

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>LIFE TECHNOLOGIES PENSION PLAN</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 style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1975</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>33-0373077</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>781-622-1000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>325410</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>11/01/1975</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>325410</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>										
1c Effective date of plan <u>11/01/1975</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>325410</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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 1229
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 257 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 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 LIFE TECHNOLOGIES PENSION PLAN	B Three-digit plan number (PN) 005
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	63102030	
	b Actuarial value	2b	61689036	
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	299	18801119	18801119
	b For terminated vested participants	673	27043725	27043725
	c For active participants	257	5913179	5944938
	d Total	1229	51758023	51789782
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	6.54%	
6	Target normal cost	6	200000	

Statement by Enrolled Actuary

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

SIGN HERE		09/24/2015
Signature of actuary		Date
GEORGE W. HOLLAND		14-03403
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		781-906-2400
Firm name		Telephone number (including area code)
CITYPOINT - 230 THIRD AVENUE WALTHAM, MA 02451-7528		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7769333
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2874
9 Amount remaining (line 7 minus line 8)	0	7766459
10 Interest on line 9 using prior year's actual return of <u>7.90</u> %	0	613550
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>6.37</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8380009

Part III Funding Percentages		
14 Funding target attainment percentage	14	102.93 %
15 Adjusted funding target attainment percentage	15	119.11 %
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	100.28 %
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

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 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is 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	200000										
b Excess assets, if applicable, but not greater than line 31a	31b	200000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under 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 <u>LIFE TECHNOLOGIES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</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	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	ACTUARY/INV MGMT	107323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE 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	3914	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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 LIFE TECHNOLOGIES PENSION PLAN IS GEORGE HOLLAND (EA # 14-03403)

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>LIFE TECHNOLOGIES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>005</u>
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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>
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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: NON-US CORE EQUITY

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

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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: US SMALL/MID CAP VALUE EQUITY

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

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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: US SMALL/MID CAP GROWTH EQUITY

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

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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKET EQUITY PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COPMPANY

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) 0
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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 <u>04-7014330-008</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) 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 <u>26-6700496-016</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) 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 <u>45-6178743-004</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) 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: 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: US LARGE CAP PASSIVE EQUITY

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

c EIN-PN 03-0566613-005	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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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)
-----------------	----------------------	---

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

SCHEDULE H (Form 5500) <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
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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>LIFE TECHNOLOGIES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>005</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)	63134609	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)		

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	63134609	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	32579	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	32579	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	63102030	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 Contributions:**

		(a) Amount	(b) Total
(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)		
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(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)		8281280
(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		8281280

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2012148	
(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)		2012148
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)	57194	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	50429	
(4) Other.....	2i(4)	130573	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		238196
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2250344

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		6030936
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		69132966

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
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>LIFE TECHNOLOGIES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</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): _____

Life Technologies Pension Plan

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

LIFE TECHNOLOGIES PENSION PLAN

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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
Life Technologies Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Life Technologies Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for 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 8 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.

A handwritten signature in cursive script that reads "McGladrey LLP".

Stamford, Connecticut
October 14, 2015

LIFE TECHNOLOGIES PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	December 31, 2014	December 31, 2013
Assets:		
Investments at fair value (Notes 3 and 4).....	\$ -	\$ 63,134,609
Liabilities:		
Accrued expenses.....	-	(32,579)
Net assets available for benefits.....	\$ <u>-</u>	\$ <u>63,102,030</u>

See accompanying Notes to Financial Statements.

LIFE TECHNOLOGIES PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Additions:		
Investment income (Note 3)		
Net appreciation in fair value of investments	\$ 8,281,280	\$ 4,714,926
Interest.....	-	256
Total investment income	8,281,280	4,715,182
Total additions	8,281,280	4,715,182
Deductions:		
Distributions paid to plan participants.....	(2,012,148)	(1,773,357)
Trustee and professional fees	(238,196)	(224,870)
Total deductions.....	(2,250,344)	(1,998,227)
Net increase before Plan Transfer	6,030,936	2,716,955
Transfer to Thermo Fisher Scientific Inc. Retirement Plan (Note 8)	(69,132,966)	-
Net assets available for benefits:		
Beginning of year	63,102,030	60,385,075
End of year	\$ -	\$ 63,102,030

See accompanying Notes to Financial Statements.

**LIFE TECHNOLOGIES PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS**

1. Description of Plan

The following description of the Life Technologies Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

On September 14, 2000, Life Technologies Corporation, formerly known as Invitrogen Corporation, in conjunction with an acquisition, became sponsor of the Life Technologies Inc. Pension Plan and renamed it the Life Technologies Pension Plan. 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”).

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.

On December 6, 2001, the Company’s board of directors resolved to amend the Plan to freeze all benefit accruals as of December 31, 2001. Additionally, new employees are not allowed to participate in the Plan after December 31, 2001.

The Plan was a non-contributory, defined benefit pension plan covering substantially all former employees of the Life Technologies division who were current employees of the Company, who had completed one year of service and were age 21 or older. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Pension Benefits

Employees who had completed five or more years of service or had reached normal retirement age (65) were entitled to annual pension benefits beginning at age 65 equal to (a) their years of credited service earned after October 31, 1975 times 1% of their final 5-year average annual compensation for each year of service, and (b) .5% of their 5-year average annual compensation for each year of service in excess of covered compensation times their years of credited service up to 35 years of credited service. However, for the purpose of determining the annual pension benefits, credited service and compensation earned after December 31, 2001 is excluded. The Plan permitted early retirement at age 55 provided the participant had completed 10 years of vesting service. A participant’s benefit could be paid to them in the form of (a) a monthly benefit, or (b) a lump-sum distribution if the present value of the participant’s vested accrued benefit was \$5,000 or less. As noted above, effective December 31, 2001, all benefits accrued were frozen; no additional benefits will accrue subsequent to that date.

If employees terminated before rendering five years of service, they forfeited the right to receive benefits under the provisions of the Plan.

Death and Disability Benefits

If an active employee died with at least five years of vested service, a death benefit was payable to the employee’s spouse or designated beneficiary, if unmarried. The death benefit payable was based on the value of the amounts payable to the spouse or beneficiary under a qualified joint and survivor annuity.

Active employees who had completed 10 years of vested service and became disabled were entitled to receive disability benefits under the Plan. Disabled participants were eligible for a disability benefit on the date they reached age 65. The participant’s benefit was computed in the same manner as their normal retirement benefit using their 5-year average annual compensation and credited service as of the date of their disability and additional years of credited service earned while disabled. Disabled employees were entitled to accrue additional years of credited service after their date of disability until the first of the following occurred: (a) obtain age 65, or if later, 5 years after the onset of the disability, (b) death, or (c) recovery from disability. However, under any event, disabled participants will not receive additional credited service after December 31, 2001.

**LIFE TECHNOLOGIES PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS**

Administrative Expenses

Administrative expenses related to the operations of the Plan were paid by the Plan unless paid by the Company at its discretion. These expenses include investment management and trustee fees, which include fees of accountants, actuaries, legal counsel and other agents. In addition, certain accounting, legal and administrative functions of the Plan are performed by employees of the Company at no cost to the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting using accounting principles generally accepted in the United States of America.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported 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 bought and sold as well as held during the year.

Risks and Uncertainties

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements. The Plan's exposure to credit loss in the event of nonperformance of investments is limited to the carrying value of such instruments. The Plan's concentrations of credit risk and market risk are dictated by the Plan's provisions as well as those of ERISA.

Contributions to the Plan and the actuarial value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. 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. Benefits under the Plan are based on employees' highest average five consecutive years of compensation during the final 120 months of credited service earned prior to December 31, 2001 (or average compensation over years of credited service earned prior to December 31, 2001, if less than five years). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The Plan uses a beginning of year valuation date. The actuarial present value of accumulated plan benefits as of December 31, 2013 (Note 5) reflects the December 6, 2001 Plan amendment to freeze all benefit accruals.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

LIFE TECHNOLOGIES PENSION PLAN

NOTES TO 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.

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

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 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:

	December 31, 2014	December 31, 2013
Investments (at fair value):		
Common/collective trusts	\$ -	\$ 63,134,609

The Current and Former Trustees also certified the completeness and accuracy of \$8,281,280 and \$4,714,926 of net appreciation in fair value of investments in common/collective trusts for the years ended December 31, 2014 and 2013, respectively, and \$256 of interest income for the year ended December 31, 2013, related to the aforementioned investments.

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 guidance 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 assets 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 methodology 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 the net asset value as reported by the investment managers. 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.

LIFE TECHNOLOGIES PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

Investment	Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total	
Common / Collective Trusts					
CF MGI Active Long Corporate Investment Portfolio fund	\$ -	\$ 20,435,230	\$ -	\$ 20,435,230	*
CF MGI Non-US Core Equity Portfolio Fund	-	9,231,365	-	9,231,365	*
CF MGI US Large Cap Passive Equity Fund	-	8,689,370	-	8,689,370	*
CF MGI Long Duration Investment Grade Fixed Income CT	-	8,254,373	-	8,254,373	*
CF MGI Long Duration Fixed Income Portfolio Fund	-	6,154,332	-	6,154,332	*
CF MGI Long Duration Passive Fixed Income Portfolio Fd	-	6,151,188	-	6,151,188	*
CF MGI Emerging Markets Equity Portfolio FD	-	1,689,728	-	1,689,728	
CF MGI US Small / Mid Cap Value Equity Fund	-	1,138,185	-	1,138,185	
CF MGI US Small / Mid Cap Growth Equity Fund	-	1,124,615	-	1,124,615	
USD - NTGI Coltv Govt Stif Registered	-	266,223	-	266,223	
Total Assets at Fair Value	\$ -	\$ 63,134,609	\$ -	\$ 63,134,609	

*Investment represents more than 5% of Plan assets.

The following table sets 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	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
(a) CF MGI Active Long Corporate Investment Portfolio fund	\$ 20,435,230	\$ -	Daily	None
(b) CF MGI Non-US Core Equity Portfolio Fund	\$ 9,231,365	\$ -	Daily	None
(c) CF MGI US Large Cap Passive Equity Fund	\$ 8,689,370	\$ -	Daily	None
(d) CF MGI Long Duration Investment Grade Fixed Income CT	\$ 8,254,373	\$ -	Daily	None
(e) CF MGI Long Duration Fixed Income Portfolio Fund	\$ 6,154,332	\$ -	Daily	None
(f) CF MGI Long Duration Passive Fixed Income Portfolio Fund	\$ 6,151,188	\$ -	Daily	None
(g) CF MGI Emerging Markets Equity Portfolio Fund	\$ 1,689,728	\$ -	Daily	None
(h) CF MGI US Small / Mid Cap Value Equity Fund	\$ 1,138,185	\$ -	Daily	None
(i) CF MGI US Small / Mid Cap Growth Equity Fund	\$ 1,124,615	\$ -	Daily	None

- (a) The Fund invests primarily in debt obligations majorly focusing on corporate debt. Other investments include municipal obligations and U.S. Government and Agency Obligations.
- (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 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.
- (d) 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.
- (e) The Fund invests in debt obligations primarily in corporate debt and U.S. Government and Agency Obligations. Other debt obligations include municipal obligations.
- (f) 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.

**LIFE TECHNOLOGIES PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS**

- (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 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.
- (i) 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.

5. Accumulated Plan Benefit Obligation

Accumulated plan benefits consisted of the following at December 31, 2013:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Active Participants	\$ 9,775,001
Inactive participants with deferred benefits	44,212,746
Inactive participants receiving benefits	24,503,488
Total vested benefits	<u>78,491,235</u>

Non-vested benefits: -

Total actuarial present value of accumulated plan benefits, prior to merger transfer \$ 78,491,235

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2013, were as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2012	\$ 46,005,699
Increase/decrease during year attributable to:	
Increase due to decrease in the discount period	3,383,927
Benefits accumulated and (gains) losses	(849,187)
Changes in actuarial assumptions and plan provisions.....	31,724,153
Benefits paid.....	(1,773,357)
Net increase during the year	<u>32,485,536</u>
Actuarial present value of accumulated plan benefits as of December 31, 2013, prior to merger transfer	<u>\$ 78,491,235</u>

The Plan uses a beginning of the year valuation date. The significant actuarial assumptions used in the valuations as of December 31, 2013 were:

Expected investment return	4.00%
Life expectancy	RP-2014 mortality tables for annuitants and non-annuitants projected to be fully generational
Retirement age	Age 65

**LIFE TECHNOLOGIES PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS**

6. Funding Policy

The Company's funding policy was to make annual contributions to the Plan to meet minimum funding and prior service requirements, as determined by the Plan's independent actuary, with additional discretionary contributions from time to time consistent with the broader business strategy. No voluntary employee contributions are permitted. The Plan is in compliance with ERISA minimum funding requirements for the years ended December 31, 2014 and 2013.

7. 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:

1. 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency, subject to the applicable limitations as discussed below.
3. All other vested benefits not insured by the PBGC.
4. 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 subject 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. The maximum guaranteed amount is based, in part, on the age on the plan termination. 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.

8. 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 \$69,132,966 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.

9. Related-Party and Party-in-Interest Transactions

In addition to the administrative expenses paid by the Plan, certain insignificant administrative expenses, including certain legal and accounting fees, were paid by the Company on behalf of the Plan.

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

LIFE TECHNOLOGIES PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

the Plan. Transactions in these investments also qualified 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.

9. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated September 27, 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. Subsequent to this issuance of the determination letter, the Plan was amended and restated. Once qualified, the Plan was required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan was being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended and restated, was qualified and the related trust was tax exempt.

10. Subsequent Events

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

LIFE TECHNOLOGIES PENSION PLAN
Schedule of Reportable Transactions - Single Transactions in Excess of 5%
EIN: 33-0373077, Plan Number: 005
For the Year Ended December 31, 2014

Identity of Party Involved	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost	Current Value on Transaction Date	Net Gain/(Loss)
BNY Mellon Cash Reserve *	\$ 1.00	\$ -	\$ -	\$ 3,441,234	\$ 3,441,234	\$ -
BNY Mellon Cash Reserve *	\$ -	\$ 1.00	\$ -	\$ 3,441,234	\$ 3,441,234	\$ -
BNY Mellon Cash Reserve *	\$ 1.00	\$ -	\$ -	\$ 3,516,511	\$ 3,516,511	\$ -
BNY Mellon Cash Reserve *	\$ -	\$ 1.00	\$ -	\$ 3,516,511	\$ 3,516,511	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$ 1.00	\$ -	\$ -	\$ 3,381,054	\$ 3,381,054	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$ 1.00	\$ -	\$ -	\$ 25,413,210	\$ 25,413,210	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$ -	\$ 1.00	\$ -	\$ 28,891,842	\$ 28,891,842	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$ 1.00	\$ -	\$ -	\$ 3,516,511	\$ 3,516,511	\$ -
SSGA S&P 500 Index Non-Lending SF Class A CMM3 Fund	\$ 36.16	\$ -	\$ -	\$ 9,114,908	\$ 9,114,908	\$ -
SSGA Long US Credit Index Non-Lending Fund CME3NON	\$ 37.40	\$ -	\$ -	\$ 8,344,002	\$ 8,344,002	\$ -
SSGA Long US Credit Index Non-Lending Fund CME3NON	\$ -	\$ 37.34	\$ -	\$ 8,344,002	\$ 8,329,791	\$ (14,211)
SSGA US Long Credit Bond Index SL SF Fund CMM5	\$ 24.73	\$ -	\$ -	\$ 4,502,802	\$ 4,502,802	\$ -
SSGA US Long Credit Bond Index SL SF Fund CMM5	\$ -	\$ 24.69	\$ -	\$ 4,495,882	\$ 4,502,802	\$ (6,920)
CF MGI US Passive Fixed Income Portfolio Fund *	\$ -	\$ 18.85	\$ -	\$ 6,343,832	\$ 7,139,289	\$ 795,457
CF MGI Active Long Corporate Investment Portfolio Fund *	\$ -	\$ 13.73	\$ -	\$ 20,390,881	\$ 22,925,558	\$ 2,534,677
CF MGI Non-US Core Equity Portfolio Fund *	\$ -	\$ 14.32	\$ -	\$ 6,598,575	\$ 8,613,894	\$ 2,015,319
CF MGI Long Duration Investment Grade Fixed Income CT *	\$ -	\$ 18.28	\$ -	\$ 8,431,075	\$ 9,297,466	\$ 866,391
CF MGI Long Duration Fixed Income Portfolio Fund *	\$ -	\$ 19.24	\$ -	\$ 6,338,923	\$ 6,981,054	\$ 642,131
CF MGI US Large-Cap Core Passive Equity Fund *	\$ -	\$ 19.58	\$ -	\$ 5,014,094	\$ 9,114,908	\$ 4,100,814
BNY Mellon Common Collective Trust (Transfer of Assets to Thermo Fisher Retirement Plan)	\$ -	\$ -	\$ -	\$ 68,117,686	\$ 69,132,966	\$ 1,015,280

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

The above information has been certified by The Bank of New York Mellon, as Trustee, as complete and accurate.

LIFE TECHNOLOGIES PENSION PLAN
Schedule of Reportable Transactions - Series of Transactions by Issue in Excess of 5 %
EIN: 33-0373077, Plan Number: 005
For the Year Ended December 31, 2014

Identity of Party Involved		Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
BNY Mellon Cash Reserve *	Total acquisitions	\$ 7,172,048	\$ -	\$ -	\$ 7,172,048	\$ 7,172,048	\$ -
	Total dispositions	\$ -	\$ 7,172,048	\$ -	\$ 7,172,048	\$ 7,172,048	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	Total acquisitions	\$ 34,497,581	\$ -	\$ -	\$ 34,497,581	\$ 34,497,581	\$ -
	Total dispositions	\$ -	\$ 30,981,070	\$ -	\$ 30,981,070	\$ 30,981,070	\$ -
SSGA S&P 500 Index Non-Lending SF Class A CMM3 Fund	Total acquisitions	\$ 9,114,908	\$ -	\$ -	\$ 9,114,908	\$ 9,114,908	\$ -
CF MGI Long Duration Passive Fixed Income Portfolio Fd *	Total dispositions	\$ -	\$ 7,300,563	\$ -	\$ 6,492,174	\$ 7,300,563	\$ 808,389
CF MGI Active Long Corporate Investment Portfolio Fund *	Total dispositions	\$ -	\$ 23,830,091	\$ -	\$ 21,238,716	\$ 23,830,091	\$ 2,591,375
CF MGI Non-US Core Equity Portfolio Fund *	Total dispositions	\$ -	\$ 8,805,419	\$ -	\$ 6,737,528	\$ 8,805,419	\$ 2,067,891
CF MGI Long Duration Investment Grade Fixed Income CT *	Total dispositions	\$ -	\$ 9,605,637	\$ -	\$ 8,715,232	\$ 9,605,637	\$ 890,405
CF MGI Long Duration Fixed Income Portfolio Fund *	Total dispositions	\$ -	\$ 7,192,109	\$ -	\$ 6,543,994	\$ 7,192,109	\$ 648,115
CF MGI US Large-Cap Core Passive Equity Fund *	Total dispositions	\$ -	\$ 9,442,865	\$ -	\$ 5,202,475	\$ 9,442,865	\$ 4,240,390
SSGA US Long Government Bond Investment	Total dispositions	\$ 2,636,487	\$ 2,614,935	\$ -	\$ 2,636,487	\$ 2,614,935	\$ (21,552)
SSGA US Credit Investment	Total dispositions	\$ 8,344,002	\$ 8,329,791	\$ -	\$ 8,344,002	\$ 8,329,791	\$ (14,211)
SSGA US Long Government Bond	Total dispositions	\$ 4,502,802	\$ 4,495,882	\$ -	\$ 4,502,802	\$ 4,495,882	\$ (6,920)

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

The above information has been certified by The Bank of New York Mellon, as Trustee, as complete and accurate.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Life Technologies Pension Plan
EIN: 33-0373077 PN: 005

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

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

Thermo Fisher Scientific, Inc.
Life Technologies Pension Plan

EIN: 33-0373077 PN: 005

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				2						
35-39				13	10					
40-44				10	11	10	2			
45-49				10	22	17	5	1		
50-54				11	19	20	12	4		
55-59				7	10	7	7	7	2	
60-64				5	11	5	1	3	5	3
65-69				3	2					
70+										

N-257

Schedule SB Attachment (Form 5500)—2014 Plan Year
Life Technologies Pension Plan
EIN: 33-0373077 PN: 005

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	0.05
56	0.05
57	0.05
58	0.05
59	0.05
60	0.10
61	0.10
62	0.20
63	0.10
64	0.10
65+	1.00

Age 64 assumed for terminated vested participants.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Life Technologies Pension Plan
EIN: 33-0373077 PN: 005

Withdrawal Rates

Sample rates are as follows:

Age	Rate	Age	Rate
20	.234	45	.055
25	.162	50	.050
30	.110	55	.040
35	.078	60	.000
40	.062		

Disability Rates

None.

Marital Status

80% of employees are assumed to be married at time of retirement or death before retirement. For male participants, female spouses are assumed to be three years younger than the participant. For female participants, male spouses are assumed to be one year older than the participant.

Form of Payment

Single Life Annuity	50%
50% Joint and Survivor Annuity	25%
100% Joint and Survivor Annuity	25%

Valuation of Assets

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

Expected Return on Assets

2012 Plan Year	7.50%, net of investment expenses
2013 Plan Year	7.50%, net of investment expenses, limited to 6.76% per Notice 2009-22.

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 4085 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**2014**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

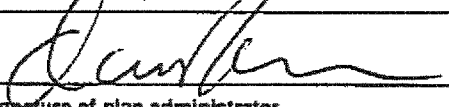
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 LIFE TECHNOLOGIES PENSION PLAN	1b Three-digit plan number (PN) 005
	1c Effective date of plan 11/01/1975
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) 325410

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		10-14-15	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)

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

Form 5500 (2014)
v. 140124

LIFE TECHNOLOGIES PENSION PLAN
Schedule of Reportable Transactions - Single Transactions in Excess of 5%
EIN: 33-0373077, Plan Number: 005
For the Year Ended December 31, 2014

Identity of Party Involved	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost	Current Value on Transaction Date	Net Gain/(Loss)
BNY Mellon Cash Reserve *	\$ 1.00	\$ -	\$ -	\$ 3,441,234	\$ 3,441,234	\$ -
BNY Mellon Cash Reserve *	\$ -	\$ 1.00	\$ -	\$ 3,441,234	\$ 3,441,234	\$ -
BNY Mellon Cash Reserve *	\$ 1.00	\$ -	\$ -	\$ 3,516,511	\$ 3,516,511	\$ -
BNY Mellon Cash Reserve *	\$ -	\$ 1.00	\$ -	\$ 3,516,511	\$ 3,516,511	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$ 1.00	\$ -	\$ -	\$ 3,381,054	\$ 3,381,054	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$ 1.00	\$ -	\$ -	\$ 25,413,210	\$ 25,413,210	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$ -	\$ 1.00	\$ -	\$ 28,891,842	\$ 28,891,842	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	\$ 1.00	\$ -	\$ -	\$ 3,516,511	\$ 3,516,511	\$ -
SSGA S&P 500 Index Non-Lending SF Class A CMM3 Fund	\$ 36.16	\$ -	\$ -	\$ 9,114,908	\$ 9,114,908	\$ -
SSGA Long US Credit Index Non-Lending Fund CME3NON	\$ 37.40	\$ -	\$ -	\$ 8,344,002	\$ 8,344,002	\$ -
SSGA Long US Credit Index Non-Lending Fund CME3NON	\$ -	\$ 37.34	\$ -	\$ 8,344,002	\$ 8,329,791	\$ (14,211)
SSGA US Long Credit Bond Index SL SF Fund CMM5	\$ 24.73	\$ -	\$ -	\$ 4,502,802	\$ 4,502,802	\$ -
SSGA US Long Credit Bond Index SL SF Fund CMM5	\$ -	\$ 24.69	\$ -	\$ 4,495,882	\$ 4,502,802	\$ (6,920)
CF MGI US Passive Fixed Income Portfolio Fund *	\$ -	\$ 18.85	\$ -	\$ 6,343,832	\$ 7,139,289	\$ 795,457
CF MGI Active Long Corporate Investment Portfolio Fund *	\$ -	\$ 13.73	\$ -	\$ 20,390,881	\$ 22,925,558	\$ 2,534,677
CF MGI Non-US Core Equity Portfolio Fund *	\$ -	\$ 14.32	\$ -	\$ 6,598,575	\$ 8,613,894	\$ 2,015,319
CF MGI Long Duration Investment Grade Fixed Income CT *	\$ -	\$ 18.28	\$ -	\$ 8,431,075	\$ 9,297,466	\$ 866,391
CF MGI Long Duration Fixed Income Portfolio Fund *	\$ -	\$ 19.24	\$ -	\$ 6,338,923	\$ 6,981,054	\$ 642,131
CF MGI US Large-Cap Core Passive Equity Fund *	\$ -	\$ 19.58	\$ -	\$ 5,014,094	\$ 9,114,908	\$ 4,100,814
BNY Mellon Common Collective Trust (Transfer of Assets to Thermo Fisher Retirement Plan)	\$ -	\$ -	\$ -	\$ 68,117,686	\$ 69,132,966	\$ 1,015,280

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

The above information has been certified by The Bank of New York Mellon, as Trustee, as complete and accurate.

LIFE TECHNOLOGIES PENSION PLAN
Schedule of Reportable Transactions - Series of Transactions by Issue in Excess of 5%
EIN: 33-0373077, Plan Number: 005
For the Year Ended December 31, 2014

Identity of Party Involved		Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
BNY Mellon Cash Reserve *	Total acquisitions	\$ 7,172,048	\$ -	\$ -	\$ 7,172,048	\$ 7,172,048	\$ -
	Total dispositions	\$ -	\$ 7,172,048	\$ -	\$ 7,172,048	\$ 7,172,048	\$ -
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund *	Total acquisitions	\$ 34,497,581	\$ -	\$ -	\$ 34,497,581	\$ 34,497,581	\$ -
	Total dispositions	\$ -	\$ 30,981,070	\$ -	\$ 30,981,070	\$ 30,981,070	\$ -
SSGA S&P 500 Index Non-Lending SF Class A CMM3 Fund	Total acquisitions	\$ 9,114,908	\$ -	\$ -	\$ 9,114,908	\$ 9,114,908	\$ -
CF MGI Long Duration Passive Fixed Income Portfolio Fd *	Total dispositions	\$ -	\$ 7,300,563	\$ -	\$ 6,492,174	\$ 7,300,563	\$ 808,389
CF MGI Active Long Corporate Investment Portfolio Fund *	Total dispositions	\$ -	\$ 23,830,091	\$ -	\$ 21,238,716	\$ 23,830,091	\$ 2,591,375
CF MGI Non-US Core Equity Portfolio Fund *	Total dispositions	\$ -	\$ 8,805,419	\$ -	\$ 6,737,528	\$ 8,805,419	\$ 2,067,891
CF MGI Long Duration Investment Grade Fixed Income CT *	Total dispositions	\$ -	\$ 9,605,637	\$ -	\$ 8,715,232	\$ 9,605,637	\$ 890,405
CF MGI Long Duration Fixed Income Portfolio Fund *	Total dispositions	\$ -	\$ 7,192,109	\$ -	\$ 6,543,994	\$ 7,192,109	\$ 648,115
CF MGI US Large-Cap Core Passive Equity Fund *	Total dispositions	\$ -	\$ 9,442,865	\$ -	\$ 5,202,475	\$ 9,442,865	\$ 4,240,390
SSGA US Long Government Bond Investment	Total dispositions	\$ 2,636,487	\$ 2,614,935	\$ -	\$ 2,636,487	\$ 2,614,935	\$ (21,552)
SSGA US Credit Investment	Total dispositions	\$ 8,344,002	\$ 8,329,791	\$ -	\$ 8,344,002	\$ 8,329,791	\$ (14,211)
SSGA US Long Government Bond	Total dispositions	\$ 4,502,802	\$ 4,495,882	\$ -	\$ 4,502,802	\$ 4,495,882	\$ (6,920)

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

The above information has been certified by The Bank of New York Mellon, as Trustee, as complete and accurate.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	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

► Round off amounts to nearest dollar.

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

A Name of plan <u>Life Technologies Pension Plan</u>	B Three-digit plan number (PN) <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Life Technologies Corporation</u>	D Employer Identification Number (EIN) <u>33-0373077</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	63,102,030	
b Actuarial value	2b	61,689,036	
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.....	299	18,801,119	18,801,119
b For terminated vested participants.....	673	27,043,725	27,043,725
c For active participants.....	257	5,913,179	5,944,938
d Total.....	1,229	51,758,023	51,789,782
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	6.54 %	
6 Target normal cost	6	200,000	

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	<u>George W. Holland</u> Signature of actuary	<u>9/24/2015</u> Date
	<u>George W. Holland</u> Type or print name of actuary	<u>14-03403</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>(781) 906-2400</u> Telephone number (including area code)
	<u>CityPoint - 230 Third Avenue</u> <u>Waltham</u> Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2014 v. 140124

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7,769,333
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,874
9	Amount remaining (line 7 minus line 8)	0	7,766,459
10	Interest on line 9 using prior year's actual return of <u>7.90%</u>	0	613550
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>6.37%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	8380009

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.93 %
15	Adjusted funding target attainment percentage	15	119.11 %
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	100.28 %
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	(4) 4th

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**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment☐

Yes

☒

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment☒

Yes

☐

No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment☒

Yes

☐

No

27 If the plan is 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**

200,000

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

200,000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

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

0

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

0

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

0

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

0

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

0

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

0

Part IX Pension Funding Relief Under 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
Life Technologies Pension Plan
EIN: 33-0373077 PN: 005

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 62.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	20.00%	0.6268	7.77
63	10.00%	0.5014	3.16
64	10.00%	0.4513	2.89
65+	100.00%	0.4061	26.40
Weighted Average			61.98

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 Life Technologies Pension Plan

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 Life Technologies Pension Plan. This Form 5500 is identified in line 2b by the nine-digit EIN 33-0373077, and in line 1b by the three-digit PN 005.

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 Life Technologies Pension Plan 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
Life Technologies Pension Plan
EIN: 33-0373077 PN: 005

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	November 1, 1975
Participation in Plan	Employees participate upon attainment of both age 21 and completion of 1 year of service. Effective January 1, 2002 the plan was closed to new participants, so employees first eligible after December 31, 2001 are not eligible. Effective December 31, 2001, all benefit accruals were frozen.
Eligibility	
Normal Retirement	Age 65
Early Retirement	Age 55 with 10 years of service
Disability Retirement	Total and permanent disability as defined under the Federal Social Security Act, and 10 years of service
Deferred Vested Retirement	5 years of service. Payable at age 65 or, with 10 years of service, as early as age 55.
Amount of Pension	
Normal Retirement	An annual pension payable monthly equal to sum of: <ul style="list-style-type: none">▪ 1% of five year average compensation (highest 60 consecutive months out of the last 120 months) multiplied by years of benefit service earned after October 31, 1975, plus▪ 0.5% of five year average compensation in excess of Covered Compensation multiplied by years of benefit service (max 35 years)
Early Retirement	The accrued normal retirement benefit, reduced for early commencement by 1/2% per month from age 65
Disability Retirement	The accrued normal retirement benefit, payable at normal retirement
Deferred Vested Retirement	The accrued normal retirement benefit payable at age 65. If 10 years of service, may elect to commence as early as age 55, with benefit reduced by 1/2% per month from age 65

Schedule SB Attachment (Form 5500)—2014 Plan Year
Life Technologies Pension Plan
EIN: 33-0373077 PN: 005

Plan Provisions (continued)

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.

Forms of Payment

The following optional forms of payment are available:

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

Compensation

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

Employee Contributions

None

Schedule SB Attachment (Form 5500)—2014 Plan Year
Life Technologies Pension Plan
EIN: 33-0373077 PN: 005

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
Life Technologies Pension Plan
EIN: 33-0373077 PN: 005

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.