

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>METTLER TOLEDO RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>049</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>049</u>	1c Effective date of plan <u>01/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>049</u>				
1c Effective date of plan <u>01/01/1988</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>METTLER-TOLEDO, LLC</u> <u>1900 POLARIS PARKWAY</u> <u>COLUMBUS, OH 43240-4035</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1538688</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-438-4898</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333310</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1538688</u>	2c Plan Sponsor's telephone number <u>614-438-4898</u>	2d Business code (see instructions) <u>333310</u>	
2b Employer Identification Number (EIN) <u>34-1538688</u>					
2c Plan Sponsor's telephone number <u>614-438-4898</u>					
2d Business code (see instructions) <u>333310</u>					

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.	10/13/2015	JENNIFER MCCALLUM
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	2544
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	608
a(2) Total number of active participants at the end of the plan year		6a(2)	566
b Retired or separated participants receiving benefits		6b	774
c Other retired or separated participants entitled to future benefits.....		6c	976
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2316
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	165
f Total. Add lines 6d and 6e		6f	2481
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	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	(1)	Insurance
(2)	☐	(2)	Code section 412(e)(3) insurance contracts
(3)	☒	(3)	Trust
(4)	☐	(4)	General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1)	☒	(1)	☒ H (Financial Information)
(2)	☐	(2)	☐ I (Financial Information – Small Plan)
		(3)	☐ A (Insurance Information)
		(4)	☒ C (Service Provider Information)
(3)	☒	(5)	☐ D (DFE/Participating Plan Information)
		(6)	☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<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>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
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 METTLER TOLEDO RETIREMENT PLAN	B Three-digit plan number (PN) 049
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF METTLER-TOLEDO, LLC	D Employer Identification Number (EIN) 34-1538688
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 2014			
2	Assets:			
	a Market value	2a	118314180	
	b Actuarial value	2b	112669794	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	1111	62959399	62959399
	b For terminated vested participants	836	26072391	26072391
	c For active participants	608	24293320	24293320
	d Total	2555	113325110	113325110
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.46%	
6	Target normal cost	6	750112	

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		09/30/2015
	Signature of actuary	Date
JULEE KWIATKOWSKI	Type or print name of actuary	14-07068
		Most recent enrollment number
AON CONSULTING, INC.	Firm name	614-436-8100
		Telephone number (including area code)
445 HUTCHINSON AVE. SUITE 900 COULUMBUS, OH 43235	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4426856
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	4426856
10 Interest on line 9 using prior year's actual return of <u>13.46</u> %	0	595855
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6886535
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30</u> %		433852
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		7320387
d Portion of (c) to be added to prefunding balance		7320387
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12343098

Part III Funding Percentages		
14 Funding target attainment percentage	14	88.52 %
15 Adjusted funding target attainment percentage	15	88.52 %
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	83.27 %
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
12/29/2014	7000000				
12/31/2014	11000000				
			Totals ►	18(b)	18000000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	16912914
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	750112	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	12998414	4058834	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	4808946	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	4420347	4420347
36 Additional cash requirement (line 34 minus line 35).....	36	388599	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	16912914	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	16524315	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	4420347	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan METTLER TOLEDO RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 049
C Plan sponsor's name as shown on line 2a of Form 5500 METTLER-TOLEDO, LLC	D Employer Identification Number (EIN) 34-1538688

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

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

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

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	85164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN

13-4994650

(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?
27	NONE	44431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC LLC

26-1429809

(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?
27	NONE	102573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SANDERSON INTERNATIONAL

20-0348128

(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?
27	NONE	173872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(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?
27	NONE	130791	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES

ONE FINANCIAL CENTER - 27TH FLOOR
BOSTON, MA 02111

(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?
27	NONE	26091	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TOWER WATSON

53-0181291

(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?
16	NONE	8515	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>METTLER TOLEDO RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>049</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>METTLER-TOLEDO, LLC</u>		D Employer Identification Number (EIN) <u>34-1538688</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	7	12
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	10767281	12533131
	(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)		
	(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)	68213386	76271770
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	39333506	43224738

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	118314180	132029651

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	118314180	132029651
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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)	18000000	
(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)		18000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	185	
(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)		185
(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)	1595446	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1595446
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3140	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3140

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(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)		2115131
c Other income.....	2c		-203669
d Total income. Add all income amounts in column (b) and enter total.....	2d		21510233

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6846500	
(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)		6846500
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)	93679	
(2) Contract administrator fees.....	2i(2)	44431	
(3) Investment advisory and management fees.....	2i(3)	433327	
(4) Other.....	2i(4)	376825	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		948262
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7794762

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		13715471
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		10000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>METTLER TOLEDO RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>049</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>METTLER-TOLEDO, LLC</u>	D Employer Identification Number (EIN) <u>34-1538688</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>13-4994650</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 (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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. 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

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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

Stock: 77% Investment-Grade Debt: 14% High-Yield Debt: _____% Real Estate: _____% Other: 9%

- 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 line 19(b)?

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

Independent Auditors' Report

To the Participants and Plan Administrator of
Mettler Toledo Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Mettler Toledo Retirement Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting, as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of this financial statement in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 8, which was certified by JPMorgan Chase Bank, NA, the trustee of the Plan, except for comparing the 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 and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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columbus, oh 43219

www.cshco.com
p. 614.885.2208
f. 614.885.8159

Basis of Accounting

We draw attention to Note 2 of the financial statement, which describes the basis of accounting. This financial statement is prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental schedule of assets (held at end of year) (modified cash basis) as of December 31, 2014 and the supplemental schedule of reportable transactions (modified cash basis) for the year then ended are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, 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.

Clark Schaefer Hackett & Co.

Columbus, Ohio
October 12, 2015

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information											
1a Name of plan Mettler Toledo Retirement Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px;">049</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/1988</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 34-1538688</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number (614) 438-4898</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 333310</td> </tr> </table>	1b Three-digit plan number (PN) ▶	049	1c Effective date of plan 01/01/1988		2b Employer Identification Number (EIN) 34-1538688		2c Plan Sponsor's telephone number (614) 438-4898		2d Business code (see instructions) 333310	
1b Three-digit plan number (PN) ▶	049										
1c Effective date of plan 01/01/1988											
2b Employer Identification Number (EIN) 34-1538688											
2c Plan Sponsor's telephone number (614) 438-4898											
2d Business code (see instructions) 333310											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Mettler-Toledo, LLC 1900 Polaris Parkway Columbus OH 43240-4035											

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		<u>10-12-15</u>	Jennifer McCallum
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

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

Form 5500 (2014)
v. 140124

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.46%	Interest Adjusted Contribution
December 29, 2014	\$ 7,000,000	362	\$ 6,578,623
December 31, 2014	11,000,000	364	10,334,291
Total Contribution	\$ 18,000,000		\$ 16,912,914

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	4.00%	0.9412	2.20
59.5	4.00%	0.9035	2.15
60.5	6.00%	0.8674	3.15
61.5	6.00%	0.8154	3.01
62.5	10.00%	0.7664	4.79
63.5	5.00%	0.6898	2.19
64.5	15.00%	0.6553	6.34
65.5	25.00%	0.5570	9.12
66.5	25.00%	0.4178	6.95
67.5	25.00%	0.3133	5.29
68.5	25.00%	0.2350	4.02
69.5	25.00%	0.1762	3.06
70	100.00%	0.1322	9.25
Weighted Average			64.84

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		4								
35-39	5	34	2							
40-44	3	30	24	3						
45-49	3	34	29	22	3					
50-54	5	45	19	29	29	14				
55-59	3	33	20	16	15	29	16			
60-64	3	13	10	10	9	33	24	5		
65-69		7	1	3		3	7	3		
70+		4			2		2			

N-608

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 8,257,329	January 1, 2010	3	\$ 2,887,507
Shortfall	\$ 4,353,517	January 1, 2011	4	\$ 1,169,119
Shortfall	\$ (4,138,360)	January 1, 2012	5	\$ (910,175)
Shortfall	\$ 7,063,848	January 1, 2013	6	\$ 1,337,127
Shortfall	\$ (2,537,920)	January 1, 2014	7	\$ (424,744)

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	<p>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.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Expected Return on Assets

2012 Plan Year

8.00%, limited to 7.52%

2013 Plan Year

7.75%, limited to 6.76%

Trust Expenses Included in Target Normal Cost

Based on a percentage of assets. This percentage is determined each year as the prior year's actual plan administrative expenses divided by the current year's market value of assets. The percentage for the 2013 valuation was 0.634%.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	2.00%
56	2.00%
57	2.00%
58	4.00%
59	4.00%
60	6.00%
61	6.00%
62	10.00%
63	5.00%
64	15.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	18.5357%	25.4738%	45	5.1597%	6.2583%
16	18.2020%	25.4738%	46	4.6735%	5.9778%
17	17.8683%	25.4737%	47	4.5041%	5.6866%
18	17.5346%	25.4736%	48	4.3348%	5.3817%
19	17.2009%	25.4734%	49	4.1654%	5.0640%
20	16.8671%	25.4733%	50	3.9960%	4.7344%
21	16.6723%	25.1119%	51	3.8266%	4.3966%
22	16.4751%	24.7481%	52	3.6573%	4.0568%
23	15.7022%	23.1286%	53	3.4879%	3.2582%
24	14.9267%	21.5065%	54	2.6501%	2.4730%
25	14.1484%	19.8816%	55	1.8334%	1.7083%
26	13.4336%	18.4202%	56	1.0395%	0.9656%
27	12.7087%	16.9488%	57+	0.0000%	0.0000%
28	12.2550%	16.0704%			
29	11.7934%	15.1841%			
30	11.3248%	14.2907%			
31	10.8832%	13.4578%			
32	10.4361%	12.6194%			
33	10.0703%	12.4004%			
34	9.6998%	12.1765%			
35	9.3246%	11.9482%			
36	8.9450%	11.7487%			
37	8.5610%	11.5450%			
38	8.1597%	10.6766%			
39	7.7538%	9.8038%			
40	7.3433%	8.9263%			
41	6.9600%	8.0433%			
42	6.5693%	7.1536%			
43	6.1070%	6.8620%			
44	5.6371%	6.5636%			

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1988. Amended and restated effective January 1, 2008.
History	The plan is effective January 1, 1988 following a spin-off from the Reliance Electric Company Retirement Plan amended and restated effective January 1, 1995. The plan was further amended effective December 31, 1996 to split the plan into two plans. The Retirement Plan covered benefits accrued through December 31, 1996 and the Replacement Plan covered benefits accrued thereafter. Effective December 31, 2001, the Retirement and Replacement Plans were merged back into one plan. Effective April 30, 2002, all benefits accrued under the plan were frozen.
Participant Eligibility	One year of vesting service.
Normal Retirement Eligibility	Age 65.
Benefit	<p>The monthly benefit, if any, earned by the participant is computed as the sum of the following:</p> <ol style="list-style-type: none">(1) The monthly benefit, if any, earned by the participant as of December 31, 1994 under an updated prior plan formula; and(2) One twelfth of the sum of the annual accrual units earned by the participant for each of the plan years in which the participant has earned benefit service. <p>The annual accrual unit is equal to the difference between (i) and (ii), below:</p> <ol style="list-style-type: none">(i) 2.0% of the participant's annual compensation for the plan year.(ii) 0.6% of the lesser of:<ol style="list-style-type: none">(a) The participant's annual compensation for the plan year.(b) Covered compensation for the plan year.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Benefit

Accrued normal retirement benefit reduced for benefit commencement prior to age 65.

Age at Benefit Commencement	Percentage of Benefit Payable
65+	100%
64	94%
63	88%
62	82%
61	76%
60	70%
59	67%
58	64%
57	61%
56	57%
55	52%

Disability Retirement

Eligibility

Total and permanent disability and 10 years of vesting service.

Benefit

The normal retirement benefit payable at age 65. if eligible for early retirement, benefit is reduced for early receipt according to the table applicable for early retirement.

The disabled participant will continue to earn benefit service and annual accrual units until benefit commencement. Annual compensation is assumed to continue in the same amount as the last full year before disability, or year of disability if greater.

Deferred Vested Retirement

Eligibility

Five years of vesting service.

Benefit

Accrued normal retirement benefit payable at age 65. if eligible for early retirement, benefit is reduced for early receipt according to the table applicable for early retirement

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Preretirement Death

Eligibility

Any participant eligible for a deferred vested retirement benefit and married at least one year.

Benefit

50% of the participant's accrued benefit reduced for both 50% joint and survivor form and early receipt and payable to the surviving spouse at the participant's earliest retirement age.

Definitions

Benefit Service

The number of plan years during which a participant completes at least 1,000 hours of service. However, no further benefit service will be earned after April 30, 2002.

Vesting Service

Each 12-month period beginning with the day of the year on which the employee commenced employment, and each anniversary thereof, in which he is credited with 1,000 or more hours.

Annual Compensation

Wages for the calendar year ending within the plan year, reduced by reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation, and welfare benefits but including amounts contributed pursuant to salary reduction agreements to plans described in Sections 125, 402(e)(3), 402(h)(1)(B) and 403(b) of the Internal Revenue Code. In no event shall the amount of annual compensation taken into account under the plan exceed the adjusted annual limit permitted under Section 401(a)(17) of the Internal Revenue Code for the given plan year.

Covered Compensation

The average of the maximum Social Security taxable wage bases for each of the 35 calendar years up to and including the plan year in question.

Updated Prior Plan Formula

The formula for benefit accrual for participants under the Mettler Toledo Retirement Plan, the Reliance Electric Company Plan or the Mettler Instrument Corporation Retirement Plan on December 31, 1994 as appropriate.

Actuarial Equivalence

The actuarial equivalence is based on the 1983 Group Annuity Mortality Table weighted 50% male and 50% female and an interest rate of 8.50%. The actuarial equivalence for lump sum payments is based on the applicable IRC section 417(e) mortality table and interest based on three-segment yield curve.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Forms of Payment

The normal form of payment is a 50% joint and survivor, if married and life annuity, if single. The optional forms of payment include life annuity, 50% joint and survivor, 75% joint and survivor, 100% joint and survivor, 10 year certain and life and the Social Security option. The benefit is paid immediately as a lump sum if the actuarial equivalent of the age-65 monthly retirement benefit payable as a life annuity is less than \$5,000.

Plan Year

Calendar year.

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

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

METTLER TOLEDO RETIREMENT PLAN

Financial Statements and Supplemental Schedules

December 31, 2014 and 2013

(with Independent Auditors' Report)

METTLER TOLEDO RETIREMENT PLAN
INDEX TO FINANCIAL STATEMENTS & SUPPLEMENTAL SCHEDULES

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Independent Auditors' Report

To the Participants and Plan Administrator of
Mettler Toledo Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Mettler Toledo Retirement Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting, as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of this financial statement in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 8, which was certified by JPMorgan Chase Bank, NA, the trustee of the Plan, except for comparing the 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 and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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Basis of Accounting

We draw attention to Note 2 of the financial statement, which describes the basis of accounting. This financial statement is prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental schedule of assets (held at end of year) (modified cash basis) as of December 31, 2014 and the supplemental schedule of reportable transactions (modified cash basis) for the year then ended are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, 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.

Clark Schaefer Hackett & Co.

Columbus, Ohio
October 12, 2015

Mettler Toledo Retirement Plan
Statements of Net Assets Available for Benefits (Modified Cash Basis)
As of December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at fair value		
Cash and cash equivalents	\$ 12,533,131	\$ 10,767,281
Equity mutual funds:		
U.S.	29,323,836	25,311,373
International	17,729,747	18,170,054
Emerging markets	5,868,033	5,232,004
Fixed income mutual funds:		
Core bonds	20,231,648	16,139,634
Real asset mutual funds:		
Commodities	3,118,506	3,360,321
Other types of investments:		
Multi-strategy fund of hedge funds	17,290,720	15,935,125
Global allocation funds	25,934,018	23,398,381
Total investments	<u>132,029,639</u>	<u>118,314,173</u>
Accrued interest receivable	<u>12</u>	<u>7</u>
Net assets available for benefits	<u>\$ 132,029,651</u>	<u>\$ 118,314,180</u>

See accompanying notes to the financial statements.

Mettler Toledo Retirement Plan
Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)
For the Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Investment Activity		
Interest and dividends	\$ 1,595,631	\$ 1,397,495
Net appreciation (depreciation) in fair value of investments:		
Common stock	3,140	911
Equity mutual funds:		
U.S.	2,498,392	5,781,671
International	(266,435)	4,044,099
Emerging markets	236,030	76,725
Fixed income mutual funds:		
Core bonds	638,959	(249,820)
Real asset mutual funds:		
Commodities	(991,815)	(415,173)
Other types of investments:		
Multi-strategy fund of hedge funds	340,565	1,903,150
Global allocation funds	(544,234)	484,638
	<u>1,914,602</u>	<u>11,626,201</u>
Contributions	<u>18,000,000</u>	<u>17,700,000</u>
	<u>21,510,233</u>	<u>30,723,696</u>
Deductions		
Benefit payments	6,846,500	6,620,289
Administrative expenses	948,262	937,701
	<u>7,794,762</u>	<u>7,557,990</u>
Net increase in net assets available for plan benefits	13,715,471	23,165,706
Net assets available for plan benefits, beginning of year	118,314,180	95,148,474
Net assets available for plan benefits, end of year	<u>\$ 132,029,651</u>	<u>\$ 118,314,180</u>

See accompanying notes to the financial statements.

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

1. Description of Plan

The following description of the Mettler Toledo Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a qualified noncontributory defined benefit plan, covering all salaried employees and all non-bargaining hourly employees of Mettler-Toledo, Inc. as of December 31, 1996. The Plan is the successor plan by acquisition from Ciba-Geigy AG (Ciba) in October 1996, and merger of the Mettler Toledo Replacement Plan in December 2001. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Effective April 30, 2002, the Plan was frozen for all participants. Participants who were actively employed by the Plan Sponsor on this date with at least 1,000 hours of service were automatically vested. Employees will not accrue additional benefits after this date. The benefits earned through this date will be paid to participants in accordance with the terms of the Plan.

Mettler-Toledo, LLC (a wholly-owned subsidiary of Mettler-Toledo International, Inc.) and formerly known as Mettler-Toledo, Inc., is both the Plan Sponsor and Administrator and is responsible for keeping accurate and complete records with regard to the Plan, informing participants of changes or amendments to the Plan, and ensuring that the Plan conforms to applicable laws and regulations. JPMorgan Chase Bank, N.A. is the Trustee and maintains the Plan assets.

Pension Benefits

At normal retirement age (65), the monthly pension benefits, if any, earned by the participant as of April 30, 2002 are computed as the sum of the following:

- The monthly benefit, if any, earned by the participant as of December 31, 1994 under an updated prior plan formula (as defined); and
- One-twelfth of the sum of the annual accrual units earned by the participant for each of the years 1995 through April 30, 2002 in which the participant has earned benefit service (as defined).

The annual accrual unit is equal to 2% of annual compensation less 0.6% of the lesser of annual compensation or social security compensation (as defined).

The Plan permits early retirement at ages 55-64 (with 10 years of continuous service). Employees may elect to receive their pension benefits in one of several optional forms. If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits.

Death and Disability Benefits

Active participants eligible for a vested benefit, and vested terminated participants, are covered under a pre-retirement surviving spouse's benefit. Under this coverage, if the participant dies prior to retirement, the participant's spouse will receive one-half of the benefit the participant would have received had the participant terminated on the day of their death and elected to receive benefits, on a 50% joint-survivor basis, on their earliest retirement date. Upon permanent and total disability after completing 10 or more years of continuous service, a participant is entitled to receive retirement benefits in accordance with the Plan's policies.

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Presentation

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (U.S. GAAP). The principal differences between the modified cash basis and U.S. GAAP are that contributions are recognized when received and administrative expenses are recognized when paid.

Investment Valuation and Income Recognition

Under terms of an agreement between the Trustee and the Plan Sponsor, the Trustee maintained certain assets of the Plan and paid benefits and administrative expenses for the Plan. Shares of cash equivalents and certain mutual funds are traded in active markets and are valued at a daily net asset value, equal to its fair value. Other mutual funds represent private placement funds that are valued based on the fair value of the underlying securities in the fund, as determined by the fund trustee, which represents the net asset value of the units held by the Plan at the end of the year. Hedge funds are valued at the net asset value of shares held by the fund at the end of the year.

Purchases and sales of securities are recorded on a trade-date basis. Dividend and interest income are recorded when earned.

Contributions

Employer contributions are recognized when received.

Benefit Payments

Benefit payments are recognized when paid.

Administrative Expenses

Administrative expenses, including fees for the Trustee, PBGC Premiums and actuary consulting services, are recognized when paid from plan assets. Certain administrative expenses are paid by the Plan Sponsor and are not included in these financial statements.

Use of Estimates

The preparation of financial statements in conformity with a modified cash basis of accounting, which is a comprehensive basis of accounting other than U.S. GAAP, requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

Risks and Uncertainties

The Plan provides various investment options in any combination of stocks, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Subsequent Events

Subsequent events have been evaluated for recognition and disclosure through the date the financial statements were available to be issued, October 12, 2015. There were no material events as of the report date.

3. Obligation for Plan Benefits

Employer contributions are based upon amounts required to be funded to comply with the minimum funding requirements of ERISA. The Plan Sponsor's contribution for the year ended 2014 and 2013 exceeded the minimum funding requirement.

4. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

In the event the Plan terminates, the net assets of the Plan are to be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits to participants who began receiving benefits at least three years before the Plan's termination, based on plan provisions in effect five years prior to such termination;
- Vested benefits of all other participants which are guaranteed by the Pension Benefit Guaranty Corporation (PBGC) on the basis of the Plan as in effect at the beginning of the five-year period ending on the date of termination;
- Insured vested benefits resulting from amendments made within the five-year period ending on the date of termination;
- Vested benefits which were limited due to the ceiling on the amount guaranteed by the PBGC; and
- All other benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC.

In the event that the Plan's net assets at the time of termination are in excess of those required to provide all accrued benefits, such excess shall revert to the Plan Sponsor.

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

5. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the plan 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 between the valuation date and the expected date of payment.

Significant assumptions underlying the January 1, 2014 valuation included:

Actuarial method	Unit credit cost method
Rate of return	7.5% per annum, compounded annually (8.0% for 2013)
Mortality	2015 Static mortality table for annuitants and non-annuitants (2013 Static mortality table for annuitants and non-annuitants at January 1, 2013)
Retirement age	The weighted average retirement age is 64.84

The actuarial present value of accumulated plan benefits as of January 1, 2014 was as follows:

Participants currently receiving benefits	\$ 57,659,442
Other participants	43,976,764
Total vested benefits	<u>\$ 101,636,206</u>

The actuarial present value of accumulated plan benefits increased due to the following:

Actuarial present value of accumulated plan benefits as of January 1, 2013	<u>\$ 98,746,684</u>
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	7,401,118
Benefits paid	(6,620,289)
Assumption changes	2,584,721
Other changes	(476,028)
	<u>2,889,522</u>
Actuarial present value of accumulated plan benefits as of January 1, 2014	<u>\$ 101,636,206</u>

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

6. Federal Income Taxes

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor by a letter, dated January 21, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and, therefore, believe that the plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. There are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements as of December 31, 2014. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to income tax examinations for years prior to 2011.

7. Transactions with Parties-in-Interest

Transactions involving the Plan's investments in shares of cash equivalents and mutual funds managed by JPMorgan Chase Bank, N.A, the Trustee, qualify as party-in-interest transactions.

8. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan Administrator has received certification from the Trustee that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for plan benefits (modified cash basis) as of December 31, 2014 and 2013, and the schedule of assets (held at end of year) (modified cash basis) as of December 31, 2014.
- Interest and dividends and net appreciation (depreciation) in fair value of investments, as shown in the statements of changes in net assets available for plan benefits (modified cash basis) for the years ended December 31, 2014 and 2013.

As permitted by the election noted above, the Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the accompanying financial statements.

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

9. Investments

The following investments represent 5% or more of net assets available for benefits at December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Principal Cash	\$ 9,587,622	\$ 10,000,000
IronBridge SMID Fund	7,377,391	5,959,448
JPMorgan Equity Index Trust	21,946,445	19,351,925
Sanderson International Value Group Trust	17,729,747	18,170,054
Vanguard Bond Index Fund Inc.	14,018,611	10,926,020
PIMCO All Asset Fund	13,789,625	12,299,299
Wellington Opportunistic Investment Allocation	12,144,393	11,099,082

10. Fair Value Measurements

Under U.S. GAAP, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value measurement consists of observable and unobservable inputs that reflect the assumptions that a market participant would use in pricing an asset or liability.

A fair value hierarchy has been established that categorizes these inputs into three levels:

- Level 1: Quoted prices in active markets for identical assets and liabilities
- Level 2: Observable inputs other than quoted prices in active markets for identical assets and liabilities
- Level 3: Unobservable inputs

As of December 31, 2014 and 2013, the Plan had assets with a fair value of \$132.0 million and \$118.3 million, respectively. These assets consist of cash and cash equivalent money market funds, fixed income, real asset, foreign and domestic equity mutual funds ("mutual funds"), and funds of hedge funds. The cash and cash equivalents are valued at cost which approximates fair value. The Plan invests in mutual funds in active markets that produce a daily net asset value, equal to its fair value at year-end. Certain of these mutual funds represent private placement funds that are valued based on the fair value of the underlying securities in the fund, as determined by the fund trustee, which represents the net asset value of the units held by the Plan at the end of the year. Funds of hedge funds are valued at the net asset value of shares held by the fund at the end of the year. The funds of hedge funds represents primarily equity investments to profit from long and short equity positions, economic and government driven events and relative value and tactical trading strategies. There are no unfunded commitments related to the private placement funds or the funds of hedge funds. Certain funds at the hedge funds do have limitations on redemption frequency. The fund managers' objectives for the private placement funds and funds of hedge funds is to maximize returns or achieve growth by investing in certain investment types or to match earnings of certain indices. Realized investment gains and losses for the years ended December 31, 2014 and 2013, as well as unrealized gains and losses related to assets held at December 31, 2014 and 2013, are reported in net appreciation

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

(depreciation) in fair value of investments in the statement of changes in net assets available for benefits (modified cash basis).

The following tables present for each of these hierarchy levels, the Plan assets that are measured at fair value on a recurring basis at December 31, 2014 and 2013:

	December 31, 2014			
	Total	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	\$ 12,533,131	\$ 12,533,131	\$ —	\$ —
Equity mutual funds:				
U.S.	29,323,836	7,377,391	21,946,445	—
International	17,729,747	—	17,729,747	—
Emerging markets	5,868,033	—	5,868,033	—
Fixed income mutual funds:				
Core bonds	20,231,648	14,018,611	6,213,037	—
Real asset mutual funds:				
Commodities	3,118,506	—	3,118,506	—
Other types of investments:				
Multi-strategy fund of hedge funds	17,290,720	—	—	17,290,720
Global allocation funds	25,934,018	13,789,625	12,144,393	—
Total	<u>\$ 132,029,639</u>	<u>\$ 47,718,758</u>	<u>\$ 67,020,161</u>	<u>\$ 17,290,720</u>

	December 31, 2013			
	Total	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	\$ 10,767,281	\$ 10,767,281	\$ —	\$ —
Equity mutual funds:				
U.S.	25,311,373	5,959,448	19,351,925	—
International	18,170,054	—	18,170,054	—
Emerging markets	5,232,004	—	5,232,004	—
Fixed income mutual funds:				
Core bonds	16,139,634	10,926,020	5,213,614	—
Real asset mutual funds:				
Commodities	3,360,321	—	3,360,321	—
Other types of investments:				
Multi-strategy fund of hedge funds	15,935,125	—	—	15,935,125
Global allocation funds	23,398,381	12,299,299	11,099,082	—
Total	<u>\$ 118,314,173</u>	<u>\$ 39,952,048</u>	<u>\$ 62,427,000</u>	<u>\$ 15,935,125</u>

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2014 and 2013

The following table presents a summary of changes in the fair value of the Level 3 multi-strategy fund of hedge funds for the years ended December 31, 2014 and 2013:

Balance at December 31, 2012	\$ 14,017,516
Actual return on plan assets:	
Related to assets held at end of year	1,903,150
Related to assets sold during the year	—
Purchases	14,459
Sales	—
Issuances	—
Settlements	—
Balance at December 31, 2013	<u>15,935,125</u>
Actual return on plan assets:	
Related to assets held at end of year	340,565
Related to assets sold during the year	—
Purchases	1,016,564
Sales	(1,534)
Issuances	—
Settlements	—
Balance at December 31, 2014	<u><u>\$ 17,290,720</u></u>

Mettler Toledo Retirement Plan**EIN:34-1538688; PN:049****Schedule H, Line 4(i)- Schedule of Assets (Held at End of Year) (Modified Cash Basis)
As of December 31, 2014**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Fair Value
	Principal Cash	Cash and Cash Equivalents	\$ 9,587,622	\$ 9,587,622
*	JPMorgan Prime Money Market Fund	Cash and Cash Equivalents	2,945,509	2,945,509
			12,533,131	12,533,131
	IronBridge SMID Fund	Equity Mutual Funds - US	6,445,582	7,377,391
*	JPMorgan Equity Index Trust	Equity Mutual Funds - US	14,146,200	21,946,445
	Sanderson International Value Group Trust	Equity Mutual Funds - International	10,373,448	17,729,747
	City of London Investment Management Company Limited	Equity Mutual Funds - Emerging Markets	5,137,731	5,868,033
			36,102,961	52,921,616
	Vanguard Bond Index Fund Inc.	Fixed Income - Core Bonds	13,643,218	14,018,611
	Loomis Sayles New Hampshire Investment Trust	Fixed Income - Core Bonds	4,440,641	6,213,037
			18,083,859	20,231,648
	Schroder Commodity Portfolio	Real Asset Mutual Funds - Commodities	3,381,365	3,118,506
	GAM U.S. Institutional Diversity Inc.	Multi-Strategy Fund of Hedge Funds	5,094,364	5,862,381
	Grosvenor Institutional Partners	Multi-Strategy Fund of Hedge Funds	4,154,709	5,375,973
	Permal Fixed Income Holdings	Multi-Strategy Fund of Hedge Funds	4,996,916	6,052,366
			14,245,989	17,290,720
	PIMCO All Asset Fund	Global Allocation Funds	14,234,540	13,789,625
	Wellington Opportunistic Investment Allocation	Global Allocation Funds	10,595,025	12,144,393
			24,829,565	25,934,018
	Total Investments (Held at End of the Year)		<u>\$109,176,870</u>	<u>\$132,029,639</u>

* Denotes party-in-interest

Information certified as complete and accurate by JPMorgan Chase Bank, N.A., the Trustee of the Plan.

Mettler Toledo Retirement Plan**EIN:34-1538688; PN:049****Schedule H, Line 4(j)- Schedule Reportable Transactions (Modified Cash Basis)
For the Year Ended December 31, 2014**

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
<u>Series of transactions in excess of 5% of the net plan assets (category (i))</u>							
*JPMorgan	Prime Money Market Fund 16,439,749 units purchased in 2 separate transactions	\$ 16,439,749	\$ —	\$ —	\$16,439,749	\$ 16,439,749	\$ —
<u>Series of transactions in excess of 5% of the net plan assets (category (iii))</u>							
*JPMorgan	Prime Money Market Fund 25,229,596 units purchased in 70 separate transactions	\$ 25,229,596	\$ —	\$ —	\$25,229,596	\$ 25,229,596	\$ —
*JPMorgan	Prime Money Market Fund 23,051,369 units sold in 81 separate transactions	—	23,051,369	—	23,051,369	23,051,369	—
*JPMorgan	Equity Index Trust 16,098 units reinvested in 4 separate transactions	386,037	—	—	386,037	386,037	—
*JPMorgan	Equity Index Trust 119,680 units purchased in 2 separate transactions	2,850,000	—	—	2,850,000	2,850,000	—
*JPMorgan	Equity Index Trust 120,488 units sold in 4 separate transactions	—	2,900,000	—	2,681,421	2,900,000	218,579

* Denotes party-in-interest

Column (e) was excluded as it was not applicable.

There were no reportable category (ii), or (iv) transactions for year ended December 31, 2014.

Information certified as complete and accurate by JPMorgan Chase Bank, N.A., the Trustee of the Plan.

Mettler Toledo Retirement Plan**EIN:34-1538688; PN:049****Schedule H, Line 4(i)- Schedule of Assets (Held at End of Year) (Modified Cash Basis)
As of December 31, 2014**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Fair Value
	Principal Cash	Cash and Cash Equivalents	\$ 9,587,622	\$ 9,587,622
*	JPMorgan Prime Money Market Fund	Cash and Cash Equivalents	2,945,509	2,945,509
			12,533,131	12,533,131
	IronBridge SMID Fund	Equity Mutual Funds - US	6,445,582	7,377,391
*	JPMorgan Equity Index Trust	Equity Mutual Funds - US	14,146,200	21,946,445
	Sanderson International Value Group Trust	Equity Mutual Funds - International	10,373,448	17,729,747
	City of London Investment Management Company Limited	Equity Mutual Funds - Emerging Markets	5,137,731	5,868,033
			36,102,961	52,921,616
	Vanguard Bond Index Fund Inc.	Fixed Income - Core Bonds	13,643,218	14,018,611
	Loomis Sayles New Hampshire Investment Trust	Fixed Income - Core Bonds	4,440,641	6,213,037
			18,083,859	20,231,648
	Schroder Commodity Portfolio	Real Asset Mutual Funds - Commodities	3,381,365	3,118,506
	GAM U.S. Institutional Diversity Inc.	Multi-Strategy Fund of Hedge Funds	5,094,364	5,862,381
	Grosvenor Institutional Partners	Multi-Strategy Fund of Hedge Funds	4,154,709	5,375,973
	Permal Fixed Income Holdings	Multi-Strategy Fund of Hedge Funds	4,996,916	6,052,366
			14,245,989	17,290,720
	PIMCO All Asset Fund	Global Allocation Funds	14,234,540	13,789,625
	Wellington Opportunistic Investment Allocation	Global Allocation Funds	10,595,025	12,144,393
			24,829,565	25,934,018
	Total Investments (Held at End of the Year)		<u>\$109,176,870</u>	<u>\$132,029,639</u>

* Denotes party-in-interest

Information certified as complete and accurate by JPMorgan Chase Bank, N.A., the Trustee of the Plan.

Mettler Toledo Retirement Plan**EIN:34-1538688; PN:049****Schedule H, Line 4(j)- Schedule Reportable Transactions (Modified Cash Basis)
For the Year Ended December 31, 2014**

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
<u>Series of transactions in excess of 5% of the net plan assets (category (i))</u>							
*JPMorgan	Prime Money Market Fund 16,439,749 units purchased in 2 separate transactions	\$ 16,439,749	\$ —	\$ —	\$16,439,749	\$ 16,439,749	\$ —
<u>Series of transactions in excess of 5% of the net plan assets (category (iii))</u>							
*JPMorgan	Prime Money Market Fund 25,229,596 units purchased in 70 separate transactions	\$ 25,229,596	\$ —	\$ —	\$25,229,596	\$ 25,229,596	\$ —
*JPMorgan	Prime Money Market Fund 23,051,369 units sold in 81 separate transactions	—	23,051,369	—	23,051,369	23,051,369	—
*JPMorgan	Equity Index Trust 16,098 units reinvested in 4 separate transactions	386,037	—	—	386,037	386,037	—
*JPMorgan	Equity Index Trust 119,680 units purchased in 2 separate transactions	2,850,000	—	—	2,850,000	2,850,000	—
*JPMorgan	Equity Index Trust 120,488 units sold in 4 separate transactions	—	2,900,000	—	2,681,421	2,900,000	218,579

* Denotes party-in-interest

Column (e) was excluded as it was not applicable.

There were no reportable category (ii), or (iv) transactions for year ended December 31, 2014.

Information certified as complete and accurate by JPMorgan Chase Bank, N.A., the Trustee of the Plan.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>Mettler Toledo Retirement Plan</u>		B Three-digit plan number (PN) ▶ <u>049</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Mettler-Toledo, LLC</u>		D Employer Identification Number (EIN) <u>34-1538688</u>
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>2014</u>			
2 Assets:			
a Market value	2a	<u>118,314,180</u>	
b Actuarial value	2b	<u>112,669,794</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1,111</u>	<u>62,959,399</u>	<u>62,959,399</u>
b For terminated vested participants.....	<u>836</u>	<u>26,072,391</u>	<u>26,072,391</u>
c For active participants.....	<u>608</u>	<u>24,293,320</u>	<u>24,293,320</u>
d Total.....	<u>2,555</u>	<u>113,325,110</u>	<u>113,325,110</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>6.46%</u>	
6 Target normal cost	6	<u>750,112</u>	

Statement by Enrolled Actuary

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

SIGN HERE	<u>Julee Kwiatkowski</u> Signature of actuary	<u>09/30/2015</u> Date
	<u>Julee Kwiatkowski</u> Type or print name of actuary	<u>14-07068</u> Most recent enrollment number
	<u>Aon Consulting, Inc.</u> Firm name	<u>(614) 436-8100</u> Telephone number (including area code)
	<u>445 Hutchinson Ave. Suite 900 Columbus OH 43235</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2014
v. 140124**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,426,856
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	4,426,856
10 Interest on line 9 using prior year's actual return of <u>13.46%</u>		595855
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6886535
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30%</u>		433852
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		7320387
d Portion of (c) to be added to prefunding balance		7320387
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	12343098

Part III Funding Percentages

14 Funding target attainment percentage	14	88.52 %
15 Adjusted funding target attainment percentage	15	88.52 %
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	83.27 %
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
12/29/2014	7,000,000				
12/31/2014	11,000,000				
Totals ▶			18(b)	18,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	16,912,914

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	750,112
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	12,998,414	4,058,834	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	4,808,946
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	4,420,347	4,420,347
36 Additional cash requirement (line 34 minus line 35)		36	388,599
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	16,912,914
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	16,524,315
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	4,420,347
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years.....		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	