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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GE HEALTHCARE RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2023

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

500 WEST MONROE STREET
CHICAGO, IL 60661

2b Employer Identification Number (EIN)
88-2515116

2c Plan Sponsor's telephone number
844-474-4342

2d Business code (see instructions)
339110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	KIMBERLY JURY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	52701
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	16733
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	17318
b	Retired or separated participants receiving benefits	**6b**	4429
c	Other retired or separated participants entitled to future benefits	**6c**	28642
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	50389
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	301
f	Total. Add lines **6d** and **6e**.	**6f**	50690
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	51760
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	49848
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	382
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2J 2K 2S 2T

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GE HEALTHCARE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
88-2515116

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

FID INV INST OPS

04-2647786

(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)

FID INV INST OPS

04-2647786

(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?
64 65 50	RECORDKEEPER	473656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GE HEALTHCARE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
88-2515116

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

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
94-3262720-001	C	2005049762

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH RETIRE FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
47-2419484-001	C	1281191476

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH 2030 FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
47-2347885-001	C	864627606

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH 2035 FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
47-2359802-001	C	816691100

a Name of MTIA, CCT, PSA, or 103-12 IE: LACM US LARGE CAP EQ CIT CL AC1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
38-7289849-001	C	681344679

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH 2040 FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
47-2369910-001	C	633668104

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2500 INDEX NL FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
80-0254284-001	C	627016092

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH 2045 FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 47-2379645-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 547605083

a Name of MTIA, CCT, PSA, or 103-12 IE: ARISTOTLE COLLECTIVE INVESTMENT TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 81-2704975-095	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 511008509

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH FD CL A

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY-WILLIAM BLAIR

c EIN-PN 27-6331814-015	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 511008509

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH 2050 FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 47-2394368-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 383406235

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH 2055 FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 47-2403359-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292733866

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI EX-US INDEX NL FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 26-4299445-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 257987723

a Name of MTIA, CCT, PSA, or 103-12 IE: SMIDCAP VALUE COLL TRUST CL C

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 75-2712493-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 197439960

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN BOND FUND L

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 93-2706044-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 195025762

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

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN 20-4742534-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169044020

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH 2060 FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 47-2414051-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149798564

a Name of MTIA, CCT, PSA, or 103-12 IE: US DEBT INDEX NL FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
26-4086131-001	C	134581985

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTFIELD SMALL-MID CAP GR EQ CIT C

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
82-6648070-001	C	131626640

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND CIT FOUNDER CL

b Name of sponsor of entity listed in (a): REAM ASSET MANAGEMENT

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)
87-3244751-003	C	130017175

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQ ACWI EX US CIT B

b Name of sponsor of entity listed in (a): ARROWSTREET CAPITAL, LIMITED PARTNERSHIP

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)
45-6500555-003	C	117592341

a Name of MTIA, CCT, PSA, or 103-12 IE: US TIPS INDEX FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
27-0535692-001	C	91369918

a Name of MTIA, CCT, PSA, or 103-12 IE: PINESTONE INTERNATIONAL EQ CIT FDRS

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
99-1858262-182	C	88578272

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX GROWTH 2065 FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
84-2015494-001	C	72507233

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INTERMEDIATE GOV/CR F

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

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)
84-6391546-014	C	72037520

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II INTERMEDIATE CORE PORTFO

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-6913417-154	C	71894986

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2028

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.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)
93-4136622-001	E	38866935

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2026

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN 87-3738069-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38453054

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2027

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN 88-4279844-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37957124

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2029

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN 33-1914510-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34822853

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2025

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN 85-3895732-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2752833

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

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN 20-4742534-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TERM FUND 2024

b Name of sponsor of entity listed in (a): GOLDMAN SACHS TRUST COMPANY, N.A.

c EIN-PN 84-3842960-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GE HEALTHCARE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
88-2515116

Part I Asset and Liability Statement

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

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)	52159163	59457358
(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)	54696056	54060852
(9) Value of interest in common/collective trusts	1c(9)	10181420161	11034853120
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	154853449	152852799
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	77555212	101237043
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3666552	139196

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	10524350593	11402600368
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	1288096	918071
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1288096	918071
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10523062497	11401682297

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)	153163272	
(B) Participants	2a(1)(B)	238451683	
(C) Others (including rollovers)	2a(1)(C)	42730965	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		434345920
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)	3078370	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3078370
(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)	4325744	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4325744
(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)		1596381785
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		22433059
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2060564878
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1201640871	
(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)		1201640871
f Corrective distributions (see instructions)	2f		123058
g Certain deemed distributions of participant loans (see instructions)	2g		133217
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	473656	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		473656
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1202370802
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		858194076
l Transfers of assets:			
(1) To this plan	2l(1)		20425724
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GE HEALTHCARE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
88-2515116

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% 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

GE HealthCare Retirement Savings Plan

Financial Statements

(000s omitted)

December 31, 2025

GE HealthCare Retirement Savings Plan

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Schedule of Assets (Held at End of Year)	
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Note: All other 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 Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits

We have performed audits of the financial statements of GE HealthCare Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Deloitte & Touche LLP

October 12, 2026

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

(000s omitted)

	2025	2024
Assets		
Participant-directed investments at fair value (Notes 3 and 5)	$10,823,114	$9,949,529
Participant-directed investments at contract value (Note 3)	458,332	466,655
Total participant-directed investments	11,281,446	10,416,184
Contributions receivable - Employer	59,457	52,159
Notes receivable from participants	54,061	54,696
Other assets	139	1,311
Total assets	11,395,103	10,524,350
Liabilities - Accrued liabilities	918	1,288
Net Assets Available for Benefits	**$11,394,185**	**$10,523,062**

See notes to financial statements.

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

(000s omitted)

Additions	
Contributions:	
Employee	$238,452
Employer	153,163
Rollovers	42,731
Total contributions	434,346
Investment income:	
Interest and dividends	118
Net appreciation in fair value of investments	1,615,526
Net investment income	1,615,644
Interest from participant notes receivable	3,078
Total additions	2,053,068
Deductions	
Benefits paid directly to participants or beneficiaries	1,201,897
Administrative expenses	474
Total deductions	1,202,371
Net Increase in Net Assets before Plan Transfers	850,697
Transfer in - MIM Software Inc. 401(k) Plan	20,426
Increase in Net Assets	871,123
Net Assets Available for Benefits	
Beginning of year	10,523,062
End of year	**$11,394,185**

See notes to financial statements.

Note 1 - Plan Description

The following description of GE HealthCare Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan adopted by GE HealthCare Technologies Inc. (the "Company"). The Plan covers eligible employees of the Company, its participating affiliates, and certain former employees eligible for benefits under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

The Plan provides for employee salary deferral contributions up to a maximum of 30 percent of eligible compensation subject to maximum limitations established by the Internal Revenue Code (the "IRC"). Participants may make before-tax, Roth, and after-tax employee deferrals to the Plan. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Plan provides for employer matching contributions of 50 percent of the participant's contribution, not to exceed 8 percent of the employee's compensation deferrals.

Certain eligible employees also receive a Company Retirement Contribution ("CRC") generally equal to 3 percent of their eligible earnings, irrespective of any employee contributions. In addition, certain participants whose benefit under a company sponsored pension plan was frozen also receive the CRC. The CRC is credited annually (generally in the following January) for employees on salaried benefits, and each pay period for hourly employees. Hourly employees may also be eligible for an Additional Company Retirement Contribution ("ACRC") per year credited in the following January. For the 2025 Plan year, participants' accounts were credited in January 2026 with CRCs totaling $52,402 and ACRCs totaling $2,584. For the 2024 Plan year, participants' accounts were credited in January 2025 with CRCs totaling $50,527 and ACRCs totaling $1,421. The CRCs and ACRCs are in addition to the employer matching contributions.

The Plan was amended effective January 1, 2025 to allow for certain employees whose benefit under a company sponsored pension plan is frozen to receive an additional 2% Transition Credit for the 2025 Plan year. For the 2025 Plan year, eligible participants' accounts were credited in January 2026 with Transition Credits of $3,911.

The Plan was amended effective January 1, 2025 to allow for eligible participants who are not contributing to the Plan, or who contribute less than the maximum employer match, to receive employer matching contributions based on their qualified student loan repayments. For the 2025 Plan year, eligible participants' accounts were credited $368 in March 2026 for student loan matching contributions.

Certain eligible employees of Datex-Ohmeda, Inc., an affiliate of the Company, are eligible for a 3 percent profit sharing contribution. Participants' accounts were credited $193 in March 2026 for profit sharing contributions for the 2025 Plan year.

Note 1 - Plan Description (Continued)

Newly hired nonunion employees who are eligible for CRCs and who have not made an affirmative deferral election are automatically enrolled as electing to contribute 8 percent of eligible pay as pre-tax contributions. Newly hired union employees who are eligible for CRCs and who have not made an affirmative deferral election are automatically enrolled as electing to contribute 2 percent of eligible pay as pre-tax contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings and may be charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting

Participants are fully vested in their employee contributions, rollover contributions and transition credit contributions and any income or loss thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of service. Generally, participants fully vest in company matching contributions, CRCs, and ACRCs after 3 years of service.

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions or to pay administrative expenses of the Plan. At December 31, 2025 and 2024, forfeited account balances totaled $868 and $537, respectively.

The Plan used $5,535 of forfeitures during the year ended December 31, 2025 to reduce the cash funding of the Company's employer matching contributions.

Participant Notes Receivable

Participants may borrow from their accounts subject to certain maximum and minimum amounts prescribed in the Plan and in the IRC. Notes receivable bear interest at a reasonable interest rate in accordance with the Company's loan policy.

Benefit Payments

A terminated participant (or the participant’s beneficiary in the case of death) may elect to receive either a lump sum, installments, or partial payments. Subject to certain Internal Revenue Service ("IRS") and Plan rules, actively employed participants may request regular withdrawals, age 59½ withdrawals, or distribution in the case of financial hardship, as defined in the Plan document.

Exempt Party-in-interest Transactions

Certain Plan assets are in investment funds managed by Fidelity Management Trust Company or its affiliates (Fidelity or the "Trustee"). Fidelity is the trustee of the Plan; therefore, these transactions qualify as exempt party-in-interest transactions, as defined under ERISA guidelines.

The Plan provides for loans to participants, which are party-in-interest transactions that are exempt from the prohibited transaction rules.

Note 1 - Plan Description (Continued)

Amendment and Termination

While it has not expressed any intent to do so, the Company has the right under the Plan to amend and/or discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the Plan agreement and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

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 ("US GAAP").

Investment Valuation

The Plan's investments are stated at fair value except as noted below.

The synthetic investment contracts are valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

Contract value is the amount Plan participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Net appreciation in fair value of investments includes realized gains and losses on investments that were both purchased and sold during the period as well as unrealized appreciation or depreciation of the investments held at year end.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible in accordance with the Plan document.

Contributions

Contributions from Plan participants and the employer matching contributions are recorded when the employee contributions are withheld from compensation. All employer contributions are recorded in the year in which participant compensation is earned.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Substantially all expenses related to administration of the Plan are paid by the Company or out of the Plan's forfeiture account, in accordance with the provisions of the Plan, with the exception of the Plan's loan fees and distribution fees, which are deducted from a participant's account balance and are included in expenses in the Statement of Changes in Net Assets Available for Benefits.

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with US 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.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 12, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

The Trustee holds the Plan's participant-directed investments and notes receivable from participants and executes all related transactions. The participant-directed investments, notes receivable from participants, and related investment income, and interest from participant notes receivable included in the accompanying financial statements, and supplemental schedule of assets (held at end of year) are based solely on information certified by the Trustee.

Note 4 - Tax Status

The IRS has notified the Company by a letter dated July 31, 2025, that the Plan is qualified under the appropriate sections of the IRC and that the related trust is tax-exempt. The Plan administrator and Plan's counsel believe that the Plan's current design and operations comply in all material respects with the applicable requirements of IRC, and the letter remains valid. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 5 - Fair Value Measurements

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

Level 1

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

Level 2

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

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

Note 5 - Fair Value Measurements (Continued)

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 Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Registered Investment Companies

Valued at the daily closing price reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.

Common/Collective Trust Funds

Valued at the NAV of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common/collective trust, the investment advisor reserves the right to temporarily delay the withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

There are no significant redemption restrictions or unfunded commitments on the Plan's investments.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2025	
	Investments (at Fair Value)	Level 1
Registered investment companies	$101,237	101,237
Investments measured at NAV - Common/collective trust funds	10,721,877	
Total investments at fair value	$10,823,114	

Note 5 - Fair Value Measurements (Continued)

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024	
	Investments (at Fair Value)	Level 1
Registered investment companies	$77,553	77,553
Investments measured at NAV - Common/collective trust funds	9,871,976	
Total investments at fair value	$9,949,529	

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

As of December 31, the following investments represent more than 10 percent of the value of the Plan's total investments:

	2025	2024
BlackRock LifePath Index Growth Retirement Fund	$1,281,191	$1,327,875
BlackRock Equity Index Fund F	$2,005,050	$1,809,493

Note 7 - Investment Contract

The Plan has investments in synthetic guaranteed investment contracts (Synthetic GIC). A Synthetic GIC is a wrap contract paired with an underlying investment or investments, a portfolio owned by the Plan, of high-quality, intermediate-term, fixed-income securities. The Plan purchases a wrap contract from insurance companies. Synthetic GICs provide for a crediting rate, which typically resets at least quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. Formulas are provided in each contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed monthly for resetting. Certain events limit the ability of the Plan to transact at contract value with the insurance company issuer. Such events include the following: (i) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (ii) changes to the Plan’s prohibition on competing investment options or deletion of equity wash provision, (iii) bankruptcy of the Plan sponsor or other Plan sponsor events (e.g., divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (iv) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that the occurrence of any such events, which would limit the Plan’s ability to transact at contract value with participants, is not probable.

Note 7 - Investment Contract (Continued)

The Synthetic GICs do not permit the insurance companies to terminate the agreement prior to the scheduled maturity date. However, the Synthetic GICs generally impose conditions on both the Plan and the issuers. If an event of default occurs and is not cured, the nondefaulting party may terminate the contract. The following may cause the Plan to be in default: a breach of material obligation under the contract, a material misrepresentation, or a material amendment to the Plan agreement. The issuers may be in default if they breach a material obligation under the investment contract; make a material misrepresentation; have a decline in its long-term credit rating below a threshold set forth in the contract; or are acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers.

As described in Note 2, because the Synthetic GICs are fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the Synthetic GICs. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

Note 8 - Plan Merger

Effective April 17, 2025, the MIM Software Inc. 401(k) Plan as adopted by MIM Software Inc., was merged into the Plan. Accordingly, assets of approximately $20,426 representing the participant accounts and notes receivable of participants were transferred into the Plan.

Note 9 - Reconciliation between Financial Statements and Form 5500

In accordance with the accounting guidance on reporting of fully benefit-responsive investment contracts explained above in Note 2, the Statement of Net Assets Available for Benefits as of December 31, 2025 presents the Plan's interest at contract value for fully benefit-responsive investment contracts. The Plan's Form 5500 Schedule H reports the fair value for fully benefit-responsive investment contracts. The adjustment for the difference in the contract value and the fair value for such contracts is reflected in the table below.

The following reconciles the net assets available for benefits per the financial statements to the net assets per the Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	$11,394,185	$10,523,062
Add: Adjustment from fair value to contract value (wrapper value) for fully benefit-responsive investment contracts	7,497	—
Net assets available for benefits per Form 5500	$11,401,682	$10,523,062

Note 9 - Reconciliation between Financial Statements and Form 5500 (Continued)

The following reconciles the increase in net assets on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025 to the net income on the Form 5500 for the year ended December 31, 2025:

	2025
Net increase in net assets available for benefits per the financial statements	$871,123
Add: Adjustment from fair value to contract value (wrapper value) for fully benefit-responsive investment contracts	7,497
Net increase in net assets available for benefits per Form 5500	$878,620

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Line 4i
EIN 88-2515116, Plan No. 002
December 31, 2025
(000s omitted)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Registered investment companies:		
Dodge & Cox	Dodge & Cox International Stock X	*	$ 88,230
**Fidelity	Investments Money Market Government Portfolio - Institutional Class	*	867
**Fidelity	Investments Money Market Government Portfolio - Class I	*	12,140
	Common/collective trust funds:		
BlackRock	LifePath Index Growth 2030 Fund	*	864,628
BlackRock	LifePath Index Growth 2035 Fund	*	816,691
BlackRock	LifePath Index Growth 2040 Fund	*	633,668
BlackRock	LifePath Index Growth 2045 Fund	*	547,605
BlackRock	LifePath Index Growth 2050 Fund	*	383,406
BlackRock	LifePath Index Growth 2055 Fund	*	292,734
BlackRock	LifePath Index Growth 2060 Fund	*	149,799
BlackRock	LifePath Index Growth 2065 Fund	*	72,507
BlackRock	LifePath Index Growth Retirement Fund	*	1,281,191
BlackRock	U.S. Debt Index Fund	*	134,582
BlackRock	MSCI ACWI Ex-US IMI Index Fund F	*	257,988
BlackRock	U.S. Treasury Inflation-Protected Securities	*	91,370
BlackRock	Equity Index Fund F	*	2,005,050
BlackRock	Total Return Bond Fund L	*	195,026
BlackRock	Russell 2500 Index Fund	*	627,016
Ream Asset Management	Core Plus Bond CIT Founders Class	*	130,017
Arrowstreet Capital, Limited Partnership	Arrowstreet International Equity ACWI EX US CIT	*	117,592
Great Gray Trust Company, LLC	Westfield Small/Mid Cap Growth Equity CIT Class D	*	131,627
SEI Trust Company	Westwood Trust Small/Mid Cap Equity Investment Trust	*	197,440
SEI Trust Company	Aristotle Collective Investment Trust	*	511,009
Great Gray Trust Company, LLC	Los Angeles Capital Master Collective Investment Trust	*	681,345
Global Trust Company - William Blair	William Blair Large Cap Growth Collective Investment Fund	*	511,009
SEI Trust Company	Pinestone Asset Management Collective Investment Trust	*	88,577
	Synthetic guaranteed investment contracts:		
	Massachusetts Mutual Life Insurance Company:		
Loomis Sayles Trust Company, LLC	Loomis Sayles Intermediate Government/Credit Fund	*	72,038
Goldman Sachs Trust Company, N.A.	Term Fund 2025	*	696
Goldman Sachs Trust Company, N.A.	Term Fund 2026	*	9,564
Goldman Sachs Trust Company, N.A.	Term Fund 2027	*	9,603
Goldman Sachs Trust Company, N.A.	Term Fund 2028	*	9,663
Goldman Sachs Trust Company, N.A.	Term Fund 2029	*	8,948

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Line 4i
EIN 88-2515116, Plan No. 002
December 31, 2025
(000s omitted)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Metropolitan Tower Life Insurance Company:		
Goldman Sachs Trust Company, N.A.	Intermediate Core Fund	*	$ 84,522
Goldman Sachs Trust Company, N.A.	Term Fund 2025	*	679
Goldman Sachs Trust Company, N.A.	Term Fund 2026	*	9,488
Goldman Sachs Trust Company, N.A.	Term Fund 2027	*	9,527
Goldman Sachs Trust Company, N.A.	Term Fund 2028	*	9,598
Goldman Sachs Trust Company, N.A.	Term Fund 2029	*	8,669
	The Prudential Insurance Company of America:		
Wellington Trust Company	Wellington Intermediate Core Portfolio	*	71,895
Goldman Sachs Trust Company, N.A.	Term Fund 2025	*	697
Goldman Sachs Trust Company, N.A.	Term Fund 2026	*	9,914
Goldman Sachs Trust Company, N.A.	Term Fund 2027	*	9,301
Goldman Sachs Trust Company, N.A.	Term Fund 2028	*	10,019
Goldman Sachs Trust Company, N.A.	Term Fund 2029	*	8,531
	RGA Reinsurance Company:		
Goldman Sachs Trust Company, N.A.	Intermediate Core Fund	*	84,522
Goldman Sachs Trust Company, N.A.	Term Fund 2025	*	680
Goldman Sachs Trust Company, N.A.	Term Fund 2026	*	9,488
Goldman Sachs Trust Company, N.A.	Term Fund 2027	*	9,527
Goldman Sachs Trust Company, N.A.	Term Fund 2028	*	9,587
Goldman Sachs Trust Company, N.A.	Term Fund 2029	*	8,676
**Participants	Participant notes receivable bearing interest rates ranging from 2.70 to 9.50 percent and maturities ranging from 2 months to 30 years	-	54,061
	Total		**$ 11,343,007**

*Cost information not required
**Party In Interest, as defined by ERISA

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Line 4i
EIN 88-2515116, Plan No. 002
December 31, 2025
(000s omitted)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Registered investment companies:		
Dodge & Cox	Dodge & Cox International Stock X	*	$ 88,230
**Fidelity	Investments Money Market Government Portfolio - Institutional Class	*	867
**Fidelity	Investments Money Market Government Portfolio - Class I	*	12,140
	Common/collective trust funds:		
BlackRock	LifePath Index Growth 2030 Fund	*	864,628
BlackRock	LifePath Index Growth 2035 Fund	*	816,691
BlackRock	LifePath Index Growth 2040 Fund	*	633,668
BlackRock	LifePath Index Growth 2045 Fund	*	547,605
BlackRock	LifePath Index Growth 2050 Fund	*	383,406
BlackRock	LifePath Index Growth 2055 Fund	*	292,734
BlackRock	LifePath Index Growth 2060 Fund	*	149,799
BlackRock	LifePath Index Growth 2065 Fund	*	72,507
BlackRock	LifePath Index Growth Retirement Fund	*	1,281,191
BlackRock	U.S. Debt Index Fund	*	134,582
BlackRock	MSCI ACWI Ex-US IMI Index Fund F	*	257,988
BlackRock	U.S. Treasury Inflation-Protected Securities	*	91,370
BlackRock	Equity Index Fund F	*	2,005,050
BlackRock	Total Return Bond Fund L	*	195,026
BlackRock	Russell 2500 Index Fund	*	627,016
Ream Asset Management	Core Plus Bond CIT Founders Class	*	130,017
Arrowstreet Capital, Limited Partnership	Arrowstreet International Equity ACWI EX US CIT	*	117,592
Great Gray Trust Company, LLC	Westfield Small/Mid Cap Growth Equity CIT Class D	*	131,627
SEI Trust Company	Westwood Trust Small/Mid Cap Equity Investment Trust	*	197,440
SEI Trust Company	Aristotle Collective Investment Trust	*	511,009
Great Gray Trust Company, LLC	Los Angeles Capital Master Collective Investment Trust	*	681,345
Global Trust Company - William Blair	William Blair Large Cap Growth Collective Investment Fund	*	511,009
SEI Trust Company	Pinestone Asset Management Collective Investment Trust	*	88,577
	Synthetic guaranteed investment contracts:		
	Massachusetts Mutual Life Insurance Company:		
Loomis Sayles Trust Company, LLC	Loomis Sayles Intermediate Government/Credit Fund	*	72,038
Goldman Sachs Trust Company, N.A.	Term Fund 2025	*	696
Goldman Sachs Trust Company, N.A.	Term Fund 2026	*	9,564
Goldman Sachs Trust Company, N.A.	Term Fund 2027	*	9,603
Goldman Sachs Trust Company, N.A.	Term Fund 2028	*	9,663
Goldman Sachs Trust Company, N.A.	Term Fund 2029	*	8,948

Schedule of Assets (Held at End of Year)

Form 5500, Schedule H, Line 4i
EIN 88-2515116, Plan No. 002
December 31, 2025
(000s omitted)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Metropolitan Tower Life Insurance Company:		
Goldman Sachs Trust Company, N.A.	Intermediate Core Fund	*	$ 84,522
Goldman Sachs Trust Company, N.A.	Term Fund 2025	*	679
Goldman Sachs Trust Company, N.A.	Term Fund 2026	*	9,488
Goldman Sachs Trust Company, N.A.	Term Fund 2027	*	9,527
Goldman Sachs Trust Company, N.A.	Term Fund 2028	*	9,598
Goldman Sachs Trust Company, N.A.	Term Fund 2029	*	8,669
	The Prudential Insurance Company of America:		
Wellington Trust Company	Wellington Intermediate Core Portfolio	*	71,895
Goldman Sachs Trust Company, N.A.	Term Fund 2025	*	697
Goldman Sachs Trust Company, N.A.	Term Fund 2026	*	9,914
Goldman Sachs Trust Company, N.A.	Term Fund 2027	*	9,301
Goldman Sachs Trust Company, N.A.	Term Fund 2028	*	10,019
Goldman Sachs Trust Company, N.A.	Term Fund 2029	*	8,531
	RGA Reinsurance Company:		
Goldman Sachs Trust Company, N.A.	Intermediate Core Fund	*	84,522
Goldman Sachs Trust Company, N.A.	Term Fund 2025	*	680
Goldman Sachs Trust Company, N.A.	Term Fund 2026	*	9,488
Goldman Sachs Trust Company, N.A.	Term Fund 2027	*	9,527
Goldman Sachs Trust Company, N.A.	Term Fund 2028	*	9,587
Goldman Sachs Trust Company, N.A.	Term Fund 2029	*	8,676
**Participants	Participant notes receivable bearing interest rates ranging from 2.70 to 9.50 percent and maturities ranging from 2 months to 30 years	-	54,061
	Total		**$ 11,343,007**

*Cost information not required
**Party In Interest, as defined by ERISA