated October 19, 2017 from the Internal Revenue Service indicating that the Plan, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Retirement Plan For Select GE Businesses
 EIN: 88-2515116 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2024

Number of Participants and Average Accrued Benefit

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

N-13

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Retirement Plan For Select GE Businesses
 EIN: 88-2515116 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
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%
Optional Payment Form Election Percentage	50% life annuity 25% 50% joint and survivor 25% 100% joint and survivor 100% lump sum for eligible Heller participants
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
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 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three

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years older than their spouses.

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

\$5,961,000. Assumes prior year's expenses rounded to the nearest \$10,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2023

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Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	8.00%
60	20.00%
61	15.00%
62	15.00%
63	25.00%
64	25.00%
65	60.00%
66	60.00%
67	60.00%
68	60.00%
69	60.00%
70+	100.00%

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Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	14.00%	45	2.40%
16	14.00%	46	2.36%
17	14.00%	47	2.32%
18	14.00%	48	2.28%
19	14.00%	49	2.24%
20	14.00%	50	1.10%
21	14.00%	51	1.08%
22	14.00%	52	1.06%
23	14.00%	53	1.04%
24	14.00%	54	1.02%
25	14.00%	55	10.00%
26	14.00%	56	10.00%
27	14.00%	57	10.00%
28	14.00%	58	10.00%
29	14.00%	59	10.00%
30	4.62%	60	10.00%
31	4.62%	61	10.00%
32	4.62%	62	10.00%
33	4.62%	63	10.00%
34	4.62%	64	10.00%
35	4.62%	65+	10.00%
36	4.55%		
37	4.49%		
38	4.42%		
39	4.36%		
40	3.25%		
41	3.20%		
42	3.15%		
43	3.10%		
44	3.05%		

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection
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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 RETIREMENT PLAN FOR SELECT GE BUSINESSES	B Three-digit plan number (PN) ▶	003
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: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	564,290,994	
b Actuarial value.....	2b	620,720,093	
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.....	4,704	334,037,703	334,037,703
b For terminated vested participants.....	5,302	316,774,225	316,774,225
c For active participants.....	13	568,569	568,569
d Total.....	10,019	651,380,497	651,380,497
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.22%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	5,961,000	
c Target normal cost.....	6c	5,961,000	

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 <i>dm</i>	08/30/2024
	Signature of actuary	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	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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	5,961,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	37,647,746	3,447,807	
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	9,408,807	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	6,987,342	6,987,342
36 Additional cash requirement (line 34 minus line 35).....	36	2,421,465	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2,486,335	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	64,870	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	64,870	
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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Schedule SB Attachment (Form 5500)—2024 Plan Year
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 1/1/2023 at 5.22%	Interest Adjusted Contribution
August 15, 2024	\$ 2,700,000	592	\$ 2,486,335
Total Contribution	\$ 2,700,000		\$ 2,486,335

Schedule SB Attachment (Form 5500)—2024 Plan Year
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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	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	8.00%	0.7164	3.41
60.5	20.00%	0.6591	7.97
61.5	15.00%	0.5273	4.86
62.5	15.00%	0.4482	4.20
63.5	25.00%	0.3809	6.05
64.5	25.00%	0.2857	4.61
65.5	60.00%	0.2143	8.42
66.5	60.00%	0.0857	3.42
67.5	60.00%	0.0343	1.39
68.5	60.00%	0.0137	0.56
69.5	60.00%	0.0055	0.23
70	100.00%	0.0022	0.15
	Weighted Average		61.40

Schedule SB Attachment (Form 5500)—2024 Plan Year
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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	32,426	17,316,048	32,345,014	49,693,488
2024	17,725	16,473,145	31,581,042	48,071,912
2025	13,096	18,883,506	30,728,040	49,624,642
2026	13,885	20,102,145	29,853,464	49,969,494
2027	17,027	21,965,499	28,891,738	50,874,264
2028	21,064	22,534,812	27,955,697	50,511,573
2029	25,465	23,219,124	27,023,382	50,267,971
2030	29,863	23,244,397	26,034,711	49,308,972
2031	34,440	22,548,805	24,929,935	47,513,180
2032	38,527	22,056,125	23,772,454	45,867,106
2033	40,761	21,120,819	22,657,679	43,819,259
2034	42,463	20,885,957	21,520,918	42,449,338
2035	43,875	21,045,912	20,354,432	41,444,220
2036	44,957	21,168,359	19,186,282	40,399,598
2037	45,900	21,019,633	17,957,443	39,022,976
2038	47,774	20,837,727	16,715,845	37,601,346
2039	49,033	20,616,825	15,525,842	36,191,700
2040	50,300	20,313,388	14,332,970	34,696,658
2041	50,551	19,962,618	13,145,046	33,158,215
2042	50,326	19,501,665	11,970,439	31,522,431
2043	49,748	18,974,490	10,817,796	29,842,034
2044	48,992	18,367,830	9,695,999	28,112,821
2045	48,034	17,708,900	8,614,122	26,371,057
2046	46,941	16,989,717	7,581,128	24,617,786
2047	45,708	16,206,552	6,605,594	22,857,853
2048	44,439	15,369,349	5,695,330	21,109,118
2049	42,918	14,489,776	4,856,958	19,389,652
2050	41,238	13,578,687	4,095,444	17,715,370
2051	39,384	12,643,750	3,413,731	16,096,864
2052	37,367	11,693,834	2,812,550	14,543,750
2053	35,201	10,738,879	2,290,358	13,064,438
2054	32,906	9,789,347	1,843,634	11,665,886
2055	30,509	8,855,766	1,467,331	10,353,607
2056	28,046	7,948,284	1,155,197	9,131,527
2057	25,554	7,076,251	900,162	8,001,967
2058	23,075	6,247,930	694,819	6,965,825
2059	20,648	5,470,197	531,794	6,022,639
2060	18,308	4,748,340	404,056	5,170,703
2061	16,084	4,085,982	305,180	4,407,247
2062	13,999	3,485,135	229,479	3,728,613
2063	12,067	2,946,251	172,074	3,130,391
2064	10,297	2,468,336	128,900	2,607,533
2065	8,695	2,049,184	96,659	2,154,538

Schedule SB Attachment (Form 5500)—2024 Plan Year
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	7,261	1,685,580	72,720	1,765,561
2067	5,993	1,373,553	55,025	1,434,571
2068	4,887	1,108,658	41,985	1,155,530
2069	3,936	886,191	32,395	922,521
2070	3,128	701,366	25,347	729,840
2071	2,451	549,474	20,164	572,089
2072	1,893	426,005	16,344	444,242

Schedule SB Attachment (Form 5500)—2024 Plan Year
Retirement Plan For Select GE Businesses
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1977. Merged into the Kidder, Peabody Retirement Plan for Salaried and Commissioned Employees on December 31, 2001.
Participants	All nonunion employees of GE Capital Fleet Services and certain affiliated companies who are not active participants of another qualified pension plan sponsored by the company, following the completion of one year of service and the attainment of age 21.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	<p>One-twelfth of the following: 1.00% of final average earnings plus 0.60% of average earnings in excess of the annual breakpoint, times credited service up to 30 years.</p> <p>The benefit shall not be less than \$4.00 a month for each year of credited service (maximum 30).</p> <p>The accrued benefit under the plan's benefit formula for GE Capital Fleet Services is calculated taking into account service and compensation through December 31, 2010. The "breakpoint" also is frozen as of December 31, 2010.</p> <p>There are no future accruals and the accrued benefits are frozen for all groups as of December 31, 2011.</p>
Commencement	At termination of employment.
Postponed Retirement Eligibility	After attaining age 65.
Monthly Benefit	The greater of the amount determined as for normal retirement based on final average earnings, monthly breakpoint, and credited service at the time of termination of employment, or the actuarial equivalent of the normal retirement benefit as if retired at age 65.
Commencement	At termination of employment.

Schedule SB Attachment (Form 5500)—2024 Plan Year
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Fleet Participants

Early Retirement

Eligibility Age 55.

Monthly Benefit The amount determined as for normal retirement based on final average earnings, monthly breakpoint, and credited service at the time of termination of employment, reduced by 0.555% for each of the first 60 months and 0.278% for each of the next 60 months by which commencement precedes age 65.

Commencement Between termination of employment and age 65.

Deferred Vested Retirement

Eligibility Before attaining eligibility for early or normal retirement.

Monthly Benefit The amount determined as for early retirement.

Commencement Between age 55 and age 65 (reduced the same as for early retirement).

Preretirement Death Benefit

Married Participants

Eligibility After being married for at least one year and before receiving any benefits under the plan.

Monthly Benefit 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity.

Commencement At the later of the date of death or the date the employee would have first been eligible for early retirement.

Unmarried Participants

Eligibility Age 55.

Benefit A lump sum equal to the actuarial equivalent of 40% of the accrued benefit.

Commencement At the date of death.

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Disability Benefit	
Eligibility	After total disability.
Benefit	Normal retirement benefit using annual earnings equal to the pay rate for the year preceding the year in which total disability occurs and service projected to normal retirement date.
Commencement	Age 65.
Automatic Form of Annuity	
Unmarried Employees	Life annuity.
Married Employees	50% joint and survivor annuity.
Optional Form of Annuity	5-year certain and life annuity; 10-year certain and life annuity; 75% joint and survivor annuity; 100% joint and survivor annuity.
Definitions	
Actuarial Equivalent	A benefit of equivalent value based on the “Applicable Mortality Table” as defined by the Internal Revenue Service under Code section 417(e)(3) as in effect on the first day of the Plan Year, and the “Applicable Interest Rate”. The “Applicable Interest Rate” shall mean the interest rate promulgated by the Internal Revenue Service under Code section 417(e)(3) for the second calendar month preceding the first day of the Plan Year in which a distribution occurs.
Annual Earnings	Calendar year earnings including salary, section 401(k) and section 125 deferrals, bonuses, overtime, and commissions, as defined in the plan document.
Final Average Earnings	The average of the highest five consecutive calendar years of annual earnings during the 10-year period ending on the earlier of the participant’s termination date or retirement date excluding the last partial year of earnings.
Monthly Breakpoint	\$1,400 multiplied by the ratio of (a) the Social Security maximum taxable wage base in the year the benefit is determined to (b) \$48,000.
Credited Service	After January 1, 1992, a plan year with 1,000 hours.
Plan Year	Calendar year.

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Former Kidder Participants

Effective Date	January 1, 1954. Merged with GE Fleet Services' Retirement Plan for Selected GE Capital Companies on December 31, 2001.
Participants	Former employees of Kidder, Peabody Inc.
Normal Retirement Eligibility	Age 65 and five years of vesting service.
Monthly Benefit	Greater of final average formula benefit or prior plan accrued benefit. The prior plan accrued benefit is only applicable to members on or before December 31, 1979. Accrued benefits were frozen as of December 31, 1995.
Postponed Retirement Eligibility	After normal retirement. Formerly required annual company approval after age 70.
Monthly Benefit	Accrued benefit to date of postponed retirement.
Early Retirement Eligibility	For retirements between January 1 and July 1, 1988, attainment of age 55 and five years of vesting service; after June 30, 1988, age 55 and 10 years.
Monthly Benefit	Accrued benefit to date of early retirement. Benefit is reduced for each year which pension commencement precedes age 65. The reduction factor is 10% for each of the first three years and 5% for each of the next seven years.
Deferred Vested Retirement Eligibility	For terminations on or after January 1, 1989 and before October 1, 1994, five years of vesting service. For terminations on or after October 1, 1994, all members are 100% vested.
Monthly Benefit	Accrued benefit to date of termination of employment. Benefit for early commencement, if eligible, reduced the same as for early retirement.

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Preretirement Death Benefit

Married Participants

Eligibility

Attainment of vested status (active or terminated).

Monthly Benefit

50% of the accrued pension benefit to date of death reduced as if employee survived to earliest retirement age (if not already eligible for retirement), and then began to receive a 50% joint and survivor annuity.

Automatic Form of Annuity

Unmarried Employees

Life annuity.

Married Employees

50% joint and survivor annuity.

Optional Form of Annuity

100% joint and survivor annuity.

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Former Heller Participants

Effective Date	Established December 15, 1941. Merged into the Retirement Plan for Select GE Businesses on December 31, 2002.
Participants	Former employees of Heller Financial, Inc. who were participants prior to May 31, 2002.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	Greater of final average benefit or benefit accrued under pre-1989 plan with updates. Accrued benefit frozen as of May 31, 2002.
Commencement	At termination of employment.
Postponed Retirement Eligibility	After attaining age 65.
Monthly Benefit	The greater of the amount determined as for normal retirement based on average earnings, monthly breakpoint, and credited service at the time of termination of employment, or the actuarial equivalent of the normal retirement benefit as if retired at age 65.
Commencement	At termination of employment.
Early Retirement Eligibility	After attaining age 55 and completing 15 years of vesting service.
Monthly Benefit	The amount determined as for normal retirement at the time of termination of employment, reduced by 1/15th for each of the first five years and by 1/30th for each of the next five years that payments begin early. If the participant retires after age 60 with 15 years of vesting service, the amount of his pension shall be reduced by only 3% for each year that payments begin early.
Commencement	Between termination of employment and age 65.

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Deferred Vested Retirement
Eligibility

After completing five years of vesting service but before attaining eligibility for early or normal retirement.

Monthly Benefit

The amount determined as for normal retirement. With 15 years of vesting service, participants may begin payments on the first of any month following age 55 equal to the amount payable if retired early.

Commencement

Between age 55 and age 65 (reduced the same as for early retirement) if 15 years of vesting service, else age 65.

Preretirement Death Benefit
Eligibility

After being married for at least one year, after becoming vested, and before receiving any benefits under the plan. If there is no eligible spouse, the benefit will be paid to the participant's children, if any.

Monthly Benefit

If the participant dies after attaining age 50 or completing 20 years of vesting service, an unreduced benefit of 50% of the accrued benefit at the time of death is payable immediately. If eligible spouse is more than five years younger than the participant, the benefit payable is reduced to the actuarial equivalent of the benefit payable to a spouse exactly five years younger.

If the participant dies before age 50 and completion of 20 years of vesting service, the benefit equals 50% of the accrued benefit payable at the earliest age the participant could have commenced a pension, reduced for early retirement and for the 50% joint and survivor option.

Commencement

If age 50 and five years of service or 20 years of vesting service, the date of death. Otherwise, the later of the date of death or the date the employee would have first been eligible for retirement.

Automatic Form of Annuity

For unmarried employees: Life annuity.

For married employees: The actuarial equivalent 50% joint and survivor annuity.

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Optional Form of Annuity

10-year certain and life annuity; 75% joint and survivor annuity; 100% joint and survivor annuity, 5-year certain annuity, 10-year certain annuity, 15-year certain annuity.

Participants hired prior to January 1, 1993 and eligible for normal or early retirement (including deferred vested participants who have reached early retirement age) or a disability pension may elect a lump sum option.

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Former Stewart and Stevenson Participants

Participants	Former Stewart and Stevenson employees as listed in the appendix to the Retirement Plan for Select GE Businesses.
Normal Retirement Eligibility	Age 65 and five years of participation.
Monthly Benefit	Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses.
Commencement	At termination of employment.
Postponed Retirement Eligibility	After normal retirement.
Monthly Benefit	Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses.
Early Retirement Eligibility	After attaining 10 years of vesting service and Rule of 70.
Monthly Benefit	Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses reduced by 1/180 for the first 60 months before age 65 and 1/360 for the next 60 months. Benefit is actuarially reduced for each additional month thereafter.
Deferred Vested Retirement Eligibility	After completing five years of vesting service.
Monthly Benefit	Accrued benefit listed in the appendix to the Retirement Plan for Select GE Businesses. If eligible, benefit at early commencement reduced the same as for early retirement.
Preretirement Death Benefit Married Participants Eligibility	Attainment of vested status.
Monthly Benefit	50% of the amount that would have been payable if the employee survived to earliest retirement age (if not already eligible for retirement), and then began to receive a 50% joint and survivor annuity.
Commencement	At the later of the date of death or the date the employee would have first been eligible for early retirement.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Retirement Plan For Select GE Businesses
EIN: 88-2515116 PN: 003

Automatic Form of Annuity
Unmarried Employees

Life annuity.

Married Employees

50% joint and survivor annuity.

Large Amount Lump Sums

If present value of participant's accrued benefit is not in excess of \$10,000, such benefit is paid as a lump sum.

Optional Form of Annuity

5-year certain and life annuity; 10-year certain and life annuity; 66⅔% joint and survivor annuity; 75% joint and survivor annuity; 100% joint and survivor annuity.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump sum payments from the 2022 plan year IRC section 417(e)(3) mortality table to the 2023 plan year IRC section 417(e)(3) mortality table.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Retirement Plan For Select GE Businesses
EIN: 88-2515116 PN: 003

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.

The EIN and PN have changed from 47-4432326 and 002 to 88-2515116 and 003.

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)—2024 Plan Year
Retirement Plan For Select GE Businesses
EIN: 88-2515116 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 37,647,746	January 1, 2023	15	\$ 3,447,807

Schedule SB Attachment (Form 5500)—2024 Plan Year
Retirement Plan For Select GE Businesses
EIN: 88-2515116 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected return on plan 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.