

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE RETIREMENT PLAN OF BARNSTEAD THERMOLYNE CORPORATION FOR EMPLOYEES COVERED A COLLECTIVE BARGAINING AGREEMENT
1b	Three-digit plan number (PN) ▶ 036
1c	Effective date of plan 12/14/1948
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BARNSTEAD THERMOLYNE CORPORATION THERMO FISHER SCIENTIFIC INC 81 WYMAN STREET WALTHAM, MA 02454-9046
2b	Employer Identification Number (EIN) 13-3326802
2c	Sponsor's telephone number 781-622-1000
2d	Business code (see instructions) 423400

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.	10/14/2010	DAVID A. REIRDEN
	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 (if same as plan sponsor, enter "Same") APOGENT EMPLOYEE BENEFITS COMMITTEE THERMO FISHER SCIENTIFIC INC 81 WYMAN STREET WALTHAM, MA 02454-9046	3b Administrator's EIN 16-1072777 <hr/> 3c Administrator's telephone number 781-622-1000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN <hr/> 4c PN
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5 Total number of participants at the beginning of the plan year	5	377
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	38

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3H

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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE RETIREMENT PLAN OF BARNSTEAD THERMOLYNE CORPORATION FOR EMPLOYEES COVERED A COLLECTIVE BARGAINING AGREEMENT	B Three-digit plan number (PN) 036
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BARNSTEAD THERMOLYNE CORPORATION	D Employer Identification Number (EIN) 13-3326802

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	7675000
b Actuarial value	2b	8442500
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 63	2037120
b For terminated vested participants	3b 34	478564
c For active participants:		
(1) Non-vested benefits	3c(1)	414761
(2) Vested benefits	3c(2)	5246820
(3) Total active	3c(3) 280	5661581
d Total	3d 377	8177265
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	8.11 %
6 Target normal cost	6	589680

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

SIGN HERE	09/17/2010
Signature of actuary	Date
GEORGE W. HOLLAND	08-03403
Type or print name of actuary	Most recent enrollment number
HEWITT ASSOCIATES LLC	781-891-8600
Firm name	Telephone number (including area code)
CITYPOINT - 230 THIRD AVENUE WALTHAM, MA 02451-7528	
Address of the firm	

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

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	394216	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	108579	0
9	Amount remaining (Item 7 minus item 8).....	285637	0
10	Interest on item 9 using prior year's actual return of <u>-23.86</u> %	-68153	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>0.00</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	217484	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	100.58 %
15	Adjusted funding target attainment percentage.....	15	103.24 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	110.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/19/2010	370555	0			
Totals ►			18(b)	370555	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 326322
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	541929
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	541929
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	217484	0
36 Additional cash requirement (item 34 minus item 35).....	36	324445
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	326322
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1877
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan THE RETIREMENT PLAN OF BARNSTEAD THERMOLYNE CORPORATION FOR EMPLOYEES COVERED A COLLECTIVE BARGAINING AGREEMENT	B Three-digit plan number (PN) ▶ 036
C Plan sponsor's name as shown on line 2a of Form 5500 BARNSTEAD THERMOLYNE CORPORATION	D Employer Identification Number (EIN) 13-3326802

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	14900	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 ☐

(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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
<div>A</div> <div>Name of plan</div> <div>THE RETIREMENT PLAN OF BARNSTEAD THERMOLYNE CORPORATION FOR EMPLOYEES COVERED A COLLECTIVE BARGAINING AGREEMENT</div>				<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>036</div>	
<div>C</div> <div>Plan or DFE sponsor's name as shown on line 2a of Form 5500</div> <div>BARNSTEAD THERMOLYNE CORPORATION</div>				<div>D</div> <div>Employer Identification Number (EIN)</div> <div>13-3326802</div>	
<div>Part I</div> <div>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</div> <div>(Complete as many entries as needed to report all interests in DFEs)</div>					
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div> <div>FISHER SCIENTIFIC INC DB MTIA</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div> <div>THERMO FISHER SCIENTIFIC INC.</div>					
<div>c</div> <div>EIN-PN</div> <div>02-0451017-050</div>		<div>d</div> <div>Entity code</div> <div>M</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div> <div>0</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	
<div>a</div> <div>Name of MTIA, CCT, PSA, or 103-12 IE:</div>					
<div>b</div> <div>Name of sponsor of entity listed in (a):</div>					
<div>c</div> <div>EIN-PN</div>		<div>d</div> <div>Entity code</div>		<div>e</div> <div>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</div>	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule D (Form 5500) 2009 v.092308.

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan THE RETIREMENT PLAN OF BARNSTEAD THERMOLYNE CORPORATION FOR EMPLOYEES COVERED A COLLECTIVE BARGAINING AGREEMENT	B Three-digit plan number (PN) ► 036
C Plan sponsor's name as shown on line 2a of Form 5500 BARNSTEAD THERMOLYNE CORPORATION	D Employer Identification Number (EIN) 13-3326802

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)	0	371000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	280000	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	7414000	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7694000	371000

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	19000	371000
i Acquisition indebtedness	1i		
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19000	371000

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7675000	0
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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)	371000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		371000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1712000
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2083000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	269000	
(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)		269000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	28000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		297000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1786000
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		9461000

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PRICEWATERHOUSE COOPERS LLP

(2) EIN: 13-4009324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN	04-2209186	100

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 section 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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>THE RETIREMENT PLAN OF BARNSTEAD THERMOLYNE CORPORATION FOR EMPLOYEES COVERED A COLLECTIVE BARGAINING AGREEMENT</u>	B Three-digit plan number (PN) ▶ <u>036</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARNSTEAD THERMOLYNE CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3326802</u>

Part I	Distributions
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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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-6329199</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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)
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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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**Retirement Plan of Barnstead Thermolyne
Corporation for Employees Covered by a
Collective Bargaining Agreement**

Financial Statements

December 31, 2009 and 2008

Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
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Note: 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 required or applicable.

Report of Independent Auditors

To the Participants and Administrator of
The Retirement Plan of Barnstead Thermolyne Corporation for Employees,
Covered by a Collective Bargaining Agreement and the Pension Committee
of Thermo Fisher Scientific Inc.

We were engaged to audit the financial statements of The Retirement Plan of Barnstead Thermolyne Corporation for Employees Covered by a Collective Bargaining Agreement (the "Plan") at December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Mellon Bank, N.A., trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1, the Plan merged into the Thermo Fisher Scientific Inc. Retirement Plan effective December 31, 2009.

PricewaterhouseCoopers LLP

Boston, Massachusetts
October 12, 2010

**Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008**

(In thousands)	2009	2008
Assets		
Investment in Master Trust at fair value (Note 5)	\$ —	\$ 7,414
Receivable from Thermo Fisher Scientific Inc. Retirement Plan	—	280
Employer contribution receivable	<u>371</u>	<u>—</u>
Total assets	<u>371</u>	<u>7,694</u>
Liabilities		
Payable to Thermo Fisher Scientific Inc. Retirement Plan	371	—
Accrued administrative expenses	<u>—</u>	<u>19</u>
Total liabilities	<u>371</u>	<u>19</u>
Net assets available for benefits	<u>\$ —</u>	<u>\$ 7,675</u>

The accompanying notes are an integral part of these financial statements.

Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

	Year Ended December 31, 2009
(In thousands)	
Additions	
Net income from Master Trust (Note 5)	\$ 1,712
Employer contributions	<u>371</u>
Total additions	<u>2,083</u>
Deductions	
Benefit payments	269
Administrative expenses	<u>28</u>
Total deductions	<u>297</u>
Net increase in net assets available for benefits before transfer	1,786
Assets transferred out due to plan merger (Note 1)	<u>9,461</u>
Net decrease in assets available for benefits after transfer	7,675
Net Assets Available for Benefits	
Beginning of year	<u>7,675</u>
End of year	<u>\$ —</u>

The accompanying notes are an integral part of these financial statements.

**Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Notes to Financial Statements
For the Year Ended December 31, 2009**

1. Description of the Plan

The following description of the Retirement Plan of Barnstead Thermolyne Corporation for Employees Covered by a Collective Bargaining Agreement (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan was a noncontributory defined benefit plan providing pension benefits to union employees of Barnstead Thermolyne Corporation, a wholly owned subsidiary of Fisher Scientific International, Inc. (the "Original Plan Sponsor"). In November 2006, the Original Plan Sponsor merged with Thermo Electron Corporation and the combined company was renamed Thermo Fisher Scientific Inc. (the "Company" or the "Plan Sponsor"). The Company's Pension Committee and the plan administrator controlled and managed the operation and administration of the Plan. The Bank of New York Mellon Bank, N.A. ("Mellon" or the "Trustee") served as the trustee of the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Merger

On December 31, 2009, the Plan merged with the Thermo Fisher Scientific Inc. Retirement Plan (the "Thermo Fisher Retirement Plan") and all of the Plan's assets and accumulated plan benefits were transferred to the Thermo Fisher Retirement Plan (the "plan merger"). Prior to the plan merger, the Plan's assets were held by the Thermo Fisher Scientific Inc. Retirement Fund Master Trust (the "Master Trust"). After the plan merger, the Master Trust was dissolved.

Eligibility

Certain employees of the Company covered by a collective bargaining agreement were eligible to participate in the Plan.

Pension Benefits

Under the Plan, after five years of employment, participants were 100% vested. Retirement benefits were paid to participants or beneficiaries in various forms of annuities. The Plan was amended so that any employee actively employed by the Company on October 6, 2009, would be fully and immediately vested.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting. Certain reclassifications of prior period amounts have been made to conform to the current period presentation.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) of fair value of investments includes both realized and unrealized investment gains and losses.

Benefit payments, which are calculated principally based on participants' salaries, were recorded when paid.

Use of Estimates

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

Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Notes to Financial Statements
For the Year Ended December 31, 2009

New Accounting Pronouncement

In July 2006, the Financial Accounting Standards Board ("FASB") released interpretative guidance regarding the accounting for uncertainty in income taxes. This guidance was effective for the Plan as of January 1, 2009. It requires the Plan Sponsor to determine whether a tax position of the Plan is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement which could result in the Plan recording a tax liability that would reduce net assets. There was no effect from the adoption of this guidance on the Plan's financial statements.

Risks and Uncertainties

The Plan invested in a master trust that utilized various investment securities, including U.S. and international equity securities, fixed income funds, private equity securities, money market funds and alternative investments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Administrative Expenses

As provided by the plan document, charges for administering the Plan including recordkeeping fees, actuarial fees and Pension Benefit Guarantee Corporation premiums were paid by the Plan, while investment management fees and trustee fees were paid by the Master Trust. Other expenses that the Plan administrator believes are prohibited by the Internal Revenue Service ("IRS") regulations from being paid by the Plan were paid by the Company.

Subsequent Events

The Company has evaluated events and transactions occurring after the Statements of Net Assets Available for Benefits date through the date the financial statements for available for issuance, October 12, 2010, for recognition or disclosure in the financial statements and notes.

3. Funding Policy

Contributions to provide benefits under the Plan were made solely by the Company. The Company's funding policy was to make cash contributions to the Plan at least equal to the amount required to satisfy the minimum funding requirements of ERISA. The Company met the minimum funding requirements of ERISA for the year ended December 31, 2009.

**Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Notes to Financial Statements
For the Year Ended December 31, 2009**

4. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits includes benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2009 and 2008 are as follows:

	2009*	2008
Discount Rate	5.50% Compounded Annually	5.25% Compounded Annually
Mortality	RP-2000 Generational	RP-2000 Generational
Retirement Age	Specified percentages commencing at age 55, with a weighted average of age 62	Specified percentages commencing at age 55, with a weighted average of age 62

*The assumptions shown were used to calculate accumulated plan benefits immediately prior to the plan merger.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue, although now merged with another plan as described in Note 1. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2009 and 2008 is as follows:

(In thousands)	2009*	2008
Vested Benefits		
Active participants	\$ 8,242	\$ 8,177
Retired participants	3,066	2,557
Terminated participants	<u>691</u>	<u>745</u>
Total vested benefits	11,999	11,479
Nonvested benefits	<u>537</u>	<u>590</u>
Total actuarial present value of accumulated plan benefits	<u>\$12,536</u>	<u>\$12,069</u>

*The actuarial present values of accumulated plan benefits shown are those immediately prior to the plan merger. At the close of business on December 31, 2009, as a result of the plan merger, the actuarial present value of accumulated benefits was \$0.

**Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Notes to Financial Statements
For the Year Ended December 31, 2009**

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2009 are as follows (in thousands):

Actuarial present value of accumulated plan benefits at December 31, 2008	\$ 12,069
Increase (decrease) during the year attributed to	
Change in actuarial assumption (a)	(464)
Benefits accumulated and other gains/losses	573
Benefit payments	(269)
Interest accrual	627
Transfer out due to plan merger	<u>(12,536)</u>
Net decrease	<u>(12,069)</u>
Actuarial present value of accumulated plan benefits at December 31, 2009	\$ <u>—</u>

(a) Represents the change in discount rate from 5.25% to 5.50%.

5. Interest in Master Trust

The Master Trust established by the Company and its affiliates was administered by Mellon and Mellon held the net assets of the Master Trust. Use of the Master Trust permitted the commingling of the trust assets of the participating pension plans of the Company and its affiliates for investment and administrative purposes. Each participating pension plan had an individual interest in the Master Trust. At December 31, 2008, the Plan's interest in the net assets of the Master Trust was 2.71%. Although assets may have been commingled in the Master Trust for the participating plans, Mellon maintained supporting records for the purpose of allocating the net gain or loss of the investment account to those plans.

The investment account of the Master Trust was valued at estimated fair value at the end of each month. The net gain (loss) on the account for each month was allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of all participating plans.

The Plan's investment in the Master Trust as of December 31, 2009 was merged with the Thermo Fisher Retirement Plan's investment in the Master Trust as a result of the plan merger.

**Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Notes to Financial Statements
For the Year Ended December 31, 2009**

The net assets of the Master Trust as of December 31, 2008 are summarized as follows:

(In thousands)	2008
Investments at Fair Value	
Investments	
U.S. equity funds	\$ 82,675
International equity funds	71,622
Fixed income funds	88,747
Private equity funds	14,611
Money market collective trust funds	1,597
Alternative investments	<u>10,664</u>
Total investments	269,916
Receivables	
Receivables for assets sold	3,733
Accrued interest receivable	9
Accrued dividends receivable	<u>15</u>
Total receivables	3,757
Total assets	\$ 273,673
Plan's Investment in the Master Trust as a Percentage of Total	<u>2.71%</u>
Plan's Investment in the Master Trust	\$ <u>7,414</u>

The net investment income of the Master Trust for the year ended December 31, 2009 is summarized below:

(In thousands)	2009
Interest and Dividends	\$ 17
Net Appreciation (Depreciation) in the Fair Value of Investments	
U.S. equity funds	14,922
International equity funds	19,316
Fixed income funds	29,611
Private equity funds	114
Alternative investments	<u>667</u>
Investment Income of Master Trust	64,647
Master Trust Expenses	<u>1,482</u>
Net Investment Income of Master Trust	\$ <u>63,165</u>
Plan's Investment in the Master Trust as a Percentage of Total	<u>2.71%</u>
Plan's Net Income from Master Trust	\$ <u>1,712</u>

Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Notes to Financial Statements
For the Year Ended December 31, 2009

6. Fair Value Measurements

The fair value accounting guidance requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities that the company has the ability to access.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data such as quoted prices, interest rates and yield curves.

Level 3: Inputs are unobservable data points that are not corroborated by market data.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Valuation of Investments

The Plan's investment in the Master Trust at December 31, 2008 is presented at fair value, which has been determined as follows:

- a) Common and preferred stocks are stated at fair value based on quoted market prices.
- b) Corporate bonds are valued based on yields currently available on comparable securities of issues with similar credit ratings.
- c) Common collective trusts, which are categorized in Note 5 and Note 6 based on the constituent funds held by each common collective trust, are valued based on net asset value at year end.
- d) Private partnerships, joint ventures and other investments where quoted prices are not available are valued at estimated fair value based on audited financial statements, capital balances reported by the advisor and, if applicable, other fair value considerations.
- e) U.S. Government securities are valued at bid prices.
- f) Investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Notes to Financial Statements
For the Year Ended December 31, 2009

The following table presents information about the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2008:

(In thousands)	December 31, 2008	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Master Trust Investments				
U.S. equity funds	\$ 82,675	\$ 42	\$ 82,633	\$ —
International equity funds	71,622	—	71,622	—
Fixed income funds	88,747	—	88,747	—
Private equity funds	14,611	—	—	14,611
Money market collective trust funds	1,597	38	1,559	—
Alternative investments	<u>10,664</u>	<u>—</u>	<u>—</u>	<u>10,664</u>
Total Master Trust Investments	<u>\$269,916</u>	<u>\$ 80</u>	<u>\$244,561</u>	<u>\$ 25,275</u>

The following table is a rollforward of the fair value of Level 3 assets in the Master Trust for the year ended December 31, 2009:

(In thousands)	Alternative Investments	Private Equity Funds	Total
Balance at December 31, 2008	\$ 10,664	\$ 14,611	\$ 25,275
Actual return on plan assets:			
Relating to assets held at reporting date	(1,222)	(1,244)	(2,466)
Relating to assets sold/distributed during period	1,889	1,358	3,247
Purchases, capital contributions, sales and settlements	(10,196)	(657)	(10,853)
Dissolution of Master Trust*	<u>(1,135)</u>	<u>(14,068)</u>	<u>(15,203)</u>
Balance at December 31, 2009*	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

*As explained in Note 1, during 2009 the Plan merged with the Thermo Fisher Retirement Plan and the Master Trust was dissolved. Therefore, at December 31, 2009, these assets were no longer held in a Master Trust.

7. Information Certified by the Trustee

The following is a summary of the investment information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements that were prepared by or derived from information provided by Mellon, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate, including the information in Note 5.

**Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
Notes to Financial Statements
For the Year Ended December 31, 2009**

<u>(In thousands)</u>	<u>2009</u>	<u>2008</u>
Statements of Net Assets Available for Benefits		
Investment in Master Trust	\$ —	\$ 7,414
Statement of Changes in Net Assets Available for Benefits		
Net income from Master Trust	\$ 1,712	

8. Tax Status

The IRS determined and informed the Company by a letter dated January 16, 2009, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (the "Code"). The Plan was amended after the date of the determination letter; however, the Company and the plan administrator believe that the Plan was designed and operating in compliance with the applicable requirements of the Code.

9. Related Party Transactions

Certain plan investments of the Master Trust were managed by Mellon. Mellon was the trustee of the Plan and, therefore, these transactions qualified as party-in-interest transactions.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
EIN: 13-3326802 PN: 036

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		7								
25-29		10								
30-34	1	5	1	3						
35-39	1	11	1	9	1					
40-44		12	3	13	10	6				
45-49		18	3	10	7	8	1			
50-54	2	9	1	15	9	13	8	2	2	
55-59		14		10	7	7	5	5	2	
60-64		3		3	3	5	3	1	3	
65-69				2	1	1		1		
70+								2		

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Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
EIN: 13-3326802 PN: 036

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

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Compensation Increases	4.00%.
Mortality Rates Healthy and Disabled	Fully Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(d).
Retirement Age Active Participants Terminated Vested Participants	See Table 1. Age 62.
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 75% of participants have an eligible spouse, and that males are 3 years older than their spouses.
Optional Payment Form Election Percentage	100% elect a life annuity. Optional annuity forms are actuarially equivalent.
Valuation Compensation	2008 pensionable earnings increased with compensation increase assumptions.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
EIN: 13-3326802 PN: 036

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2007 Plan Year	7.75%, net of investment expenses, limited to 6.09% per Notice 2009-22.
2008 Plan Year	7.75%, net of investment expenses, limited to 6.38% per Notice 2009-22.
Expenses Included in Target Normal Cost	Prior year's administrative expenses paid from the trust rounded to the nearest \$5,000, adjusted for any significant expected changes.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
EIN: 13-3326802 PN: 036

Table 1
Retirement Rates - Retirement Probabilities

Age	Probability
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	25.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
EIN: 13-3326802 PN: 036

Table 2
Termination Rates - Withdrawal Probabilities

Age	Probability	Age	Probability
20	14.8689%	50	0.4384%
21	13.8733%	51	0.1804%
22	12.8781%	52+	0.0000%
23	11.8833%		
24	10.8851%		
25	9.8871%		
26	9.2893%		
27	8.6917%		
28	8.0942%		
29	7.4917%		
30	6.8889%		
31	6.5859%		
32	6.0827%		
33	5.6792%		
34	5.2703%		
35	4.8602%		
36	4.4487%		
37	4.0357%		
38	3.6208%		
39	3.2052%		
40	2.7875%		
41	2.5673%		
42	2.3444%		
43	2.1182%		
44	1.8905%		
45	1.6590%		
46	1.4231%		
47	1.1820%		
48	0.9365%		
49	0.6897%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
EIN: 13-3326802 PN: 036

Table 3
Disability Rates - Disability Probabilities

Age	Probability	Age	Probability
20	0.0640%	50	0.5285%
21	0.0640%	51	0.5790%
22	0.0640%	52	0.6295%
23	0.0685%	53	0.7215%
24	0.0735%	54	0.8130%
25	0.0780%	55	0.9050%
26	0.0830%	56	0.9965%
27	0.0875%	57	1.0885%
28	0.0935%	58	1.1505%
29	0.0990%	59	1.2120%
30	0.1055%	60	1.2740%
31	0.1110%	61	1.3355%
32	0.1175%	62	1.3975%
33	0.1275%	63	1.3975%
34	0.1370%	64	1.3975%
35	0.1470%	65+	0.0000%
36	0.1570%		
37	0.1670%		
38	0.1830%		
39	0.1985%		
40	0.2140%		
41	0.2295%		
42	0.2455%		
43	0.2715%		
44	0.2980%		
45	0.3240%		
46	0.3505%		
47	0.3765%		
48	0.4270%		
49	0.4775%		

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning _____ and ending _____

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Retirement Plan of Barnstead Thermolyne Corp	B Three-digit plan number (PN) ▶ 036
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Barnstead Thermolyne Corporation	D Employer Identification Number (EIN) 13-3326802
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....		2a	7,675,000
b Actuarial value.....		2b	8,442,500
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	63	2,037,120
b For terminated vested participants	3b	34	478,564
c For active participants:			
(1) Non-vested benefits.....	3c(1)		414,761
(2) Vested benefits.....	3c(2)		5,246,820
(3) Total active	3c(3)	280	5,661,581
d Total.....	3d	377	8,177,265
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	8.11 %
6 Target normal cost.....		6	589,680

Statement by Enrolled Actuary

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

SIGN HERE	<u>George W. Holland</u> <i>GWH</i>	09/17/2010
Signature of actuary		Date
George W. Holland		08-03403
Type or print name of actuary		Most recent enrollment number
Hewitt Associates LLC		(781) 891-8600
Firm name		Telephone number (including area code)
CityPoint - 230 Third Avenue		
Waltham MA 02451-7528		
Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2009 v.092308.1**

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	394,216	N/A
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	108,579	0
9 Amount remaining (Item 7 minus item 8)	285,637	0
10 Interest on item 9 using prior year's actual return of <u>(23.86)</u> %	(68,153)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____%		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	217,484	0

Part III Funding percentages

14 Funding target attainment percentage	14	100.58 %
15 Adjusted funding target attainment percentage	15	103.24 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.40 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/19/2010	370,555	0			
Totals ▶			18(b)	370,555	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	326,322

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
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b Applicable month (enter code) **21b** 2**22** Weighted average retirement age **22** 62**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 541,929

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 541,929

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	217,484	0	217,484

36 Additional cash requirement (item 34 minus item 35) **36** 324,445**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 326,322**38** Interest-adjusted excess contributions for current year (see instructions) **38** 1,877**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
EIN: 13-3326802 PN: 036

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	March 1, 1969.
Participation in Plan	Employees of Barnstead Thermolyne Corporation who are members of the collective bargaining unit represented by the International Brotherhood of Electrical Workers, Local No. 704 AFL-CIO, participate immediately upon date of employment.
Eligibility	
Normal Retirement	Age 65.
Early Retirement	Age 55 with 10 years of service.
Disability Retirement	Total and permanent disability as defined under the Federal Social Security Act, and 10 years of service.
Deferred Vested Retirement Retirement	5 years of service. Payable at age 65 or, with 10 years of service, as early as age 55.
Amount of Pension	
Normal Retirement	An annual pension payable monthly equal to: 1% of five year average compensation multiplied by years of benefit service.
Early Retirement	The accrued normal retirement benefit, reduced for early commencement by 1/3% per month from age 65.
Disability Retirement	The accrued normal retirement benefit, payable unreduced immediately.
Deferred Vested Retirement Retirement	The accrued normal retirement benefit payable at age 65. If 10 years of service, may elect to commence as early as age 55, with benefit reduced by 5/9% per month for first 60 months, and 5/18% per month for next 60 months.
Preretirement Surviving Benefit	Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.

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Forms of Payment

The following optional forms of payment are available:

- Single life annuity (automatic form for unmarried participants)
- Reduced 10-year certain and continuous single life annuity
- Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)
- Lump sum if total value is \$5,000 or less (mandatory lump sum cashout if lump sum is \$1,000 or less)

Compensation

W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain expenses, allowances, reimbursements, awards, and other special payments.

Employee Contributions

None.

Schedule SB, Part V—Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2009 by Thermo Fisher Scientific Inc. Asset information and the dates and amounts of contributions are based on information supplied by Thermo Fisher Scientific Inc.

The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable lookback month.

As of December 31, 2009, the Retirement Plan of Barnstead Thermolyne Corporation for Employees Covered by a Collective Bargaining Agreement was merged into the Thermo Fisher Scientific Inc. Retirement Plan. The information shown on the 2009 Schedule SB for the Retirement Plan of Barnstead Thermolyne Corporation for Employees Covered by a Collective Bargaining Agreement does not reflect this year-end merger. The information shown on the 2010 Schedule SB for the Thermo Fisher Scientific Inc. Retirement Plan will reflect this merger.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
August 19, 2010	\$ 370,555	8.11%	\$ 326,322
Total Contribution	\$ 370,555		\$ 326,322

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
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Schedule SB, line 25—Change in Method

The January 1, 2009 funding valuation reflects the following method changes:

- A change in the asset valuation method from the 8-Month Average Value method to the 3-Point Smoothed Value method as of January 1, 2009, as automatically approved under 1.430(g)-1(f)(3).
- A change in the target normal cost calculation to include expected administrative expenses, as required under the Worker, Retiree, and Employer Recovery Act of 2008 and specified under 1.430(d)-1(g)(1)(ii).

Note that these changes will affect the comparability of the funding valuation results for the 2009 plan year and the funding valuation results for prior plan years.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
Covered by a Collective Bargaining Agreement
EIN: 13-3326802 PN: 036

Schedule SB, line 24—Change in Actuarial Assumptions

The January 1, 2009 funding valuation reflects no changes in non-prescribed assumptions.

The January 1, 2009 funding valuation reflects the following change in prescribed assumptions:

- A change in the prescribed interest rate assumption from segment rates with a four month lookback to the full yield curve with a two month lookback (October 2008 yield curve), as automatically approved under 1.430(h)(2)-1(h)(3) and the March 2009 Special Edition of Employee Plan News.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Retirement Plan of Barnstead Thermolyne Corporation for Employees
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Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	5.00%	0.7738	2.32
61	5.00%	0.7351	2.24
62	25.00%	0.6983	10.82
63	10.00%	0.5237	3.30
64	10.00%	0.4713	3.02
65	100.00%	0.4242	27.57
Weighted Average			62.14