

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>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS INC.</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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1953</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1953</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1953</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LIFE TECHNOLOGIES CORPORATION</u> <u>THERMO FISHER SCIENTIFIC INC.</u> <u>81 WYMAN STREET</u> <u>WALTHAM, MA 02451</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0373077</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>781-622-1000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>334500</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0373077</u>	2c Plan Sponsor's telephone number <u>781-622-1000</u>	2d Business code (see instructions) <u>334500</u>	
2b Employer Identification Number (EIN) <u>33-0373077</u>					
2c Plan Sponsor's telephone number <u>781-622-1000</u>					
2d Business code (see instructions) <u>334500</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.	10/15/2015	DAVID A. REIRDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
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 BENEFITS ADMINISTRATION COMMITTEE, LIFE TECHNOLOGIES CORPORATION 5791 VAN ALLEN WAY CARLSBAD, CA 92008		3b Administrator's EIN 33-0373077	
		3c Administrator's telephone number 781-622-1000	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	9261
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)	384
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	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 3H 1I			
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (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 THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS INC.	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LIFE TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 33-0373077
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	645719279	
	b Actuarial value	2b	645719279	
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	4993	408394549	408394549
	b For terminated vested participants	3884	197131786	197131786
	c For active participants	384	24020354	26527811
	d Total	9261	629546689	632054146
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	6.39%	
6	Target normal cost	6	1900000	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	09/24/2015
GEORGE W. HOLLAND	Date
Type or print name of actuary	14-03403
HEWITT ASSOCIATES LLC	Most recent enrollment number
Firm name	781-906-2400
CITYPOINT - 230 THIRD AVENUE WALTHAM, MA 02451-7528	Telephone number (including area code)
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)	31496609	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	10277395	0
9 Amount remaining (line 7 minus line 8)	21219214	0
10 Interest on line 9 using prior year's actual return of <u>12.60</u> %	2673621	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.26</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	23892835	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	98.38 %
15 Adjusted funding target attainment percentage	15	102.16 %
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	98.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ 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 0
22 Weighted average retirement age				22 61
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	1900000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	32226480	8777395	
b Waiver amortization installment			
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	10677395	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	10677395	0	10677395
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under 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 THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIFE TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 33-0373077	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER

13-2834414

(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 17 28	ACTURY/INV MGMT	507779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	CUSTODIAN	135953	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BUCK CONSULTANTS

13-3954297

(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	ACTUARY	8100	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: MARIE LARSON	b EIN: 13-2834414
c Position: ENROLLED ACTUARY	
d Address: 400 W. MARKET STREET #700 LOUISVILLE, KY 40202	e Telephone: 502-561-4500

Explanation: DUE TO THE ACQUISITION OF LIFE TECHNOLOGIES CORPORATION BY THERMO FISHER SCIENTIFIC INC., THE NEW ENROLLED ACTUARY FOR THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS INC. IS GEORGE HOLLAND (EA # 1403403).

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	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>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LIFE TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>33-0373077</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LARGE CAP CORE PASSIVE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE OPPORTUNISTIC FIXED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566615-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-US CORE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US PASSIVE FIXED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566612-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SMALL/MID CAP VALUE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566616-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SMALL/MID CAP GROWTH EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKET EQUITY PORTFOLIO</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>32-6219484-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION FIXED INCOME**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 04-7014330-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION INV GRADE FIXED INCOM**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 26-6700496-016	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION PASSIVE FIXED INCOME**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 45-6178743-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: ACTIVE LONG CORP INV PORTFOLIO FUND**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 45-6178743-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL LOW VOLATILITY PORTFOLIO**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 35-7004395-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPORTUNISTIC FIXED INCOME**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 36-7630030-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV GOVT STIF REGISTERED**b** Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <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>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS INC.</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFE TECHNOLOGIES CORPORATION</u>		D Employer Identification Number (EIN) <u>33-0373077</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	645654109	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	180730	0

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	645834839	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	115560	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	115560	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	645719279	0
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Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		44756329
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		44756329

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	47645506	
(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)		47645506
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)	443088	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	74728	
(4) Other.....	2i(4)	1430792	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1948608
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		49594114

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-4837785
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		640881494

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: MCGLADREY LLP

(2) EIN: 42-0714325

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN	04-2209186	100

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>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFE TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>33-0373077</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</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: 61.0% Investment-Grade Debt: 39.0% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

The Employee Pension Plan of
Applied Biosystems, Inc.

Financial Statements and Supplemental Schedule
Years ended December 31, 2014 and December 31, 2013

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Independent Auditor's Report

To the Participants and Administrator of
The Employee Pension Plan of Applied Biosystems, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Employee Pension Plan of Applied Biosystems, Inc. (the Plan), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years then ended, and 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 accounting principles generally accepted in the United States of America; this includes 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.

Auditor's 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 audit 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 3, which was certified or provided by The Bank of New York Mellon, the current trustee of the Plan and Northern Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees held the Plan's assets and executed transactions. The Plan Administrator has obtained a certification from the current trustee as of and for the year ended December 31, 2014, and from the former trustee as of and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the trustees are 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.

Emphasis of Matter

As discussed in Note 7 to the financial statements, the Pension Committee of Life Technologies Corporation, the Plan's Sponsor, voted on November 28, 2014, to merge the Plan into the Thermo Fisher Scientific Inc. Retirement Plan effective December 31, 2014. All Plan assets were transferred to the control of the Thermo Fisher Scientific Inc. Retirement Plan on December 31, 2014, who assumed legal responsibility for the assets on that date. Our disclaimer of opinion has not been modified with respect to this matter.

Other Matter - Supplemental Schedule

The supplemental schedule, schedule of reportable transactions for the year ended December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With the Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustees, 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.

The image shows a handwritten signature in cursive script that reads "McGladrey LLP".

Stamford, Connecticut
October 14, 2015

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013**

	<u>2014</u>	<u>2013</u>
Assets:		
Investments at fair value (Notes 3 and 4).....	\$ -	\$ 645,834,839
Liabilities:		
Accrued expenses.....	-	(115,560)
Net assets available for benefits	<u>\$ -</u>	<u>\$ 645,719,279</u>

See Accompanying Notes to Financial Statements.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013**

	<u>2014</u>	<u>2013</u>
Additions:		
Investment income (Note 3)		
Net appreciation in fair value of investments.....	\$ 44,721,291	\$ 75,211,983
Interest and dividend income	35,038	126
Total investment income	<u>44,756,329</u>	<u>75,212,109</u>
Miscellaneous income.....	<u>-</u>	<u>6,500</u>
Total additions	<u>44,756,329</u>	<u>75,218,609</u>
Deductions:		
Distributions paid to plan participants.....	(47,645,506)	(44,843,056)
Trustee and professional fees	<u>(1,948,608)</u>	<u>(1,874,146)</u>
Total deductions	<u>(49,594,114)</u>	<u>(46,717,202)</u>
Net (decrease) increase before Plan Transfer	(4,837,785)	28,501,407
Transfer to Thermo Fisher Scientific Inc. Retirement Plan (Note 7)	(640,881,494)	-
Net assets available for benefits:		
Beginning of year.....	645,719,279	617,217,872
End of year	\$ <u><u>-</u></u>	\$ <u><u>645,719,279</u></u>

See Accompanying Notes to Financial Statements.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2014 AND 2013**

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments.....	\$ 453,574,990	\$ 406,840,139
Other participants	<u>284,822,417</u>	<u>186,483,113</u>
Total vested benefits	<u>738,397,407</u>	<u>593,323,252</u>
Non-vested benefits	<u>2,668,830</u>	<u>2,388,431</u>
Total actuarial present value of accumulated plan benefits, prior to transfer	<u>\$ 741,066,237</u>	<u>\$ 595,711,683</u>

See Accompanying Notes to Financial Statements.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEARS ENDED DECEMBER 31, 2014 AND 2013**

	2014	2013
Actuarial present value of accumulated plan benefits at beginning of year	\$ 595,711,683	\$ 596,374,316
Increase (decrease) during the year related to:		
Increase due to decrease in the discount period	42,883,632	43,046,459
Benefits accumulated gains.....	10,379,015	(26,091,095)
Increase due to change in actuarial assumptions and plan provisions.....	138,415,704	5,329,672
Change in variable annuity unit value.....	1,321,709	21,895,387
Benefits paid	(47,645,506)	(44,843,056)
Transfer to Thermo Fisher Scientific Inc. Retirement Plan	(741,066,237)	-
Net decrease during the year	(595,711,683)	(662,633)
Actuarial present value of accumulated plan benefits at end of year	\$ -	\$ 595,711,683

See Accompanying Notes to Financial Statements.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

1. Description of the Plan

General

The following description of The Employee Pension Plan of Applied Biosystems, Inc. (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. On November 21, 2008, Applied Biosystems, Inc. merged with Invitrogen Corporation to form Life Technologies Corporation. On February 3, 2014 Life Technologies Corporation was acquired by Thermo Fisher Scientific Inc. (the “Plan Sponsor” or “Plan Administrator”). Effective December 31, 2014, the Plan merged into the Thermo Fisher Scientific Inc. Retirement Plan (the “Thermo Fisher Plan”) and all of the Plan’s assets and accumulated plan benefits were transferred to the Thermo Fisher Plan (the “Plan Merger”).

The Plan was a defined benefit plan established by Applied Biosystems, Inc. and its subsidiaries (the “Company”) and was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Northern Trust Company (“Northern Trust” or “Former Trustee”) was the trustee of the Plan for 2013 and The Bank of New York Mellon (“BNY Mellon” or “Current Trustee”) was the trustee of the Plan for 2014. Mercer was the Plan record keeper. Aon Hewitt and Mercer were the Plan actuaries for 2014 and 2013, respectively. Benefit accruals under the Plan were frozen effective as of July 1, 2004.

Participation

Prior to July 1, 1999, employees of the Company became participants in the Plan as of their first day of employment, except for employees of PerSeptive Biosystems, Inc., the Celera group, and Molecular Informatics, Inc. Employees of PerSeptive Biosystems, Inc. and the Celera group who participated in the Plan prior to their employment with those entities also participate in the Plan. Employees of the Company hired after June 30, 1999 were not eligible to participate in the Plan.

Retirement Benefits

Benefits were calculated under the terms of the Plan document, a brief description of which is provided below. The Plan was amended in June 1999 to freeze benefit accruals as of July 1, 2004. Any benefits earned from October 1, 1995, through June 30, 2004, were paid entirely under a fixed benefit final average salary formula. For benefits accrued prior to October 1, 1995, participants had the option to have benefits paid entirely under a fixed benefit formula or under fixed and variable benefit formulas with the variable portion being based on investment fund performance and mortality.

The annual retirement benefit was equal to the sum of the benefits accrued through September 30, 1995, under prior formulas (see below) plus the benefits calculated under the following method with respect to each year of service completed from October 1, 1995, through June 30, 2004:

Fixed Benefit – The fixed benefit accrual for service from October 1, 1995 was equal to 1.4% of the three-year Final Average Salary (“FAS”) plus 0.5% of FAS in excess of covered compensation (35-year average of social security taxable wage base), multiplied by years of service from October 1, 1995. If a participant had over 35 years of vesting service, the benefit accrual was equal to 1.7% of FAS times years of service in excess of 35 years.

Participants awarded Incentive Compensation Income (“ICI”) received an additional benefit of 1.5% of the three-year average of ICI payments times years of service from July 1, 1995.

For retirement benefits earned between August 1, 1989 and October 1, 1995, the benefit accrual was 1.4% of annual compensation plus 0.5% of annual compensation in excess of covered compensation. For retirement benefits earned prior to August 1, 1989, the benefit accrual was 1.25% of annual compensation plus 0.75% of annual compensation in excess of the Federal Social Security Integration Base.

Fixed and Variable Annuity Benefit – Effective October 1, 1995, the variable annuity option election was no longer available and variable annuity benefit accruals were frozen.

Participants who previously elected the variable annuity option received or will receive one-half of their benefits based on the pre-October 1, 1995 fixed benefit accruals described above, plus one-half of their benefits expressed in variable annuity units, attributable to the period during which they elected to participate in the variable benefit. At retirement, the accumulated variable annuity units are converted to a monthly annuity based on the variable annuity unit value at that time. Each year thereafter, the variable annuity portion of the retiree’s benefit is adjusted to reflect changes in the variable annuity unit value.

Effective July 1, 2008, the Plan was amended to include a minimum benefit that a Participant in the variable annuity would receive. If in any Plan Year, the value of a Participant’s variable annuity pension decreases to a level that is lower than the

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

benefit the Participant would have received had the Participant not elected the variable annuity and instead elected the fixed benefit, then for that Plan Year, the Participant would have received the value of the fixed benefit.

The Plan provided for the payment of lesser benefits if an employee elected early retirement. Employees were eligible for early retirement after attaining age 55 with five years of continuous service. Participants who continued active employment with the Company beyond their normal retirement date were eligible for deferred retirement benefits. The deferred retirement benefit included an actuarial increase to account for the deferral of receipt beyond normal retirement date.

A participant was eligible for disability retirement benefits if the participant was totally and permanently disabled so as to be unable, thereby, to engage in any employment for which the employee was or could become qualified by training, education or experience. The disability benefit is an immediate benefit equal to the accrued retirement benefit reduced for early retirement for the months between ages 55 and 65, and further reduced on an actuarial basis for the period in excess of 120 months by which the disability benefit commencement precedes normal retirement. Prior to June 30, 2004, in lieu of an immediate benefit, participants, at their option, could elect to continue to accrue future benefits under the Plan based on their salary at the date of disability up to their normal retirement date, at which time they would be entitled to receive the then accrued normal retirement benefit. However, all accruals ceased as of June 30, 2004, and any accrued benefits were frozen as of that date.

Contributions and Actuarial Method

Since August 1, 1984, all contributions to the Plan have been made entirely by the Company. Prior to that date, employees were allowed to contribute to the Plan. Active employees' accumulated contributions to the fixed dollar benefit fund totaled \$53,095 at December 31, 2014, and \$50,566 at December 31, 2013, including interest credited at an annual rate of 120% of the Federal Mid Term Rate in effect at the beginning of the plan year. The value of active employees' accumulated contributions in the variable annuity fund totaled \$101,791 and \$97,984 at December 31, 2014 and 2013, respectively.

The Company contributed to the Plan an amount sufficient to provide for the expected costs of retirement benefits as determined by an independent actuary. The Company was not required to make any contributions to the Plan for the fiscal years ended December 31, 2014 and December 31, 2013.

Contributions to the plan were determined according to the Pension Protection Act of 2006. A funding target for minimum funding calculations was computed using the traditional unit credit method of funding. The objective under this method was to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement was broken down into units, each associated with a year of past or future credited service.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service which employees have rendered to the Company through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits as of the Plan's fiscal year end are based on employee census data as of the last day of the Plan fiscal year. Benefits payable upon retirement, death, disability or withdrawal are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The assumptions used to determine the actuarial present values of accumulated plan benefits were as follows:

- a. **Interest** is at the assumed rate of 4.00% for the fixed benefit fund and variable annuity fund, compounded annually, for the year ending December 31, 2014, and 7.50% for the fixed benefit fund and the variable annuity fund, compounded annually, for the year ended December 31, 2013.
- b. **Normal retirement age** for participants is age 65.
- c. **Rate of mortality** is based on the RP-2014 generational mortality table for 2014 and the RP-2000 generational mortality table for 2013.
- d. **Rate of withdrawal** will vary with attained age and service.
- e. **Employees in the determination of plan costs** includes all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- f. **Valuation of Plan assets** is as described in Note 2.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

The foregoing actuarial assumptions are based on the presumption that the Plan would continue. Effective December 31, 2014, the Plan was merged into the Thermo Fisher Plan, but there were no changes in the Plan provisions from December 31, 2014 prior to or as a result of the merger.

Vesting

A participant who completed 5 years of continuous service was fully vested and was eligible for a vested benefit payable at age 65. The vested benefit at age 65 was equal to the participant's accrued benefit at the date of termination of employment or earned through June 30, 2004, whichever is earlier. A terminated vested participant could have elected to have monthly benefits commence on the first day of any month following attainment of age 55. The vested retirement benefit for a participant electing early commencement of benefits will be reduced to reflect a longer anticipated payment period. At any time prior to benefit commencement, participants could have elected to withdraw their own accumulated contributions from the Plan (the Plan was contributory until July 31, 1984). If actively employed by the Company, a participant could have later repurchased the benefits previously withdrawn if the employee remained eligible for plan participation and fulfilled certain other time requirements.

2. Summary of Significant Accounting Policies

Basis of Accounting

In accordance with accounting and disclosure guidance for Employee Benefit Plans published by the American Institute of Certified Public Accountants, the accompanying financial statements have been prepared on the accrual basis of accounting other than for benefit obligations. Accordingly, the benefit obligation for withdrawal requests and terminations processed but not paid as of the Plan year end would not be reflected as a deduction in the Statements of Changes in Net Assets Available for Benefits or as a liability in the Statements of Net Assets Available for Benefits. There were no such obligations at December 31, 2014 or 2013.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments year bought and sold as well as held during the year.

Administrative Expenses

Investment advisory and administrative expenses were paid by the Plan. Certain other administrative fees were paid by the Company.

Use of Estimates

The preparation of financial statements and related disclosures in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The Plan used an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Risks and Uncertainties

The Plan invested in common/collective trusts and other investment securities. These investments are exposed to various risks, such as interest rate, credit and overall market volatility risks. Additionally, the actuarial present value of accumulated plan benefits was calculated based on certain assumptions pertaining to interest and mortality rates, inflation rates, and employee demographics, each of which is subject to change. Due to the level of risk associated with some investment securities and uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the value of some investments and these estimates and assumptions will occur in the near term and that such changes could materially affect amounts reported in the financial statements.

Income taxes

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2011.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS**

3. Information Certified and Provided by The Bank of New York Mellon and Northern Trust Company

The following is a summary of the investment information as of and for the years ended December 31, 2014 and 2013, included throughout the Plan's financial statements and supplemental schedule, which was prepared by or derived from information provided by the Current Trustee, The Bank of New York Mellon, and the Former Trustee, Northern Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Current and Former Trustees that information provided to the Plan Administrator by the Current and Former Trustees related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following investments:

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
Investments (at fair value):		
Common collective trusts	\$ -	\$ 645,654,109
Other	-	180,730
Total Investments.....	<u>\$ -</u>	<u>\$ 645,834,839</u>

The Current and Former Trustees also certified to the completeness and accuracy of \$44,721,291 and \$75,211,983 of net appreciation in fair value of investments and \$35,038 and \$126 of dividend and interest income related to the aforementioned assets for the years ended December 31, 2014 and 2013, respectively.

4. Fair Value Measurements

The FASB Codification, Topic 820, *Fair Value Measurements and Disclosures* defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. This topic also emphasizes that fair value is a market-based measurement under three categories which are as follows:

- Level 1** Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2** Quoted prices for similar assets and liabilities in active markets, quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the asset or liability;
- Level 3** Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e., supported by little or no market activity).

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Common/collective trusts: Valued at net asset value as reported by the investment manager. The net asset value is based on the fair value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding.

Other: Investment in a liquidating trust is valued based on information reported by the investment advisor.

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2013.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Common / Collective Trusts				
MGI Global Low Volatility Portfolio Fund	\$ -	\$ 158,769,284	\$ -	\$ 158,769,284 *
MGI Non-US Core Equity Fund	-	99,602,589	-	99,602,589 *
MGI US Core Opportunistic Fixed Income Fund	-	99,155,461	-	99,155,461 *
MGI US Large Cap Passive Equity Fund	-	92,628,879	-	92,628,879 *
MGI Active Long Corporate Investments Portfolio Fund	-	49,218,690	-	49,218,690 *
MGI US Passive Fixed Income Fund	-	44,790,854	-	44,790,854 *
MGI Emerging Markets Equity Portfolio	-	19,854,930	-	19,854,930
MGI Long Duration Investment Grade Fixed Income Portfolio Fund	-	16,734,140	-	16,734,140
MGI Long Duration Fixed Income Portfolio Fund	-	14,023,040	-	14,023,040
MGI Long Duration Passive Fixed Income Portfolio	-	13,898,551	-	13,898,551
MGI US Small / Mid Cap Growth Equity Fund	-	13,303,602	-	13,303,602
MGI US Small / Mid Cap Value Equity Fund	-	13,017,300	-	13,017,300
MGI Opportunistic Fixed Income Portfolio	-	5,850,325	-	5,850,325
NTGI Coltv Govt Stif Registered	-	4,806,464	-	4,806,464
Other				
Cambridge Industries, Inc. Liquidating Trust	-	-	180,730	180,730
Total assets at fair value	\$ -	\$ 645,654,109	\$ 180,730	\$ 645,834,839

*Investment represents more than 5% of Plan Assets

The following table set forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2013:

Investment	Unfunded 2013	Redemption Commitment	Redemption	
			Notice Frequency	Period
(a) MGI Global Low Volatility Equity Portfolio Fund	\$ 158,769,284	\$ -	Daily	None
(b) MGI Non-US Core Equity Fund	99,602,589	-	Daily	None
(c) MGI US Core Opportunistic Fixed Income Fund	99,155,461	-	Daily	None
(d) MGI US Large Cap Passive Equity Fund	92,628,879	-	Daily	None
(e) MGI Active Long Corporate Investments Portfolio Fund	49,218,690	-	Daily	None
(f) MGI US Passive Fixed Income Fund	44,790,854	-	Daily	None
(g) MGI Emerging Markets Equity Portfolio	19,854,930	-	Daily	None
(h) MGI Long Duration Investment Grade Fixed Income Portfolio Fund	16,734,140	-	Daily	None
(i) MGI Long Duration Fixed Income Portfolio Fund	14,023,040	-	Daily	None
(j) MGI Long Duration Passive Fixed Income Portfolio	13,898,551	-	Daily	None
(k) MGI US Small / Mid Cap Growth Equity Fund	13,303,602	-	Daily	None
(l) MGI US Small / Mid Cap Value Equity Fund	13,017,300	-	Daily	None
(m) MGI Opportunistic Fixed Income Portfolio	5,850,325	-	Daily	None

- (a) The Fund invests principally in equity securities of U.S. and foreign issuers, of large, medium and small capitalization companies to provide long-term total return, which includes capital appreciation and income.
- (b) The Fund invests in equity securities of companies from the world's developed and emerging capital markets, excluding the United States. The Fund's investments in equity securities may include dividend-paying securities, common and preferred stock of companies of any size as well as American, European, and Global Depository Receipts.
- (c) The Fund invests in U.S. dollar-denominated, investment grade bonds, including government securities, corporate bonds, and mortgage and asset-backed securities, among others. The Fund also may invest a significant portion of its assets in any combination of non-investment grade bonds, non-U.S. dollar denominated bonds, and bonds issued by issuers in emerging capital markets.
- (d) The Fund invests primarily in common stocks of large U.S. and multinational companies that offer the potential for long-term capital appreciation and appear to be undervalued based on the stocks' intrinsic values relative to their current market prices.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

- (e) The Fund invests primarily in debt obligations majorly focusing on corporate debt. Other investments include municipal obligations and U.S. Government and Agency Obligations.
- (f) The Fund invests primarily in U.S. dollar-denominated investment grade bonds, including government securities, corporate bonds, and mortgage and asset backed securities, among others. The Fund's duration will typically fall between one and three years. Duration measures the potential price sensitivity of a bond with respect to change in interest rates.
- (g) The Fund invests primarily in equity securities (such as dividend-paying securities, common stock and preferred stock) of companies that are located in emerging markets, other investments that are tied economically to emerging markets, as well as in American, European and Global Depositary Receipts.
- (h) The investment objective is to approximate as closely as practical, before expense, the performance of the Barclays Capital U.S. Long Credit Bond Index and the Barclays Capital U.S. Long Treasury Bond Index over the long term. Underlying funds attempt to invest in the securities comprising the Index or in the same proportions as they are represented in the Index.
- (i) The Fund invests in debt obligations primarily in corporate debt and U.S. Government and Agency Obligations. Other debt obligations include municipal obligations.
- (j) The investment objective is to approximate as closely as practical, before expense, the performance of the Barclays Capital U.S. Long Credit Bond Index and the Barclays Capital U.S. Long Government Bond Index over the long term. Underlying funds attempt to invest in the securities comprising the Index or in the same proportions as they are represented in the Index.
- (k) The Fund invests in a diversified portfolio of small and medium sized U.S. companies that a subadvisor believes possess superior potential for long-term capital appreciation.
- (l) The Fund invests primarily in common stocks of small and medium-sized U.S. companies that offer the potential for long-term capital appreciation and that appear to be undervalued at the time of purchase based on the stocks' intrinsic values relative to their current market prices.
- (m) The Fund invests principally in investment grade fixed income securities, including government securities and corporate bonds. The Fund may also invest in non-investment grade bonds, non-U.S. dollar denominated bonds, bonds issued by issuers located in emerging capital markets, and certain derivative instruments. The investment objective of the Fund is to provide total return, consisting of both current income and capital appreciation.

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated September 4, 2013, stating that the Plan was qualified under section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust was exempt from taxation. The Plan was required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, was qualified and the related trust was tax-exempt.

6. Plan Termination

In the event of Plan termination, participants would become 100% vested.

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

- a. To provide for the refund of accumulated employee contributions to the participants.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS**

- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”), a U.S. governmental agency, subject to the applicable limitations as discussed below.
- d. All other vested benefits not insured by the PBGC
- e. All non-vested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminated. Generally, the PBGC guarantees most vested normal age 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 protections is subjected to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling on an individual’s monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2014 and 2013, that ceiling, which is adjusted periodically, was \$4,943 and \$4,790, respectively, per month. That ceiling applies to those pensioners who elected to receive their benefits in the form of a straight-life annuity; the corresponding ceilings are actuarially adjusted downward.

The Plan has merged effective December 31, 2014 with the Thermo Fisher Plan. Whether all participants receive their benefits should the Thermo Fisher Plan terminate at some future time will depend on the sufficiency, at that time, of the Thermo Fisher Plan’s net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

7. Plan Merger

As the result of the February 2014 acquisition of the Plan Sponsor by Thermo Fisher Scientific, Inc., the Pension Committees of Life Technologies Corporation and Thermo Fisher Scientific, Inc. voted on November 28, 2014, to merge the Plan into the Thermo Fisher Scientific Inc. Retirement Plan effective December 31, 2014. The Thermo Fisher Scientific, Inc. Retirement Plan assumed control and legal responsibility for the Plan’s assets effective December 31, 2014, the date of the merger. Plan assets totaling \$640,881,494 were physically transferred to the Thermo Fisher Scientific Inc. Retirement Plan on January 2, 2015. The merger does not impact Plan participant benefits, as the benefits were incorporated into the Thermo Fisher Scientific Inc. Retirement Plan.

8. Party-in-Interest Transactions

Some Plan investments were assets managed by The Bank of New York Mellon and Northern Trust, the Current and Former Trustees as defined by the Plan and, therefore, these transactions qualify as part-in-interest transactions. Also, certain Plan investments were interests in common collective trusts managed by Aon Hewitt Group, an affiliate of Aon Hewitt, the actuary of the Plan. Transactions in these investments also qualify as party-in-interest transactions. In addition, some Plan investments were assets managed by Mercer Global Investments, Inc. (MGI), an affiliate of Mercer, the Plan record keeper and 2013 Plan actuary. These transactions also qualify as party-in-interest transactions.

Fees paid by the Plan to Northern Trust, The Bank of New York Mellon, Aon Hewitt and Mercer for the years ended December 31, 2014 and 2013 were not material to the Plan. As discussed in Note 2, the Company has paid certain administrative expenses on behalf of the Plan.

9. Subsequent Events

The Plan has evaluated events through October 14, 2015, the date the financial statements were available to be issued.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
Supplemental Schedule
Schedule of Reportable Transactions for the Year Ended December 31, 2014

Identity of Party Involved			Purchase Price	Selling Price	Cost of Asset	Value of Asset on Transaction Date	Net Gain/(Loss)
Security Description / Asset ID							
Single Transactions in Excess of 5%							
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$	1.00	\$ -	\$ 59,737,435	\$ 59,737,435	\$ -
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$	1.00	\$ -	\$ 109,000,442	\$ 109,000,442	\$ -
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$	-	\$ 1.00	\$ 74,681,267	\$ 74,681,267	\$ -
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$	-	\$ 1.00	\$ 124,091,269	\$ 124,091,269	\$ -
BNY Mellon	State Street S&P 500 Index Fund	\$	36.16	\$ -	\$ 70,977,573	\$ 70,977,573	\$ -
BNY Mellon	State Street US Bond Index Fund	\$	13.04	\$ -	\$ 41,511,790	\$ 41,511,790	\$ -
BNY Mellon	State Street US Bond Index Fund	\$	-	\$ 13.01	\$ 41,511,790	\$ 41,413,112	\$ (98,678)
BNY Mellon	Mercer Active Long Corporate Investment *	\$	-	\$ 13.73	\$ 49,135,921	\$ 54,737,273	\$ 5,601,351
BNY Mellon	Mercer Core Fixed Income *	\$	-	\$ 15.52	\$ 56,839,115	\$ 88,576,523	\$ 31,737,408
BNY Mellon	Mercer Non-US Core Equity *	\$	-	\$ 14.32	\$ 55,925,901	\$ 70,681,498	\$ 14,755,597
BNY Mellon	Mercer Global Low Volatility Equity *	\$	-	\$ 13.21	\$ 63,203,240	\$ 74,947,469	\$ 11,744,229
BNY Mellon	Mercer Global Low Volatility Equity *	\$	-	\$ 12.93	\$ 63,683,508	\$ 73,916,316	\$ 10,232,808
BNY Mellon	Mercer US Large Cap Core Passive Equity *	\$	-	\$ 19.58	\$ 49,082,550	\$ 70,977,573	\$ 21,895,023
BNY Mellon	Mercer Core Passive Fixed Income *	\$	-	\$ 15.65	\$ 28,867,108	\$ 41,511,790	\$ 12,644,682
BNY Mellon	Common Collective Trust (Transfer of Assets to Thermo Fisher Retirement Plan)	\$	633,980,685	\$ 640,881,494	\$ 633,980,685	\$ 640,881,494	\$ 6,900,808

*Represents a party-in-interest as defined by ERISA.

The above information has been certified (or derived from such information) as complete and accurate by The Bank of New York Mellon, Plan Trustee.

EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
Supplemental Schedule
Schedule of Reportable Transactions for the Year Ended December 31, 2014

Identity of Party Involved	Security Description / Asset ID		Purchase Price		Selling Price		Cost of Asset	Value of Asset on Transaction Date	Net Gain/(Loss)
Series of Transactions in Excess of 5%									
BNY Mellon	BNY Mellon Cash Reserve *	Total dispositions	\$	-	\$	40,262,323	\$	40,262,323	\$ -
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	Total acquisitions	\$	268,931,683	\$	-	\$	268,931,683	\$ -
		Total dispositions	\$	-	\$	243,684,428	\$	243,684,428	\$ -
BNY Mellon	State Street S&P 500 Index Fund	Total acquisitions	\$	91,160,412	\$	-	\$	91,160,412	\$ -
BNY Mellon	State Street US Bond Index Fund	Total dispositions	\$	-	\$	46,819,509	\$	46,819,509	\$ (111,561)
BNY Mellon	Mercer Active Long Corporate Investment *	Total dispositions	\$	-	\$	57,481,316	\$	57,481,316	\$ 5,854,104
BNY Mellon	Mercer Core Fixed Income *	Total dispositions	\$	-	\$	104,695,954	\$	104,695,954	\$ 34,394,153
BNY Mellon	Mercer Non-US Core Equity *	Total dispositions	\$	-	\$	95,260,617	\$	95,260,617	\$ 22,214,238
BNY Mellon	Mercer Global Low Volatility Equity *	Total dispositions	\$	-	\$	165,212,224	\$	165,212,224	\$ 24,280,765
BNY Mellon	Mercer US Large Cap Core Passive Equity *	Total dispositions	\$	-	\$	100,620,852	\$	100,620,852	\$ 39,539,865
BNY Mellon	Mercer Core Passive Fixed Income *	Total dispositions	\$	-	\$	47,515,649	\$	47,515,649	\$ 13,028,272
BNY Mellon	DFA Emerging Markets Value	Total dispositions	\$	-	\$	18,449,003	\$	18,449,003	\$ 413,781
BNY Mellon	Long US Credit Fund	Total dispositions	\$	-	\$	17,456,190	\$	17,456,190	\$ (29,780)

*Represents a party-in-interest as defined by ERISA.

The above information has been certified (or derived from such information) as complete and accurate by The Bank of New York Mellon, Plan Trustee.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2014**

The Employee Pension Plan of Applied Biosystems Inc.

EIN: 33-0373077 PN: 001

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					1					
35-39				7	9					
40-44				14	41	2				
45-49				8	54	16	5			
50-54				9	39	22	15	4		
55-59				3	30	20	31	5	1	
60-64				1	16	5	10	2	2	1
65-69				1	3	2	3			
70+					1		1			

N-384

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

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

Valuation Date January 1, 2014.

Interest rates for minimum funding purposes Based on segment rates with no lookback (as of January 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under the Highway and Transportation Funding Act of 2014 (HATFA).

1st Segment Rate	4.99%.
2nd Segment Rate	6.32%.
3rd Segment Rate	6.99%.

Mortality Rates 2014 static mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(d). These tables are based on RP-2000 mortality table projected with Scale AA for 7 years for annuitants and 15 years for nonannuitants.

Retirement Rates

Age	Rate
55	0.15
56	0.05
57	0.05
58	0.05
59	0.05
60	0.20
61	0.10
62	0.20
63	0.20
64	0.20
65	0.75
66	0.25
67	0.25
68	0.25
69	0.25
70+	1.00

Age 63 assumed for terminated vested participants.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

Withdrawal Rates

Sample rates are as follows:

Age	Rate	Age	Rate
20	0.208	45	0.049
25	0.144	50	0.045
30	0.098	55	0.035
35	0.070	60	0.027
40	0.055	65	0.020

Disability Rates

None.

Marital Status

Marital status based on actual data. Females assumed to be 2 years younger than males.

Form of Payment

Single Life Annuity	35%
50% Joint and Survivor Annuity	35%
75% Joint and Survivor Annuity	30%

Valuation of Assets

Fair market value of assets.

Expected Return on Assets

N/A

Trust Expenses Included in Target Normal Cost

Based on prior year administrative expenses paid from the trust, adjusted for any significant expected changes.

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Actuarial Method

Standard unit credit cost method

Variable Annuity Benefit

Variable annuity benefits are projected based on actual investment return through measurement date and assumed future investment returns equal to assumed interest rate.

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="font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
--	--	---

Part I Annual Report Identification Information		
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
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 THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS INC.	1b Three-digit plan number (PN)	001
	1c Effective date of plan 08/01/1953	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) LIFE TECHNOLOGIES CORPORATION THERMO FISHER SCIENTIFIC INC. 81 WYMAN STREET WALTHAM MA 02451	2b Employer Identification Number (EIN) 33-0373077 2c Plan Sponsor's telephone number 781-622-1000 2d Business code (see instructions) 334500	

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		10/14/11	DAVID A. REIRDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
Supplemental Schedule
Schedule of Reportable Transactions for the Year Ended December 31, 2014

Identity of Party Involved			Purchase Price	Selling Price	Cost of Asset	Value of Asset on Transaction Date	Net Gain/(Loss)
Security Description / Asset ID							
Single Transactions in Excess of 5%							
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$	1.00	\$ -	\$ 59,737,435	\$ 59,737,435	\$ -
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$	1.00	\$ -	\$ 109,000,442	\$ 109,000,442	\$ -
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$	-	\$ 1.00	\$ 74,681,267	\$ 74,681,267	\$ -
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$	-	\$ 1.00	\$ 124,091,269	\$ 124,091,269	\$ -
BNY Mellon	State Street S&P 500 Index Fund	\$	36.16	\$ -	\$ 70,977,573	\$ 70,977,573	\$ -
BNY Mellon	State Street US Bond Index Fund	\$	13.04	\$ -	\$ 41,511,790	\$ 41,511,790	\$ -
BNY Mellon	State Street US Bond Index Fund	\$	-	\$ 13.01	\$ 41,511,790	\$ 41,413,112	\$ (98,678)
BNY Mellon	Mercer Active Long Corporate Investment *	\$	-	\$ 13.73	\$ 49,135,921	\$ 54,737,273	\$ 5,601,351
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BNY Mellon	Mercer Non-US Core Equity *	\$	-	\$ 14.32	\$ 55,925,901	\$ 70,681,498	\$ 14,755,597
BNY Mellon	Mercer Global Low Volatility Equity *	\$	-	\$ 13.21	\$ 63,203,240	\$ 74,947,469	\$ 11,744,229
BNY Mellon	Mercer Global Low Volatility Equity *	\$	-	\$ 12.93	\$ 63,683,508	\$ 73,916,316	\$ 10,232,808
BNY Mellon	Mercer US Large Cap Core Passive Equity *	\$	-	\$ 19.58	\$ 49,082,550	\$ 70,977,573	\$ 21,895,023
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BNY Mellon	Common Collective Trust (Transfer of Assets to Thermo Fisher Retirement Plan)	\$	633,980,685	\$ 640,881,494	\$ 633,980,685	\$ 640,881,494	\$ 6,900,808

*Represents a party-in-interest as defined by ERISA.

The above information has been certified (or derived from such information) as complete and accurate by The Bank of New York Mellon, Plan Trustee.

EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
Supplemental Schedule
Schedule of Reportable Transactions for the Year Ended December 31, 2014

Identity of Party Involved	Security Description / Asset ID		Purchase Price	Selling Price	Cost of Asset	Value of Asset on Transaction Date	Net Gain/(Loss)
Series of Transactions in Excess of 5%							
BNY Mellon	BNY Mellon Cash Reserve *	Total dispositions	\$ -	\$ 40,262,323	\$ 40,262,323	\$ 40,262,323	\$ -
BNY Mellon	Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	Total acquisitions	\$ 268,931,683	\$ -	\$ 268,931,683	\$ 268,931,683	\$ -
		Total dispositions	\$ -	\$ 243,684,428	\$ 243,684,428	\$ 243,684,428	\$ -
BNY Mellon	State Street S&P 500 Index Fund	Total acquisitions	\$ 91,160,412	\$ -	\$ 91,160,412	\$ 91,160,412	\$ -
BNY Mellon	State Street US Bond Index Fund	Total dispositions	\$ -	\$ 46,819,509	\$ 46,931,070	\$ 46,819,509	\$ (111,561)
BNY Mellon	Mercer Active Long Corporate Investment *	Total dispositions	\$ -	\$ 57,481,316	\$ 51,627,211	\$ 57,481,316	\$ 5,854,104
BNY Mellon	Mercer Core Fixed Income *	Total dispositions	\$ -	\$ 104,695,954	\$ 70,301,801	\$ 104,695,954	\$ 34,394,153
BNY Mellon	Mercer Non-US Core Equity *	Total dispositions	\$ -	\$ 95,260,617	\$ 73,046,379	\$ 95,260,617	\$ 22,214,238
BNY Mellon	Mercer Global Low Volatility Equity *	Total dispositions	\$ -	\$ 165,212,224	\$ 140,931,460	\$ 165,212,224	\$ 24,280,765
BNY Mellon	Mercer US Large Cap Core Passive Equity *	Total dispositions	\$ -	\$ 100,620,852	\$ 61,080,987	\$ 100,620,852	\$ 39,539,865
BNY Mellon	Mercer Core Passive Fixed Income *	Total dispositions	\$ -	\$ 47,515,649	\$ 34,487,378	\$ 47,515,649	\$ 13,028,272
BNY Mellon	DFA Emerging Markets Value	Total dispositions	\$ -	\$ 18,449,003	\$ 18,035,222	\$ 18,449,003	\$ 413,781
BNY Mellon	Long US Credit Fund	Total dispositions	\$ -	\$ 17,456,190	\$ 17,485,970	\$ 17,456,190	\$ (29,780)

*Represents a party-in-interest as defined by ERISA.

The above information has been certified (or derived from such information) as complete and accurate by The Bank of New York Mellon, Plan Trustee.

**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 planThe Employee Pension Plan of Applied Biosystems Inc.**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SFLife Technologies Corporation**B** Three-digit
plan number (PN) ▶001**D** Employer Identification Number (EIN)33-0373077**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 1 Day 1 Year 2014**2** Assets:**a** Market value**2a**645,719,279**b** Actuarial value**2b**645,719,279**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 payment4,993408,394,549408,394,549**b** For terminated vested participants3,884197,131,786197,131,786**c** For active participants38424,020,35426,527,811**d** Total9,261629,546,689632,054,146**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**6.39%**6** Target normal cost**6**1,900,000**Statement by Enrolled Actuary**

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

**SIGN
HERE**George W. Holland

Signature of actuary

9/24/2015

Date

George W. Holland

Type or print name of actuary

14-03403

Most recent enrollment number

Hewitt Associates LLC

Firm name

(781) 906-2400

Telephone number (including area code)

Citypoint - 230 Third AvenueWalthamMA 02451-7528

Address of the firm

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

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

Schedule SB (Form 5500) 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)	31,496,609	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	10,277,395	0
9 Amount remaining (line 7 minus line 8)	21,219,214	0
10 Interest on line 9 using prior year's actual return of <u>12.60%</u>	2673621	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.2%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	23,892,835	0

Part III Funding Percentages

14 Funding target attainment percentage	14	98.38 %
15 Adjusted funding target attainment percentage	15	102.16 %
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	98.70 %
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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
0					

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ 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**

0

22 Weighted average retirement age**22**

61

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**

1,900,000

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

32,226,480

8,777,395

b Waiver amortization installment**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**

10,677,395

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

10,677,395

0

10,677,395

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

0

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

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

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

0

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

0

Part IX Pension Funding Relief Under 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 SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
55	15%	1.0000	8.25
56	5%	0.8500	2.38
57	5%	0.8075	2.30
58	5%	0.7671	2.22
59	5%	0.7288	2.15
60	20%	0.6923	8.31
61	10%	0.5539	3.38
62	20%	0.4985	6.18
63	20%	0.3988	5.02
64	20%	0.3190	4.08
65	75%	0.2552	12.44
66	25%	0.0638	1.05
67	25%	0.0479	0.80
68	25%	0.0359	0.61
69	25%	0.0269	0.46
70	100%	0.0202	1.41
Weighted Average			61.07

September 15, 2015

Private and Confidential

Ms. Marie B. Larsen
Mercer
400 W. Market Street, #700
Louisville, KY 40202

Subject: Notice to Terminated Enrolled Actuary - The Employee Pension Plan of Applied Biosystems Inc.

Dear Marie,

I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2014 Form 5500, Annual Return/Report of Employee Benefit Plan, for The Employee Pension Plan of Applied Biosystems Inc. This Form 5500 is identified in line 2b by the nine-digit EIN 33-0373077, and in line 1b by the three-digit PN 001.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

Explanation of termination of enrolled actuary:

Due to the acquisition of Life Technologies Corporation by Thermo Fisher Scientific Inc., the new Enrolled Actuary for The Employee Pension Plan of Applied Biosystems Inc. is George Holland (EA # 14-03403).

Sincerely,



David A. Reirden
Vice President – Employee Benefits
Thermo Fisher Scientific Inc.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date July 31, 1953.

Participation in Plan Employees participate immediately upon date of employment. Effective July 1, 1999 the plan was closed to new hires, so employees hired after June 30, 1999 are not eligible.

Effective June 30, 2004, all benefit accruals were frozen.

Eligibility

Normal Retirement Age 65 with 5 years of service; age 65 if hired prior to August 1, 1989.

Early Retirement Age 55 with 5 years of service; age 60 if hired prior to August 1, 1989 and less than 5 years of service.

Disability Retirement Total and permanent disability as defined under the Federal Social Security Act, or the Company's long term disability plan; payable immediately reduced.

Deferred Vested Retirement Retirement 5 years of service; payable as early as early retirement age reduced.

Amount of Pension

Normal Retirement Benefit accruals were frozen effective June 30, 2004.

An annual pension payable monthly equal to (1) plus (2):

(1) For service prior to October 1, 1995, the sum (a) and (b):

(a) the benefit accrued to July 31, 1989 under the prior formula

(b) with respect to each year of service after July 31, 1989, a benefit provided by (i), (ii), (iii) or (iv) below.

(i) If an employee participated in the Fixed Benefit only and had less than 35 years vesting service, the sum of:

(A) 1.4% of compensation, plus

(B) 0.5% of compensation in excess of covered compensation.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

- (ii) If an employee participated in the Fixed Benefit only and had over 35 years of vesting service: 1.7% of compensation.
 - (iii) If an employee participated in the Variable Annuity: The Fixed Benefit accrual is one half of what would have been the accrual if the employee participated in the Fixed Benefit only. The Variable Annuity portion is the benefit based upon the value at termination of the accumulated company and employee Variable Annuity units accrued at September 30, 1995. The annual Variable Annuity units credited on behalf of the participant is the amount necessary to provide an annual benefit at age 65 equal to the Fixed Benefit accrual assuming that the Variable Annuity unit value increases at 3 ½% per annum to retirement. The Variable Annuity benefit is determined by multiplying the number of Variable Annuity benefit units credited to the participant at retirement by the Variable Annuity unit value as of the most recent valuation date preceding the date of retirement. The actual Variable Annuity benefit during retirement will increase or decrease based on changes in the unit value net of the assumed 3 ½% growth. Effective July 1, 2008, the Variable Benefit paid to a retiree will not be less than the benefit the participant would have received as a Fixed Benefit had they not elected to participate in the Variable Benefit.
 - (iv) Applied Biosystems employees became plan participants on July 1, 1993. A past service benefit equal to 0.75% of an employee's pay rate at the participation date times the completed years and months of service to participation date was granted under the Fixed Benefit fund.
- (2) For service after September 30, 1995, the sum of (a), (b) and (c):
- (a) Sum of:
 - (i) 1.4% of final average compensation (highest 36 consecutive months out of last 120 months), plus

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

- (ii) 0.5% of final average compensation in excess of covered compensation,

multiplied by years of service not greater than 35, minus any years of service not in excess of 35 included in (1) above.

- (b) 1.7% of final average compensation multiplied by years of service in excess of 35, not including years of service in excess of 35 included in (1) above.
- (c) 1.5% of final average qualified compensation (accrued for a fiscal year and paid from the Contingent Compensation and Incentive Compensation Plan) multiplied by qualified years of service after September 30, 1995.

Early Retirement

The accrued normal retirement benefit, reduced for early commencement:

- (a) If participant performs an hour of service after June 30, 1999, $\frac{1}{4}\%$ per month prior to normal retirement age;
- (b) If participant does not perform an hour of service after June 30, 1999, $\frac{1}{4}\%$ per month prior to normal retirement age for first 60 months, and $\frac{1}{2}\%$ per month for next 60 months.

Disability Retirement

The accrued normal retirement benefit, payable reduced immediately.

Deferred Vested Retirement Retirement

The accrued normal retirement benefit payable as early as age 55, reduced actuarially.

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of a participant with 5 years of service, equal to 50% of the deceased participant's accrued benefit, reduced for commencement prior to participant's normal retirement age (but not payable before the participant's early retirement age), and further reduced as if participant had elected a 50% joint and survivor annuity. An active participant may elect 100% joint and survivor form, in which case benefit is reduced 0.03% per month that the increased survivor benefit is in effect.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

Forms of Payment

The following optional forms of payment are available:

- Single life annuity (automatic form for unmarried participants)
- Reduced 5-year and 10-year certain and continuous single life annuity
- Reduced 33-1/3%, 50%, 66-2/3%, 75%, or 100% joint and survivor annuity with contingent annuitant (50% is automatic form for married participants)
- Social Security level income option (excluding Variable Annuity benefit) to Social Security normal retirement age
- Mandatory lump sum if total value is \$1,000 or less

Compensation

Including basic wage or salary, commissions, and section 401(k) and 125 elective deferrals; excluding bonus, overtime, severance pay, and other special payments.

Employee Contributions

None after July 31, 1984.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

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

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data and asset information furnished as of January 1, 2014 by Life Technologies Corporation and Mercer.

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.

Effective December 31, 2014 the Plan was merged into the Fisher Scientific International Inc. Retirement Plan, with no changes in plan provisions. Since the Plan was merged as of the last day of the 2014 plan year, there was no impact on the 2014 plan year funding requirements.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 6,488,148	1/1/2013	6 \$	1,228,152
Shortfall	\$ (13,110,947)	1/1/2012	5 \$	(2,883,571)
Shortfall	\$ 38,849,279	1/1/2011	4 \$	10,432,814
Total	\$ 32,226,480		\$	8,777,395

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Employee Pension Plan of Applied Biosystems Inc.
EIN: 33-0373077 PN: 001

Schedule SB, line 25—Change in Method

The funding valuation reflects the following method change:

- Change in the Enrolled Actuary from Marie B. Larson at Mercer to George W. Holland at Hewitt Associates LLC, due to a change in firm providing actuarial services to the plan sponsor. Since the funding target, target normal cost, and actuarial value of assets calculated for the prior year valuation were within criteria set forth in IRS Announcements 2010-3 and 2015-3, this method change meets the requirements for automatic approval from the IRS.