

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN
1b Three-digit plan number (PN) 003
1c Effective date of plan 01/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan) SIEMENS MEDICAL SOLUTIONS USA, INC.
2b Employer Identification Number (EIN) 22-2417778
2c Plan Sponsor's telephone number 888-826-9702
2d Business code (see instructions) 339110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN</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>SIEMENS MEDICAL SOLUTIONS USA, INC.</u>	D Employer Identification Number (EIN) <u>22-2417778</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>2024</u>		
2	Assets:		
	a Market value	2a	<u>4556682</u>
	b Actuarial value	2b	<u>4556682</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>160</u>	<u>4578763</u>
	b For terminated vested participants	<u>3</u>	<u>114250</u>
	c For active participants	<u>2</u>	<u>195537</u>
	d Total	<u>165</u>	<u>4888550</u>
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	<u>5.01 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>100000</u>
	c Target normal cost	6c	<u>100000</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 Signature of actuary <u>WILLIAM C. WALTER, JR., E.A.</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>200 LIBERTY STREET</u> <u>NEW YORK, NY 10281</u> Address of the firm	<u>09/15/2025</u> Date <u>23-05710</u> Most recent enrollment number <u>212-915-8888</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.35</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.13</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.21 %
15	Adjusted funding target attainment percentage	15	93.21 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.04 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	30284	0					
07/11/2024	30284	0					
10/11/2024	29779	0					
01/10/2025	29779	0					
09/11/2025	17397	0					
			Totals ▶	18(b)	137523	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	132395
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" 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	100000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	331868	32350	
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	132350	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	132350	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	132395	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	45	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SIEMENS MEDICAL SOLUTIONS USA, INC.	D Employer Identification Number (EIN) 22-2417778	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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"/>

(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: ERNST & YOUNG LLP	b EIN: 34-6565596
c Position: AUDITOR	
d Address: 99 WOOD AVENUE SOUTH-METROPARK ISELIN, NJ 08830-0471	e Telephone: 732-516-4200

Explanation: ERNST & YOUNG LLP WAS REPLACED AS THE CORPORATE AUDITOR FOR THE PLAN SPONSOR AND ITS AFFILIATES. AS A RESULT, THE PLAN REVIEWED ALTERNATE AUDIT FIRMS AND ULTIMATELY ENGAGED A NEW INDEPENDENT ACCOUNTANT OFFERING COMPARABLE SERVICES AT A LOWER COST.

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN</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>SIEMENS MEDICAL SOLUTIONS USA, INC.</u>	D Employer Identification Number (EIN) <u>22-2417778</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>MASTER TRUST FOR SMS PENSION PLAN</u>		
b Name of sponsor of entity listed in (a): <u>SIEMENS MEDICAL SOLUTIONS USA, INC.</u>		
c EIN-PN <u>82-4408790-001</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>4378842</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)

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SIEMENS MEDICAL SOLUTIONS USA, INC.	D Employer Identification Number (EIN) 22-2417778

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	131926
(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)	4455577
(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)	4378842

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	4587503	4426018
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1138	2804
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1138	2804
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4586365	4423214

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)	137523	
(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)		137523
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)		
(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)		

		(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)		90935
(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		228458

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	391609	
(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)		391609
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		391609

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-163151
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: **DOPKINS AND COMPANY LLP**

(2) EIN: **16-0929175**

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		10000000
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.)		X	
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)

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 _____.

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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIEMENS MEDICAL SOLUTIONS USA, INC.</u>	D Employer Identification Number (EIN) <u>22-2417778</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): 25-1904503

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

**SIEMENS HEALTHCARE DIAGNOSTICS, INC.
PUERTO RICO PENSION PLAN**

**Financial Statements
with Independent Auditor's Reports**

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

The Members Siemens Medical Solutions USA, Inc.
Administrative Committee and Investment Committee

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed an audit of the financial statements of Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 2024 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2024 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, 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.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter - Auditor's Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 4, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

As discussed in Note 9 to the financial statements, the Plan Administrator revised its interpretation of Subtopic 820-10 and determined that commingled funds measured at net asset value per share did not meet the definition of readily determinable fair value. We audited the adjustments necessary to restate the 2023 fair value hierarchy table as further disclosed in Note 6. In our opinion, such adjustments are appropriate and have been properly applied.

Dopkins & Company, LLP

CERTIFIED PUBLIC ACCOUNTANTS

October 10, 2025

SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investment in the net assets of the Master Trust for Siemens		
Medical Solutions USA, Inc. Pension Plans	\$ 4,378,842	\$ 4,455,577
Contribution receivable	47,176	131,926
Total assets	4,426,018	4,587,503
LIABILITIES		
Accrued plan expenses	2,804	1,138
Net assets available for benefits	\$ 4,423,214	\$ 4,586,365

SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Change in interest in the net assets of the Master Trust for Siemens Medical Solutions USA, Inc. Pension Plans	\$ 170,788	\$ 349,672
Employer contributions	137,523	131,926
Total additions	308,311	481,598
Deductions from net assets attributed to:		
Benefits paid	391,609	382,520
Administrative expenses	79,853	68,561
Total deductions	471,462	451,081
Net increase (decrease) in net assets available for benefits	(163,151)	30,517
Net assets available for benefits:		
Beginning of year	4,586,365	4,555,848
End of year	\$ 4,423,214	\$ 4,586,365

SIEMENS HEALTHCARE DIAGNOSTICS, INC. PUERTO RICO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan (the Plan or Puerto Rico Pension Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan is a defined benefit plan sponsored by Siemens Medical Solutions USA, Inc. (the Company), an indirectly majority-owned subsidiary of Siemens Aktiengesellschaft (Siemens AG). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was frozen as of December 31, 1995, and any further benefit accruals after that date ceased. The Plan is closed to new entrants.

As of and for the years ended December 31, 2024 and 2023, the assets of the Plan were held in trust by Banco Popular de Puerto Rico (Banco Popular or Trustee). Pursuant to a sub-trustee agreement with JP Morgan Chase Bank N.A. (JPM or Sub-Trustee), the Trustee, as directed by the Plan's Investment Committee, invested the Plan's assets in the Master Trust for Siemens Medical Solutions USA, Inc. Pension Plans (the Master Trust). JPM is the trustee of the Master Trust. As such, JPM is the sub-trustee of the assets of the Plan. Accordingly, JPM held the Plan's assets and executed the Plan's investment transactions while invested in the Master Trust as of and for the years ended December 31, 2024 and 2023.

The Master Trust also holds the investments of the Siemens Medical Solutions USA, Inc. Pension Plan (SMS Plan), another defined benefit plan sponsored by the Company. The participating plans of the Master Trust have an undivided interest in the net assets of the Master Trust.

Administration:

The Administrative Committee is responsible for administering the Plan's operations and the Investment Committee is responsible for monitoring investments by the Master Trust and the Plan.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Pension benefits:

Benefits are provided at normal, early, and deferred retirement and upon total and permanent disability, subject to certain limitations. Participants who attain five years of service (at least 1,000 hours in a calendar year) or who terminated employment after reaching the age of 65 earn the right to a fully vested benefit. Benefits accrued prior to December 31, 1995, are generally computed according to a two-step formula that takes into account a participant's years of benefit service, final average pay and estimated social security benefits, each through December 31, 1995. Step one of the formula is to compute 1.75% times a participant's projected years of benefit service to age 65 multiplied by his or her final average pay, less 1.75% times the participant's projected years of benefit service to age 65 multiplied by his or her estimated social security benefit. Step two is to multiply the difference computed in step one by a fraction, the numerator of which is the participant's actual years of service through December 31, 1995, and the denominator of which was the participant's projected benefit service through normal retirement age. All accrued benefits have been frozen. Alternate benefit formulas apply to certain participants who have accrued pension benefits that were transferred to the Plan from other defined benefit plans.

The benefit commencement date for normal retirement is the first day of the month coincident with or next following the date of an employee's 65th birthday. Benefits are payable beginning after the normal retirement date is reached. The benefit commencement date for a reduced early retirement benefit is the first day of any month after the early retirement date, which is the date an employee terminated employment after he has attained age 55 and completed ten or more years of vesting service. The benefit commencement date for deferred retirement is the first day of the month coincident with or next following the termination of employment after the normal retirement date. An eligible employee who incurs a disability after completing at least ten years of vesting service shall be entitled to his accrued benefit at normal retirement age or a reduced benefit as early as the month following the participant's attainment of age 55.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates:

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

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Risks and uncertainties:

The Plan invests in various types of investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, 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 amounts reported in the statement of net assets available for benefits.

The Investment Committee has diversified the net assets of the Master Trust with the intention of appropriately addressing significant concentrations of risk. The Master Trust's net assets were managed as separate investment funds by multiple investment advisers during the years ended December 31, 2024 and 2023.

Contributions to the Plan are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect amounts reported and disclosed in the financial statements.

Investment valuation and income recognition:

The investments of the Master Trust are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee reviews the Plan's valuation policies utilizing information provided by the Trustee and investment advisers. See Note 9 for discussion of the Master Trust's fair value measurements.

The Plan determines the fair value of its interest in the Master Trust on a daily weighted-average basis. The Plan's interest for the Master Trust is calculated as follows: the Plan's beginning value; plus contributions invested and assets transferred in; less distributions paid and assets transferred out; and is adjusted for allocated total investment income (loss). Total investment income (loss) of the Master Trust, net of investment expenses, is allocated to the Plan based on the daily weighted-average basis of the Plan's interest in the Master Trust.

Total investment income (loss) is reduced for certain investment-related fees and expenses, as further described herein, of the Master Trust. The Master Trust's significant accounting policies related to total investment income (loss) are as follows: purchases and sales of securities are recorded on a trade-date basis; interest income is recorded on the accrual basis; dividends on the applicable ex-dividend date; and net appreciation (depreciation) in fair value of investments based on gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefit payments to participants are recorded when paid.

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Plan and master trust expenses:

Only expenses of the Plan that are permitted to be charged to the Plan and Master Trust, in accordance with applicable law and with the provisions of the Plan document and agreements with the Master Trust, are charged to the Plan and the Master Trust. Expenses related to the Master Trust are recorded as direct expenses of the Master Trust and not as direct expenses of the Plan. The Plan's direct expenses primarily are related to recordkeeping, benefit processing and certain other administrative items. Direct expenses relating to the Master Trust primarily relate to investment advisory, trustee and custodial services. Expenses attributed to a specific plan are charged to that plan only. Expenses that are paid directly by the Company are excluded from these financial statements.

Subsequent events:

Management evaluated subsequent events for the Plan through October 10, 2025, which is the date the financial statements were available to be issued.

Note 3. Funding Policy

The Plan is generally funded solely by contributions made by the Company and its affiliates whose employees participated in the Plan. Employee contributions are not required or permitted under the Plan.

Contributions are determined annually based on actuarial valuations of the Plan by Willis Towers Watson US LLC (Willis Towers Watson), an independent consulting actuary. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met for 2024 and 2023.

Note 4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for employee services already rendered. Accumulated plan benefits include benefits expected to be paid to: (i) retired or terminated employees or their beneficiaries; (ii) beneficiaries of employees who have died and (iii) present employees or their beneficiaries. Benefits under the Plan are based on the employees' highest five-year average compensation within the ten-year period immediately prior to the earlier of the Plan being frozen or the employee's termination. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date the Plan was frozen or the total cash compensation during the year. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employees' service rendered and compensation received up to the valuation date.

The actuarial present value of accumulated benefits for the Plan was determined by Willis Towers Watson and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

SIEMENS HEALTHCARE DIAGNOSTICS, INC. PUERTO RICO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The more significant actuarial assumptions used in the December 31, 2023 and 2022 valuation were:

1. Life expectancy of participants – the Pri-2012 mortality table with a fully generational projection from the 2012 base tables using the 2025 and 2024 US SSA Intermediate long-term rate of improvement scales for December 31, 2023 and 2022, respectively.
2. Expected rate of return – 6.15% and 5.60% as of December 31, 2023 and 2022, respectively.
3. Weighted-average retirement age – 61 for the Plan.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue even though the benefits are frozen. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits as of December 31, 2023 were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Vested benefits:		
Active participants	\$	189,185
Participants and beneficiaries currently receiving payments		4,223,659
Terminated vested participants		104,147
Total actuarial present value of accumulated plan benefits	\$	<u>4,516,991</u>

SIEMENS HEALTHCARE DIAGNOSTICS, INC. PUERTO RICO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$	4,839,559
Increase (decrease) during the year attributable to:		
Actuarial gain		(6,345)
Decrease in discount period		260,451
Actual benefits paid		(382,520)
Assumption changes		(194,154)
Net decrease		(322,568)
Actuarial present value of accumulated plan benefits at end of year	\$	4,516,991

The changes in the assumptions are generally related to the change in mortality improvements and a change in the expected rate of return.

Note 5. Plan Termination

Even though the Plan is frozen, the Company intends to continue the Plan indefinitely without interruption, but reserves the right to discontinue it at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect at any time during the five years preceding the Plan's termination.
- c. All other vested benefits.
- d. All non-vested benefits.

In a letter dated August 19, 2016, the Pension Benefit Guaranty Corporation determined that the Plan is not covered by Title IV of ERISA since it is only qualified in Puerto Rico.

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

NOTES TO FINANCIAL STATEMENTS

Note 6. Tax Status

The Plan has received a determination letter from the Commonwealth of Puerto Rico's Department of Treasury (Department of Treasury) dated October 19, 2011, stating that the Plan is qualified under the Puerto Rico Internal Revenue Code (Puerto Rico IRC) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Department of Treasury, the Plan was amended on November 28, 2011, October 1, 2012, and May 1, 2018 and received letters from the Department of Treasury dated May 31, 2012, May 2, 2013, and September 22, 2021 that state that the amendments do not affect the determination issued October 19, 2011. Once qualified, the Plan is required to operate in conformity with the Puerto Rico IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Puerto Rico IRC. Accordingly, no provision has been made for income taxes.

Accounting principles generally accepted in the United States of America requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the Department of the Treasury. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Note 7. Parties-in-Interest

A party-in-interest is defined under the Department of Labor's regulations as any fiduciary of a plan, any party rendering services to a plan, the employer, certain participants, and others.

The Sub-Trustee serves as the custodian for certain investments in which the Master Trust participates. Therefore, transactions within these investments and transactions with the Sub-Trustee and Trustee qualify as party-in-interest transactions.

Alight Solutions, LLC provides recordkeeping services to the Plan and, in addition to various other service providers, provides certain other administrative services to the Plan. Willis Towers Watson provides actuarial services to the Plan. The Master Trust receives investment advisory services and certain other trust and custodial administrative services from various service providers. Therefore, transactions with these various service providers qualify as party-in-interest transactions.

SIEMENS HEALTHCARE DIAGNOSTICS, INC. PUERTO RICO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Information Certified by the Trustee and Sub-Trustee

The following is a summary of the Plan’s asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan’s financial statements, obtained by management and agreed to or derived from information certified by the Sub-Trustee and Trustee. The Plan Administrator has obtained certifications from the Sub-Trustee and Trustee that information provided to the Plan Administrator by the Sub-Trustee and Trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements related to the following assets:

	2024	2023
As of December 31:		
Interest in the net assets of the Master Trust	<u>\$ 4,380,531</u>	<u>\$ 4,429,261</u>
Year ended December 31:		
Change in Plan’s interest in the net assets of the Master Trust	<u>\$ 170,793</u>	<u>\$ 349,246</u>

The statements of net assets available for benefits report the Plan’s interest in the net assets of the Master Trust, which includes \$1,689 and \$1,684 (as of December 31, 2024 and 2023) of accrued expenses of the Master Trust and \$28,000 (as of December 31, 2023) of an amount due from another plan within the Master Trust that are not included in the amount certified. The statements of changes in net assets available for benefits report the change in the Plan’s interest in the net assets of the Master Trust, which includes \$5 and (\$426) (years ended December 31, 2024 and 2023, respectively) of net master trust expenses that are not included in the amount certified.

Note 9. Investments in the Master Trust

The Plan’s and the SMS Plan’s investments are held in the Master Trust at December 31, 2024 and 2023. Each participating plan has a proportionate interest in the Master Trust’s net assets as calculated in accordance with the methodology described in Note 2. The Plan’s proportionate interest in the Master Trust’s net assets at December 31, 2024 and 2023 was 0.58% and 0.56%, respectively.

SIEMENS HEALTHCARE DIAGNOSTICS, INC. PUERTO RICO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Investments in the Master Trust (Continued)

The following tables present the net assets of the Master Trust at:

	December 31, 2024	
	Puerto Rico Pension Plan	Total Master Trust
ASSETS		
Investments at fair value:		
Fixed income securities:		
U.S. government and municipal bonds	\$ 564,581	\$ 96,649,955
Bonds – U.S. corporate, asset-backed and mortgage-backed	2,385,656	408,397,522
Foreign bonds	339,646	58,143,600
	<u>3,289,883</u>	<u>563,191,077</u>
Commingled funds	468,719	80,239,494
Registered investment funds	598,140	102,394,849
Total investments at fair value	<u>4,356,742</u>	<u>745,825,420</u>
Cash, non-interest bearing	1,445	247,411
Receivables for securities sold and accrued income and other	44,403	7,601,297
Total assets	<u>4,402,590</u>	<u>753,674,128</u>
LIABILITIES		
Payables for securities purchased and accrued liabilities	(23,748)	(4,065,701)
Net assets	<u>\$ 4,378,842</u>	<u>\$ 749,608,427</u>

SIEMENS HEALTHCARE DIAGNOSTICS, INC. PUERTO RICO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Investments in the Master Trust (Continued)

	December 31, 2023	
	Puerto Rico Pension Plan	Total Master Trust
ASSETS		
Investments at fair value:		
Fixed income securities:		
U.S. government and municipal bonds	\$ 522,983	\$ 93,790,622
Bonds – U.S. corporate, asset-backed and mortgage-backed	2,813,833	504,626,451
Foreign bonds	411,219	73,747,097
	<u>3,748,035</u>	<u>672,164,170</u>
Commingled funds	552,274	99,043,669
Registered investment funds	125,281	22,467,539
Total investments at fair value	<u>4,425,590</u>	<u>793,675,378</u>
Cash, non-interest bearing	3,048	546,647
Receivables for securities sold, accrued income and other	67,976	7,169,201
Total assets	<u>4,496,614</u>	<u>801,391,226</u>
LIABILITIES		
Payables for securities purchased and accrued liabilities	(41,037)	(7,359,485)
Net assets	<u>\$ 4,455,577</u>	<u>\$ 794,031,741</u>

The following is the Master Trust's investment income for the years ended December 31, 2024 and 2023:

	2024	2023
Investment income:		
Net appreciation in fair value of investments	\$ 2,877,401	\$ 35,967,928
Other investment income	28,933,355	28,695,022
	<u>31,810,756</u>	<u>64,662,950</u>
Less investment expenses	1,175,228	1,343,950
Total investment income	<u>\$ 30,635,528</u>	<u>\$ 63,319,000</u>

NOTES TO FINANCIAL STATEMENTS

Note 9. Investments in the Master Trust (Continued)

Fair Value Measurements:

The Company defines fair value as the exchange price that would be received for an asset or paid for a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The Company utilizes a fair value hierarchy which requires each Plan to maximize the use of observable inputs and minimize unobservable inputs when determining fair value and also establishes three levels of classifications.

As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in Accounting Standards Codification (ASC) 820 are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- quoted prices for similar assets and liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in markets that are not active;
- observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals);
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

SIEMENS HEALTHCARE DIAGNOSTICS, INC. PUERTO RICO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Investments in the Master Trust (Continued)

Fixed Income Securities: Investments are valued utilizing data furnished by an independent pricing service, incorporating various inputs such as benchmark curves, benchmarking of like securities, matrix pricing, model processes such as the Option Adjusted Spread model to assess interest rate impact of and develop prepayment scenarios. Both models and processes take into account market conventions.

Commingled Funds: Valued at the net asset value (NAV) of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is primarily based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. These investments have no redemption restrictions or unfunded commitments.

Registered Investment Funds: Registered investment funds are open-end mutual funds valued at the daily closing price as reported by the fund. These funds are required to publish their daily NAV and to transact at that price. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The funds held by the Plan are deemed to have a readily determinable fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies and assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level within the fair value hierarchy the Master Trust's investments at fair value as of December 31, 2024 and 2023, respectively:

	2024			
	Level 1	Level 2	Level 3	Total
Fixed income securities	\$ -	\$ 563,191,077	\$ -	\$ 563,191,077
Registered investment funds	102,394,849	-	-	102,394,849
	<u>\$ 102,394,849</u>	<u>\$ 563,191,077</u>	<u>\$ -</u>	<u>665,585,926</u>
Commingled funds measured at NAV ^(a)				<u>80,239,494</u>
Investments at fair value				<u>\$ 745,825,420</u>

SIEMENS HEALTHCARE DIAGNOSTICS, INC. PUERTO RICO PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Investments in the Master Trust (Continued)

	2023			
	Level 1	Level 2	Level 3	Total
Fixed income securities	\$ -	\$ 672,164,170	\$ -	\$ 672,164,170
Registered investment funds	22,467,539	-	-	22,467,539
	<u>\$ 22,467,539</u>	<u>\$ 672,164,170</u>	<u>\$ -</u>	<u>694,631,709</u>
Commingled funds measured at NAV ^(a)				<u>99,043,669</u>
Investments at fair value				<u>\$ 793,675,378</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

During 2024, the Plan Administrator revised its interpretation of Subtopic 820-10 and determined that collective trust funds measured at NAV per share did not meet the definition of readily determinable fair value. In accordance with Subtopic 820-10, these investments have not been classified in the fair value hierarchy. The presentation in the above table as of December 31, 2023 has been adjusted to match the 2024 presentation, with no effect on the 2023 statement of net assets available for benefits or the statement of changes in net assets available for benefits.

* * * * *

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September 2023
- Interest rate basis Segment Rates

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
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As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Annual rates of increase

- Cash balance interest crediting rate 4.28% for 2024 and 4.06% for 2025 and thereafter
- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Plan-related expenses

\$100,000. Based on prior year's actual expenses.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate IRS-prescribed non-annuitant and annuitant tables based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination Rates vary by age, gender, and service
Representative Termination Rates for participants with at least 5 years of service

Percentage leaving during the year		
Attained Age	Male	Female
21	23.7%	28.7%
25	12.8%	20.8%
30	13.5%	19.8%
35	10.5%	12.8%
40	9.6%	11.3%
45	7.6%	9.4%
50	6.9%	9.0%
55	5.4%	8.1%

Disability Rates vary by age and gender

Representative Disability Rates

Percentage becoming disabled during the year		
Age	Males	Females
25	0.03%	0.03%
30	0.03%	0.04%
35	0.04%	0.07%
40	0.08%	0.13%
45	0.16%	0.24%
50	0.33%	0.40%
55	0.69%	0.64%
60	1.15%	0.90%
65	0.00%	0.00%

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
 EIN / PN: 22-2417778/003
 Plan Sponsor: Siemens Medical Solutions USA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates vary by age, average age 61.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	12.00%
59	12.00%
60	15.00%
61	20.00%
62	25.00%
63	20.00%
64	20.00%
65	35.00%
66	20.00%
67	30.00%
68	35.00%
69	35.00%
70	100.00%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

All Cash Balance participants are assumed to elect a lump sum payment.

Percent married

100% of males; 100% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Spouse age Wives three years younger than husbands

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement Timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of the year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with methodology generally used to create those rates.

Actuarial value of assets for determining minimum required contributions The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.

Benefits not valued WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate for the August immediately preceding the plan year, but with a minimum interest credit rate of 4.06%. The long term estimate of the 30-year Treasury rate, based on current conditions, future economic expectations and the minimum interest credit rate results in a final assumed interest credit rate of 4.06%.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430.</p> <p>The cash balance interest crediting rate increased from 4.06% to 4.28% for 2024 and 4.06% for 2025 and thereafter.</p>
Change in methods since prior valuation	<p>There have been no changes in methods since the prior valuation.</p>

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Siemens Medical Solutions USA, Inc.
EIN/PN	22-2417778/003
Plan Name	Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	William C. Walter, Jr.
Enrollment Number	23-05710

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 SIEMENS HEALTHCARE DIAGNOSTICS INC. PUERTO RICO PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SIEMENS MEDICAL SOLUTIONS USA, INC.	D Employer Identification Number (EIN) 22-2417778	
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>2024</u>			
2 Assets:			
a Market value.....	2a	4,556,682	
b Actuarial value.....	2b	4,556,682	
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.....	160	4,578,763	4,578,763
b For terminated vested participants.....	3	114,250	114,250
c For active participants.....	2	195,537	195,537
d Total.....	165	4,888,550	4,888,550
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.....			5.01%
6 Target normal cost			
a Present value of current plan year accruals.....			0
b Expected plan-related expenses.....			100,000
c Target normal cost.....			100,000

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	William C. Walter, Jr., E.A. <i>ww</i> <small>Signature of actuary</small>	<u>9/15/2025</u> <small>Date</small>
	William C. Walter, Jr., E.A. <small>Type or print name of actuary</small>	2305710 <small>Most recent enrollment number</small>
	WILLIS TOWERS WATSON US LLC <small>Firm name</small>	212-915-8888 <small>Telephone number (including area code)</small>
	200 LIBERTY STREET NEW YORK NY 10281 <small>Address of the firm</small>	

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: 4.87%	3rd segment: 5.59%	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" 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 100,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	331,868		32,350	
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)....				34 132,350
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 132,350
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 132,395
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 45
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Siemens Medical Solutions USA, Inc.
EIN/PN	22-2417778/003
Plan Name	Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	William C. Walter, Jr.
Enrollment Number	23-05710

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

(1) Age	(2) Exposure	(3) Retirement Rate	(4) Assumed Number Retiring (2) * (3)	(5) Product (1) x (4)
55	1,000	8.0%	80	4,400
56	920	8.0%	74	4,121
57	846	8.0%	68	3,859
58	779	12.0%	93	5,419
59	685	12.0%	82	4,851
60	603	15.0%	90	5,427
61	513	20.0%	103	6,253
62	410	25.0%	103	6,355
63	308	20.0%	61	3,874
64	246	20.0%	49	3,149
65	197	35.0%	69	4,477
66	128	20.0%	26	1,688
67	102	30.0%	31	2,057
68	72	35.0%	25	1,705
69	47	35.0%	16	1,124
70	30	100.0%	30	2,118
			Weighted Average	60,885
	Weighted Average Age at Retirement:		60,885/1000	61

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
 EIN / PN: 22-2417778/003
 Plan Sponsor: Siemens Medical Solutions USA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September 2023
- Interest rate basis Segment Rates

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.01%	4.39%

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Annual rates of increase

- Cash balance interest crediting rate 4.28% for 2024 and 4.06% for 2025 and thereafter
- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Plan-related expenses

\$100,000. Based on prior year's actual expenses.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate IRS-prescribed non-annuitant and annuitant tables based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination Rates vary by age, gender, and service
Representative Termination Rates for participants with at least 5 years of service

Percentage leaving during the year		
Attained Age	Male	Female
21	23.7%	28.7%
25	12.8%	20.8%
30	13.5%	19.8%
35	10.5%	12.8%
40	9.6%	11.3%
45	7.6%	9.4%
50	6.9%	9.0%
55	5.4%	8.1%

Disability Rates vary by age and gender

Representative Disability Rates

Percentage becoming disabled during the year		
Age	Males	Females
25	0.03%	0.03%
30	0.03%	0.04%
35	0.04%	0.07%
40	0.08%	0.13%
45	0.16%	0.24%
50	0.33%	0.40%
55	0.69%	0.64%
60	1.15%	0.90%
65	0.00%	0.00%

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
 EIN / PN: 22-2417778/003
 Plan Sponsor: Siemens Medical Solutions USA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates vary by age, average age 61.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	12.00%
59	12.00%
60	15.00%
61	20.00%
62	25.00%
63	20.00%
64	20.00%
65	35.00%
66	20.00%
67	30.00%
68	35.00%
69	35.00%
70	100.00%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

All Cash Balance participants are assumed to elect a lump sum payment.

Percent married

100% of males; 100% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Spouse age Wives three years younger than husbands

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement Timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of the year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with methodology generally used to create those rates.

Actuarial value of assets for determining minimum required contributions The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.

Benefits not valued WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate for the August immediately preceding the plan year, but with a minimum interest credit rate of 4.06%. The long term estimate of the 30-year Treasury rate, based on current conditions, future economic expectations and the minimum interest credit rate results in a final assumed interest credit rate of 4.06%.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.</p> <p>The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430.</p> <p>The cash balance interest crediting rate increased from 4.06% to 4.28% for 2024 and 4.06% for 2025 and thereafter.</p>
Change in methods since prior valuation	<p>There have been no changes in methods since the prior valuation.</p>

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The cash balance interest crediting rate increased from 4.06% to 4.28% for 2024 and 4.06% for 2025 and thereafter.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The pension plan became effective January 1, 1995. The plan was amended and restated June 1, 2010. The plan was frozen effective December 31, 1995. Effective January 31, 2011, some members of the Siemens Pension Plan were transferred to the Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan. The provisions of the Siemens Pension Plan apply to these participants, therefore these participants are eligible for cash balance benefits. All remaining active participants in the Puerto Rico plan are former members of the Siemens Pension Plan.

The PBGC has informed Siemens that the Plan is not covered under Title IV of ERISA and as such is not subject to PBGC premiums.

Eligibility No new entrants after December 31, 1995.

Definitions

Vesting service Elapsed time from date of hire.

Benefit Service Years and completed months from participation date. Benefit service is frozen as of December 31, 2010.

Normal retirement date (NRD) The later of age 65 or completion of three years of Vesting Service.

Pension benefit The account balance transferred from the Siemens Pension Plan is increased monthly with Interest Credits. Interest Credits are based on the 30-year Treasury rate for August immediately preceding the calendar year.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Vested cash balance benefits are immediately payable.

Postponed retirement Retirement after NRD.

Deferred vested termination 100% vested with three years of Vesting Service.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability Cash balance benefits, if not already vested, are vested after 12 months of disability.

Preretirement death benefit Five years of Vesting Service. Cash balance benefits are immediately vested upon death of an active participant.

Benefits Paid Upon the Following Events

Normal retirement The cash balance benefit.

Early retirement For cash balance benefits, an actuarially equivalent annuity is payable.

Postponed retirement The pension benefit determined as of the actual retirement date.

Deferred vested termination The account balance or actuarially equivalent annuity.

Disablement Account balance is fully vested after 12 months of disability. Interest Credits granted until the account is paid out or an annuity payment is elected.

Preretirement death Return of accumulated employee contributions (if any); or account balance or actuarially equivalent annuity payable to beneficiary. Paid regardless of Vesting Service accrued by the participant.

Other Plan Provisions

Forms of payment Normal form: 50% Joint and Survivor, if married; Life Annuity, if single.
Optional forms: 66 2/3% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor, 10 Year Certain and Life, and Lump Sum.

Pension Increases None.

Plan participants' contributions None.

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(151,479)	15.00000	(151,479)	(13,782)
2. Shortfall	01/01/2023	503,735	14.00000	483,347	46,132
Total				331,868	32,350

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
EIN / PN: 22-2417778/003
Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

(1) Age	(2) Exposure	(3) Retirement Rate	(4) Assumed Number Retiring (2) * (3)	(5) Product (1) x (4)
55	1,000	8.0%	80	4,400
56	920	8.0%	74	4,121
57	846	8.0%	68	3,859
58	779	12.0%	93	5,419
59	685	12.0%	82	4,851
60	603	15.0%	90	5,427
61	513	20.0%	103	6,253
62	410	25.0%	103	6,355
63	308	20.0%	61	3,874
64	246	20.0%	49	3,149
65	197	35.0%	69	4,477
66	128	20.0%	26	1,688
67	102	30.0%	31	2,057
68	72	35.0%	25	1,705
69	47	35.0%	16	1,124
70	30	100.0%	30	2,118
			Weighted Average	60,885
	Weighted Average Age at Retirement:		60,885/1000	61

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
 EIN / PN: 22-2417778/003
 Plan Sponsor: Siemens Medical Solutions USA, Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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The PBGC has informed Siemens that the Plan is not covered under Title IV of ERISA and as such is not subject to PBGC premiums.

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Definitions

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Normal retirement date (NRD) The later of age 65 or completion of three years of Vesting Service.

Pension benefit The account balance transferred from the Siemens Pension Plan is increased monthly with Interest Credits. Interest Credits are based on the 30-year Treasury rate for August immediately preceding the calendar year.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Vested cash balance benefits are immediately payable.

Postponed retirement Retirement after NRD.

Deferred vested termination 100% vested with three years of Vesting Service.

Plan Name: Siemens Healthcare Diagnostics Inc. Puerto Rico Pension Plan
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Plan Sponsor: Siemens Medical Solutions USA, Inc.
Valuation Date: January 1, 2024

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Disability Cash balance benefits, if not already vested, are vested after 12 months of disability.

Preretirement death benefit Five years of Vesting Service. Cash balance benefits are immediately vested upon death of an active participant.

Benefits Paid Upon the Following Events

Normal retirement The cash balance benefit.

Early retirement For cash balance benefits, an actuarially equivalent annuity is payable.

Postponed retirement The pension benefit determined as of the actual retirement date.

Deferred vested termination The account balance or actuarially equivalent annuity.

Disablement Account balance is fully vested after 12 months of disability. Interest Credits granted until the account is paid out or an annuity payment is elected.

Preretirement death Return of accumulated employee contributions (if any); or account balance or actuarially equivalent annuity payable to beneficiary. Paid regardless of Vesting Service accrued by the participant.

Other Plan Provisions

Forms of payment Normal form: 50% Joint and Survivor, if married; Life Annuity, if single.
Optional forms: 66 2/3% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor, 10 Year Certain and Life, and Lump Sum.

Pension Increases None.

Plan participants' contributions None.

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

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Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(151,479)	15.00000	(151,479)	(13,782)
2. Shortfall	01/01/2023	503,735	14.00000	483,347	46,132
Total				331,868	32,350

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The cash balance interest crediting rate increased from 4.06% to 4.28% for 2024 and 4.06% for 2025 and thereafter.

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