

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.
1b Three-digit plan number (PN): 003
1c Effective date of plan: 04/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): DATEX-OHMEDA, INC.
2b Employer Identification Number (EIN): 22-3029570
2c Plan Sponsor's telephone number: 224-239-0617
2d Business code (see instructions): 621510

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

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

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.

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>GE HEALTHCARE BENEFITS ADMINISTRATIVE COMMITTEE</p> <p>500 W. MONROE ST CHICAGO, IL 60661</p>	<p>3b Administrator's EIN 88-2515116</p> <p>3c Administrator's telephone number 224-239-0617</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 412</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 131</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 120</p>
<p>b Retired or separated participants receiving benefits.....</p>	<p>6b 216</p>
<p>c Other retired or separated participants entitled to future benefits</p>	<p>6c 39</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 375</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e 27</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 402</p>
<p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	<p>6g(1)</p>
<p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	<p>6g(2)</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h 1</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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>RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.</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>DATEX-OHMEDA, INC.</u>	D Employer Identification Number (EIN) <u>22-3029570</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>71574246</u>
	b Actuarial value	2b	<u>78731294</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>243</u>	<u>40145473</u>
	b For terminated vested participants	<u>38</u>	<u>3006784</u>
	c For active participants	<u>131</u>	<u>18431199</u>
	d Total	<u>412</u>	<u>61583456</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>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>764744</u>
	b Expected plan-related expenses	6b	<u>242448</u>
	c Target normal cost	6c	<u>1007192</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>09/09/2025</u> Date
	<u>DAWN M. OCHOA</u> Type or print name of actuary	<u>23-07557</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>847-295-5000</u> Telephone number (including area code)
	<u>MSC #17755 PO BOX 551343 ATLANTA, GA 30355</u> Address of the firm	

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

Part 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)	10429086	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)	10429086	0
10	Interest on line 9 using prior year's actual return of <u>8.01</u> %	835370	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>5.25</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)	11264456	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	109.05 %
15	Adjusted funding target attainment percentage	15	127.26 %
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	123.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶	18(b)	18(c)
				0	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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		

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
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	1007192
b Excess assets, if applicable, but not greater than line 31a	31b	1007192

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING INC.

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	135058	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IVINS, PHILLIPS & BAKER

1700 PENNSYLVANIA AVENUE
SUITE 600
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24338	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PLANTE MORAN

33-1498605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK

41-1867445

(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?
21 50	NONE	7005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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>RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.</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>DATEX-OHMEDA, INC.</u>	D Employer Identification Number (EIN) <u>22-3029570</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GE HEALTHCARE PENSION MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GE HEALTHCARE TECHNOLOGIES INC.</u>		
c EIN-PN <u>88-2667837-005</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>67870559</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
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)	67870559
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	71574246	67870559
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	71574246	67870559

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		561296
(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		561296

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4002237	
(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)		4002237
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)	8833	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	45900	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	7005	
(7) Actuarial fees	2i(7)	135058	
(8) Legal fees	2i(8)	24338	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	41612	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		262746
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4264983

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3703687
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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 554451.

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.	<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>RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DATEX-OHMEDA, INC.</u>	D Employer Identification Number (EIN) <u>22-3029570</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): 14-6015763

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

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

GE HealthCare Defined Benefit Plans

GE HealthCare Pension Plan

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

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

Financial Report

(000s omitted)

December 31, 2024

GE HealthCare Defined Benefit Plans

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



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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of GE HealthCare Pension Plan, GE HealthCare Legacy Affiliates Pension Plan (formerly known as Instrumentarium Cash Balance Plan) and Retirement Income Plan for Bargaining Unit Employees of Datex-Ohmeda, Inc. (each a "Plan" and collectively the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of December 31, 2023, the related statements of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plans as of December 31, 2024 and 2023, the changes in their net assets available for benefits for the years then ended, the accumulated plan benefits as of December 31, 2023, and the changes in their accumulated plan benefits for the year ended December 31, 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis-of-Matter – GE HealthCare Pension Plan

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds and real estate investments valued at approximately \$3.04 billion and \$3.96 billion (22% and 27% of the Plan's net assets available for benefits) as of December 31, 2024 and 2023, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Our opinion is not modified with respect to this matter.

Emphasis-of-Matter – GE HealthCare Legacy Affiliates Pension Plan

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds (as applicable) and real estate investments valued at approximately \$147 million and \$192 million (22% and 27% of the Plan’s net assets available for benefits) as of December 31, 2024 and 2023, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Our opinion is not modified with respect to this matter.

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

As discussed in Note 3 to the financial statements, the financial statements include private equities, hedge funds (as applicable) and real estate investments valued at approximately \$15 million and \$19 million (22% and 27% of the Plan’s net assets available for benefits) as of December 31, 2024 and 2023, respectively, whose fair values have been estimated by management in the absence of readily determinable fair values. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plans' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for a reasonable period of time.

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

Deloitte + Touche LLP

December 19, 2025

GE HealthCare Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2024

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Assets			
Plan's interest in the GE HealthCare Pension Master Trust (Notes 3 and 4)	\$ 13,650,221	\$ 67,871	\$ 659,466
Prefunded retiree benefit payments	90,308	-	-
Total assets	13,740,529	67,871	659,466
Net Assets Available for Benefits	\$ 13,740,529	\$ 67,871	\$ 659,466

GE HealthCare Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2023

(000s omitted)

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

GE HealthCare Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Additions			
Contributions:			
Employees	\$ 3,871	\$ -	\$ -
Employer	-	-	2,700
Total contributions	3,871	-	2,700
Investment income - Plan interest in GE HealthCare Pension Master Trust net investment income	121,784	562	5,939
Total additions	125,655	562	8,639
Deductions			
Benefits paid directly to participants or beneficiaries	1,098,043	4,002	54,410
Administrative and investment expenses	76,842	263	8,326
Total deductions	1,174,885	4,265	62,736
Net Decrease	(1,049,230)	(3,703)	(54,097)
Net Assets Available for Benefits			
Beginning of year	14,789,759	71,574	713,563
End of year	\$ 13,740,529	\$ 67,871	\$ 659,466

GE HealthCare Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

(000s omitted)

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

GE HealthCare Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2023

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Actuarial Present Value of Accumulated Plan Benefits			
Vested benefits:			
Participants currently receiving benefit payments	\$ 9,854,741	\$ 34,109	\$ 451,587
Other participants	3,797,529	16,098	205,687
Total vested benefits	13,652,270	50,207	657,274
Nonvested benefits	48,085	214	337
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 13,700,355	\$ 50,421	\$ 657,611

GE HealthCare Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

(000s omitted)

	GE HealthCare Pension Plan	Retirement Income Plan For Bargaining Unit Employees of Datex-Ohmeda, Inc.	GE HealthCare Legacy Affiliates Pension Plan
Actuarial Present Value of Accumulated Plan Benefits -			
Beginning of year	\$ -	\$ 50,866	\$ 43,847
Increase (decrease) during the year attributable to:			
Benefits accumulated	27,215	626	-
Interest due to decrease in the discount period	930,733	3,424	2,938
Benefits paid	(1,109,027)	(3,974)	(3,829)
Actuarial loss	(1,180)	-	-
Changes in actuarial assumptions	6,733	31	(2,488)
Plan amendments	21,626	217	-
Transfers	13,824,255	-	616,783
Other	-	(769)	360
Net increase (decrease)	<u>13,700,355</u>	<u>(445)</u>	<u>613,764</u>
Actuarial Present Value of Accumulated Plan Benefits -			
End of year	<u>\$ 13,700,355</u>	<u>\$ 50,421</u>	<u>\$ 657,611</u>

December 31, 2024 and 2023

(000s omitted)

Note 1 - Plan Description

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

General

HealthCare Pension Plan

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

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

Salaried employees who commenced service on or after January 1, 2011 at the Company or GE, and any employee who commenced service on or after January 1, 2012 at the Company or GE, are not eligible to participate in HCPP. Salaried employees benefits were frozen on December 31, 2020. All other employees who commenced service prior to January 1, 2012 were accruing pension benefits until December 31, 2024, at which point benefits were frozen.

Retirement Income Plan

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

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

Legacy Affiliates Plan

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

December 31, 2024 and 2023

(000s omitted)

Note 1 - Plan Description (Continued)

Master Trusts

The Plans hold an interest in the GE HealthCare Pension Master Trust (the "GEHC MT"), which was established for the investment of assets of the Plans. Each participating benefit plan has an undivided interest in the GEHC MT.

As of December 31 2024 and 2023, the GEHC MT has a divided interest in certain assets of the GE Pension Trust (the "GEPT"). The GEHC MT and the GEPT are collectively referred to herein as the "Master Trusts." During 2024 all plan assets were transferred from the GEPT to the GEHC MT, with the exception of private equities and other investments and real estate investments that remained in the GEPT.

Contributions

Contributions are made by the Company and Datex-Ohmeda (the "Plan Sponsors") in actuarially determined amounts. The funding policy of the Plans is to contribute amounts sufficient to meet minimum funding requirements, as set forth in employee benefit and tax law plus additional amounts as the Plan Sponsors may determine to be appropriate. There were contributions of \$2,700 made to LAPP during 2024. There were no contributions required by the Plan Sponsors of HCPP or RIP to meet the minimum funding requirements of ERISA during 2024.

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

For the HCPP, as of December 31, 2023, the accumulated contributions of active employees, including interest credited on those contributions, amounted to approximately \$223,645. As of December 31, 2023, the rate for which interest was credited on the contributions was 5.25 percent.

Vesting

Participants are generally fully vested for retirement benefits after a certain number of years of service, as defined in the applicable Plan Document.

Pension Benefits

HealthCare Pension Plan

Participating qualified employees are generally entitled to pension benefits (paid monthly) beginning at normal retirement age (65) consisting of a regular pension, and if applicable, an additional pension to provide the minimum guaranteed pension, a personal pension account annuity, and a voluntary pension account annuity. The HCPP permits early retirement at age 60.

Retirement Income Plan

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

December 31, 2024 and 2023

(000s omitted)

Note 1 - Plan Description (Continued)

Legacy Affiliates Plan

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

Employees are entitled to annual pension benefits beginning at the participant's normal retirement age (age under the provisions of the Plan). Vested benefits that are less than a certain amount, as prescribed by the Internal Revenue Code and the Plan, are paid as soon as practical following termination of employment. Vested benefits greater than this amount remain in the Plan until early or normal retirement age. Pension benefits for married participants are paid in the form of a qualified joint and survivor annuity unless elected otherwise by the participant and his or her spouse.

Death Benefits

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

Party-in-interest Transactions

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

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

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

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

Benefit Payments

Benefits are recorded when paid. HCPP prefunded retiree benefit payments on the accompanying statements of net assets available for benefits represents funds withdrawn from the GEHC MT and GEPT prior to December 31, 2024 and 2023, respectively, and paid as benefits to participants or beneficiaries in January 2025 and 2024, respectively.

December 31, 2024 and 2023
(000s omitted)

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

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

- (a) Retired or terminated employees or their beneficiaries
- (b) Beneficiaries of employees who have died
- (c) Present employees or their beneficiaries

Actuarial Assumptions

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

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2023 are summarized as follows:

Assumed rate of return	7.00% (7.00% at December 31, 2022)
Mortality basis	<p>HCPP - Pri-2012 mortality study with adjustments for age, sex, and wage class projected generationally to 2016 by the MP-2018 improvement scale and projected generationally from 2016 by the MP-2021 improvement scales for males and females modified to converge to the 2021 proxy SSA long-term rates</p> <p>RIP - Pri-2012 amounts-weighted aggregates rates with blue collar adjustment projected generationally by the MP-2021 improvement scale modified to converge to the 2021 proxy with customization</p> <p>LAPP - Pri-2012 amounts-weighted aggregates rates projected generationally by the MP-2021 improvement scale with customization</p>
Average retirement age	<p>HCPP - Ranging from 60 to 70</p> <p>RIP - Ranging from 55 to 70</p> <p>LAPP - Ranging from 55 to 70</p>

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

The increase (decrease) in accumulated plan benefits due to changes in actuarial assumptions is primarily due to miscellaneous demographic and other assumptions.

The effects of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted.

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

December 31, 2024 and 2023
(000s omitted)

Note 2 - Summary of Significant Accounting Policies (Continued)

Administrative Expenses

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

Use of Estimates

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

Risks and Uncertainties

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including December 19, 2025, which is the date the financial statements were available to be issued. There are no subsequent events required for recognition or disclosure.

Note 3 - Interest in Master Trusts

As of December 31 2024 and 2023, the GEHC MT has a divided interest in certain assets of the GEPT. As of December 31, 2024, certain investments are held directly by the GEHC MT and certain investments are held by the GEHC MT through its divided interest in the GEPT. As of December 31, 2023, all of the investments are held directly by the GEPT.

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

At December 31, 2024 and 2023, the Plans' approximate ownership interests in the GEHC MT (rounded to the nearest 1 percent) were as follows:

	<u>2024</u>	<u>2023</u>
GE HealthCare Pension Plan	95 %	95 %
Legacy Affiliates Plan	5	5
Retirement Income Plan (Less than 1 percent)	-	-
Total GE HealthCare Master Trust investments	<u>100 %</u>	<u>100 %</u>

GE HealthCare Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 3 - Interest in Master Trusts (Continued)

The net assets of the GEHC MT at December 31, 2024 and the net assets of the GEPT, and the GEHC MT's divided interest in GEPT balances at December 31, 2023, are as follows:

	December 31, 2024			
	GE HealthCare Pension Master Trust	HealthCare Pension Plan	Retirement Income Plan	Legacy Affiliates Plan
Investments:				
Global equity:				
U.S. equities	\$ 2,764,157	\$ 2,624,323	\$ 13,048	\$ 126,786
Non-U.S. equity securities	520,206	493,889	2,456	23,861
Debt securities:				
Investment fund - Cash	694,655	659,514	3,279	31,862
U.S. government and federal agency	1,372,658	1,303,217	6,480	62,961
U.S. corporate	3,358,876	3,188,956	15,856	154,064
Residential mortgage- backed	36,707	34,850	173	1,684
State and municipal	87,410	82,988	413	4,009
Commercial mortgage- backed	2,508	2,381	12	115
Asset-backed	53,304	50,607	252	2,445
Non-U.S. corporate	752,827	714,743	3,554	34,530
Non-U.S. government	87,917	83,469	415	4,033
Derivatives - Options	35,910	34,093	170	1,647
Derivatives - Swaps	16,614	15,774	78	762
Derivatives - Collateral	(1,008)	(957)	(5)	(46)
Investment fund - fixed income	400,144	379,901	1,889	18,354
Private credit	569,970	541,136	2,691	26,143
Private equities and other investments:				
Investment fund - hedge	516,051	489,945	2,436	23,670
Private equities	1,776,282	1,686,423	8,385	81,474
Real estate	916,296	869,943	4,325	42,028
Total investments	13,961,484	13,255,195	65,907	640,382
Other assets:				
Cash	572,724	543,750	2,704	26,270
Due from broker for securities purchased	477,276	453,132	2,253	21,891
Total other assets	1,050,000	996,882	4,957	48,161
Other liabilities - Due to broker for securities sold and other	(633,926)	(601,856)	(2,993)	(29,077)
Total net assets	\$ 14,377,558	\$ 13,650,221	\$ 67,871	\$ 659,466

December 31, 2024 and 2023
(000s omitted)

Note 3 - Interest in Master Trusts (Continued)

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

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

	2023
Net realized and unrealized gains on investments	\$ 2,335,797
Interest and dividends	1,117,557
Total investment income	<u>\$ 3,453,354</u>

December 31, 2024 and 2023
(000s omitted)

Note 3 - Interest in Master Trusts (Continued)

The net income of the GE HealthCare Pension Master Trust is as follows:

	2024	2023
Net realized and unrealized (losses) gains on investments	\$ (176,626)	\$ 1,186,298
Interest and dividends	307,954	2,497
Investment management expenses	(3,043)	-
Net income	<u>\$ 128,285</u>	<u>\$ 1,188,795</u>

Derivative Instruments

In the normal course of business, the GEHC MT and the GEPT enter into transactions in various financial instruments with off-balance-sheet risk. These financial instruments were held solely by the GEHC MT as of December 31, 2024, and solely by the GEPT as of December 31, 2023. These financial instruments involve varying degrees and types of risks, including interest rate, credit, and market risks, which may be in excess of the amounts recognized in the net assets of the GEHC MT and the GEPT. Forward contracts and futures are recorded at fair value, and the unrealized gain and loss is included in due to brokers and due from brokers in the GEHC MT and the GEPT statements of net assets. Financial futures are marked to market and settled with the broker on a daily basis. The GEHC MT has elected to present derivatives on a gross basis when subject to a master netting arrangement. The GEPT has elected to offset the fair value amounts recognized for receivables and payables for derivative positions executed with the same counterparty under the same master netting agreement. The majority of the GEPT derivative contracts have master netting agreements in place.

The below table represents the notional amounts and fair values of GEHC MT, by primary risk exposure, presented as gross assets and liabilities and gains (losses) as of December 31, 2024:

	Notional Amounts Long	Notional Amounts Short	Fair Value Asset	Fair Value Liability	Fair Value Net	(Loss) Gain Recognized in Income
Options	\$ 76,875	\$ -	\$ 35,910	\$ -	\$ 35,910	\$ (5,619)
Swaps	1,051,468	(333,317)	1,402,215	(1,385,601)	16,614	1,174

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

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

Note 4 - Fair Value Measurements

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

Level 1

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

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

Level 2

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

Level 3

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

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

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

Global Equities

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

Debt Securities

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

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

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

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

Private Equities and Other Investments

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

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

Certain investments in private equities are valued using unobservable inputs and are, therefore, classified as Level 3. Private equity security valuations are reviewed at the end of each reporting period utilizing available market data to determine whether or not any fair value adjustments are necessary. The market data includes recent transactions in the same or similar instruments, completed or pending third-party transactions in the underlying investment or comparable issuers. Unobservable inputs include company specific fundamentals and other third-party transactions in that security.

Real Estate

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

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

GE HealthCare Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

The following table presents information about the GEHC MT investments measured at fair value on a recurring basis at December 31, 2024:

	GE HealthCare Master Trust Net Assets at December 31, 2024			
	GE HealthCare Master Trust	Level 1	Level 2	Level 3
Investments at fair value:				
Global equity:				
U.S. equities	\$ 1,398,208	\$ 1,398,208	\$ -	\$ -
Non-U.S. equities	371,817	371,817	-	-
Debt securities:				
Investment fund - Cash	694,655	694,655	-	-
Investment fund - Fixed income	10,503	6,086	4,417	-
U.S. government and federal agency	1,372,658	-	1,372,658	-
U.S. corporate	3,358,876	-	3,358,876	-
Residential mortgage- backed	36,707	-	36,707	-
State and municipal	87,410	-	87,410	-
Commercial mortgage- backed	2,508	-	2,508	-
Asset-backed	53,304	-	53,304	-
Non-U.S. corporate	752,827	-	752,827	-
Non-U.S. government	87,917	-	87,917	-
Derivatives - Options	35,910	-	35,910	-
Derivatives - Swaps	16,614	-	16,614	-
Derivatives - Collateral	(1,008)	(1,008)	-	-
Private equities and other investments - Private equities	222,547	6,872	-	215,675
Real estate	372,698	-	-	372,698
Total investments	8,874,151	\$ 2,476,630	\$ 5,809,148	\$ 588,373
Investments measured at NAV:				
Global equity:				
U.S. equities (1)	1,365,949			
Non-U.S. equity securities (1)	148,389			
Debt securities:				
Investment fund - Fixed income	389,641			
Private credit	569,970			
Private equities and other investments:				
Private equities	1,553,735			
Investment fund - Hedge	516,051			
Real estate	543,598			
Total investments at fair value	\$ 13,961,484			

GE HealthCare Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

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

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

- (1) The class represents investments in actively managed common/collective trust funds that invest primarily in equity securities that may include both U.S. and Non-U.S. common stocks, options, and futures.

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

Notes to Financial Statements

December 31, 2024 and 2023
(000s omitted)

Note 4 - Fair Value Measurements (Continued)

Changes in the GEHC MT Level 3 assets measured at fair value on a recurring basis for the year ended December 31, 2024 are as follows:

	Debt Securities	Private Equities and Other Investments	Real Estate
Balance at January 1, 2024	\$ 142	\$ 223,858	\$ 402,449
Purchases, issuances, sales, and settlements:			
Purchases	-	8,959	26,379
Sales	-	(13,826)	(61,714)
Total realized losses	-	(6,724)	(11,074)
Total unrealized (losses) gains	(142)	(2,922)	16,658
Transfers in	-	6,330	-
Balance at December 31, 2024	<u>\$ -</u>	<u>\$ 215,675</u>	<u>\$ 372,698</u>

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

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

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

December 31, 2024 and 2023

(000s omitted)

Note 4 - Fair Value Measurements (Continued)

Quantitative Information about Level 3 Fair Value Measurements

The following table summarizes the valuation methods and inputs used to determine fair value at December 31, 2024 and 2023 for assets and liabilities measured at fair value on a recurring basis using unobservable inputs:

	Fair Value at December 31, 2024	Valuation Technique	Significant Unobservable Inputs Used	Range of Inputs	Weighted Average of Inputs
Investments:					
		Combination (Market & Income approach)	Revenue	0.9x - 8.0x	4.8x
Private equity	\$ 36,946		EBITDA	13.0x - 14.5x	13.2x
			Capitalization rate	5.5% - 8.5%	6.1%
		Discounted cash flow	Discount rate	6.8% - 10.3%	7.5%
Real estate	253,925				

The remaining amount of Level 3 investments as of December 31, 2024 totaling \$297,502 were individually insignificant and utilize valuation techniques for which no observable inputs are disclosed generally reflect the use of third-party pricing services or dealers, and the range of unobservable inputs applied by these sources is not readily available or cannot be reasonably estimated.

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

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

Investments in Entities that Calculate Net Asset Value per Share

The GEPT and the GEHC MT hold shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

December 31, 2024 and 2023
(000s omitted)

Note 4 - Fair Value Measurements (Continued)

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

	December 31, 2024 (GEHC MT)	December 31, 2023 (GEPT)			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Investments:					
Global equity	\$ 1,514,338	\$ 4,986,667	\$ -	Daily - Annually	15 - 30 days
Debt securities	959,611	2,948,021	152,893	Daily - Monthly	5 - 15 days
Private equities and other investments	2,069,786	8,937,389	349,801	Non-redeemable	Non-redeemable
Real estate	543,598	1,649,690	139,629	10 or more years	N/A
Total	<u>\$ 5,087,333</u>	<u>\$ 18,521,767</u>	<u>\$ 642,323</u>		

Note 5 - Plan Termination

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

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

Note 6 - Tax Status

HCPP, RIP, and LAPP have received determination letters dated July 1, 2025; April 28, 2017; and April 23, 2021, respectively, from the Internal Revenue Service indicating that these plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although RIP and LAPP have been amended since receiving the determination letters, management believes that these plans are designed and are currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in these financial statements.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
 Ohmeda, Inc.
 EIN: 22-3029570 PN: 003

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39				2	1					
40-44				1	2		1			
45-49				2	8	6	5			
50-54				5	15	6	6	2		
55-59				2	18	6	1	3	2	
60-64				4	5	8	4	4	1	
65-69				1	2					
70+					1	2				

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Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
 Ohmeda, Inc.
 EIN: 22-3029570 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Optional Payment Form Election Percentage	55% elect a single life annuity; 20% elect a 50% joint and survivor annuity; and 25% elect a 100% joint and survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 60
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
Ohmeda, Inc.
EIN: 22-3029570 PN: 003

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.00%, limited to 5.74%
2024 Plan Year	7.00%. limited to 5.59%

Trust Expenses Included in Target Normal Cost \$242,448, based on last year's expenses.

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
Ohmeda, Inc.
EIN: 22-3029570 PN: 003

Table 1

Retirement Rates

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	5.00%
61	15.00%
62	40.00%
63	15.00%
64	15.00%
65	40.00%
66	30.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
Ohmeda, Inc.
EIN: 22-3029570 PN: 003

Table 2

Withdrawal Rates

Age	Rate
20-39	8.00%
40-49	3.00%
50-62	1.00%
63+	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
 Ohmeda, Inc.
 EIN: 22-3029570 PN: 003

Table 3

Disability Rates

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

SCHEDULE SB (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 RETIREMENT INCOME PLAN FOR BARGAINING UNIT EMPLOYEES OF DATEX-OHMEDA, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DATEX-OHMEDA, INC.	D Employer Identification Number (EIN) 22-3029570	
E Type of plan: <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	71,574,246	
b Actuarial value	2b	78,731,294	
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	243	40,145,473	40,145,473
b For terminated vested participants	38	3,006,784	3,006,784
c For active participants	131	18,431,199	18,713,280
d Total	412	61,583,456	61,865,537
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.12%	
6 Target normal cost			
a Present value of current plan year accruals	6a	764,744	
b Expected plan-related expenses	6b	242,448	
c Target normal cost	6c	1,007,192	

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

SIGN HERE	Dawn M. Ochoa <i>dmo</i>	09/09/2025
	Signature of actuary	Date
	Dawn M. Ochoa	2307557
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	847-295-5000
	Firm name	Telephone number (including area code)
	MSC #17755 PO Box 551343 Atlanta GA 30355	
	Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	10,429,086	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)	10,429,086	0
10 Interest on line 9 using prior year's actual return of <u>8.01%</u>	835,370	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>5.25%</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)	11,264,456	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	109.05%
15 Adjusted funding target attainment percentage	15	127.26%
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	123.53%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			<input 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

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** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	1,007,192
b Excess assets, if applicable, but not greater than line 31a	31b	1,007,192

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
 Ohmeda, Inc.
 EIN: 22-3029570 PN: 003

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.50%	1.0000	1.39
56.5	2.50%	0.9750	1.38
57.5	2.50%	0.9506	1.37
58.5	2.50%	0.9269	1.36
59.5	2.50%	0.9037	1.34
60.5	5.00%	0.8811	2.67
61.5	15.00%	0.8370	7.72
62.5	40.00%	0.7115	17.79
63.5	15.00%	0.4269	4.07
64.5	15.00%	0.3629	3.51
65.5	40.00%	0.3084	8.08
66.5	30.00%	0.1851	3.69
67.5	50.00%	0.1295	4.37
68.5	50.00%	0.0648	2.22
69.5	50.00%	0.0324	1.13
70	100.00%	0.0162	1.13
Weighted Average			63.22

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
 Ohmeda, Inc.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Optional Payment Form Election Percentage	55% elect a single life annuity; 20% elect a 50% joint and survivor annuity; and 25% elect a 100% joint and survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 60
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	7.00%, limited to 5.74%
2024 Plan Year	7.00%. limited to 5.59%

Trust Expenses Included in Target Normal Cost \$242,448, based on last year's expenses.

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
Ohmeda, Inc.
EIN: 22-3029570 PN: 003

Table 1

Retirement Rates

Age	Rate
55	2.50%
56	2.50%
57	2.50%
58	2.50%
59	2.50%
60	5.00%
61	15.00%
62	40.00%
63	15.00%
64	15.00%
65	40.00%
66	30.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
Ohmeda, Inc.
EIN: 22-3029570 PN: 003

Table 2

Withdrawal Rates

Age	Rate
20-39	8.00%
40-49	3.00%
50-62	1.00%
63+	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
 Ohmeda, Inc.
 EIN: 22-3029570 PN: 003

Table 3

Disability Rates

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
 Ohmeda, Inc.
 EIN: 22-3029570 PN: 003

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	April 4, 1998
Participation	Participants in the prior plan on April 3, 1998 will join this plan on April 4, 1998. Collectively bargained employees of Instrumentarium will enter the plan on the first day of the month coincident with or next following the completion of 1,000 hours of service in a 12 consecutive month period. Effective June 15, 2012, the plan was amended to close the plan to new participants.
Normal Retirement Benefits	
Eligibility	Age 65.
Benefit	The annual rate of retirement income payable to a participant, commencing on or after normal retirement date shall be equal to the participant's credited Service multiplied by the applicable benefit level as determined according to the following schedule:

Date of Determination	Applicable Benefit Level Amount
From 04/04/1998 through 06/14/1998	\$396
From 06/15/1998 through 06/14/1999	\$420
From 06/15/1999 through 06/14/2000	\$444
From 06/15/2000 through 06/14/2001	\$504
From 06/15/2001 through 06/14/2003	\$534
From 06/15/2003 through 06/14/2006	\$600
From 06/15/2006 through 06/14/2007	\$612
From 06/15/2007 through 06/14/2008	\$636
From 06/15/2008 through 06/14/2009	\$672
From 06/15/2009 through 06/14/2012	\$708
From 06/15/2012 through 06/14/2014	\$732
From 06/15/2014 through 06/14/2016	\$744
From 06/15/2016 through 06/14/2021	\$768
From 06/15/2021 through 06/14/2023	\$780
On and after 6/15/2023	\$792

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
 Ohmeda, Inc.
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Early Retirement Benefits

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

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

For employees who have completed at least 10 years of continuous service the reduction is ½% for each month the early retirement date precedes age 62.

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

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
Ohmeda, Inc.
EIN: 22-3029570 PN: 003

Deferred Vested Retirement Benefits

Eligibility	Five years of vesting service.
Termination Benefit	A participant is entitled to the vested normal retirement benefit determined as of the date of termination of employment. The participant may commence this benefit as early as age 55, however, the benefit will be reduced in accordance with the reduction factors that apply to a participant who retires with less than 10 years of continuous service.
Termination Benefit for Transferred Participants	Benefit multiplier is frozen at the date of transfer. Early retirement and vesting eligibility are same as for the active participants under this plan.

Automatic Preretirement Surviving Spouse Benefit

Eligibility	Five years of vesting service.
Benefit	One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity.

Disability Benefit

Eligibility	Fifteen years of continuous service.
Benefit	Unreduced normal retirement benefit based on credited service to date of disability.

Lump Sum Benefit

Effective June 15, 2001, employees retiring from active service are entitled to receive a lump sum retirement bonus of \$100 for each year of credited service, payable at retirement.

Normal Form of Benefit

For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.

Definitions

Vesting Service	A participant shall be credited with one year of credited service for each computation period if the participant completes 1,200 hours of service in this period.
Credited Service	Aggregate number of years and days of participation, plus certain additional credited service for participants in prior plan on December 31, 1975. Multiplied by number of years of credited service.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
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Plan Changes Since the Prior Year

The funding valuation reflects an increase in the multiplier to \$66 effective June 15, 2023.

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Income Plan For Bargaining Unit Employees Of Datex-
Ohmeda, Inc.
EIN: 22-3029570 PN: 003

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- An update to retirement and withdrawal rates to better reflect recent experience.
- A change in the option form election from 70 percent elect single life annuity, and 30 percent elect 50 percent joint and survivor annuity to 55 percent elect single life annuity, 20 percent elect 50 percent joint and survivor annuity, and 25 percent elect 100 percent joint and survivor annuity.
- A change in the terminated vested retirement age from 65 to 60.

These changes were made to better reflect the anticipated plan experience.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Income Plan For Bargaining Unit Employees Of Datex-
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Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39				2	1					
40-44				1	2		1			
45-49				2	8	6	5			
50-54				5	15	6	6	2		
55-59				2	18	6	1	3	2	
60-64				4	5	8	4	4	1	
65-69				1	2					
70+					1	2				

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Schedule SB Attachment (Form 5500) –2024 Plan Year
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 Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
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67.5	50.00%	0.1295	4.37
68.5	50.00%	0.0648	2.22
69.5	50.00%	0.0324	1.13
70	100.00%	0.0162	1.13
Weighted Average			63.22

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Eligibility	Age 65.
Benefit	The annual rate of retirement income payable to a participant, commencing on or after normal retirement date shall be equal to the participant's credited Service multiplied by the applicable benefit level as determined according to the following schedule:

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From 06/15/2021 through 06/14/2023	\$780
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Early Retirement Benefits

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

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

For employees who have completed at least 10 years of continuous service the reduction is ½% for each month the early retirement date precedes age 62.

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58	39.3%
57	43.3%
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55	50.3%

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

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Eligibility	Five years of vesting service.
Benefit	One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity.

Disability Benefit

Eligibility	Fifteen years of continuous service.
Benefit	Unreduced normal retirement benefit based on credited service to date of disability.

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Definitions

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Schedule SB Attachment (Form 5500) —2024 Plan Year
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Schedule SB, line 24 — Change in Actuarial Assumptions

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- A change in the option form election from 70 percent elect single life annuity, and 30 percent elect 50 percent joint and survivor annuity to 55 percent elect single life annuity, 20 percent elect 50 percent joint and survivor annuity, and 25 percent elect 100 percent joint and survivor annuity.
- A change in the terminated vested retirement age from 65 to 60.

These changes were made to better reflect the anticipated plan experience.