

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 2014 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 CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1976</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>07/01/1976</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>07/01/1976</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LIFE TECHNOLOGIES CORPORATION</u> <u>THERMO FISHER SCIENTIFIC INC.</u> <u>81 WYMAN STREET</u> <u>WALTHAM, MA 02451</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0373077</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>781-622-1000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0373077</u>	2c Plan Sponsor's telephone number <u>781-622-1000</u>	2d Business code (see instructions) <u>325410</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	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	9138
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	5746
a(2) Total number of active participants at the end of the plan year		6a(2)	5570
b Retired or separated participants receiving benefits		6b	7
c Other retired or separated participants entitled to future benefits.....		6c	3394
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	8971
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	23
f Total. Add lines 6d and 6e		6f	8994
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	8464
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	208
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: 2E 2F 2G 2J 2K 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
(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		b General Schedules	
(1)	☒	(1)	☒
R (Retirement Plan Information)		H (Financial Information)	
(2)	☐	(2)	☐
MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		I (Financial Information – Small Plan)	
(3)	☐	(3)	☐
SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		A (Insurance Information)	
		(4)	☒
		(5)	☒
		(6)	☐
			C (Service Provider Information)
			D (DFE/Participating Plan Information)
			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 _____

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 CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN</u>	B Three-digit plan number (PN) ► <u>003</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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 65	RECORDKEEPER	1377954	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BROWN CAPITAL MANAGEMENT LLC

27-4453139

(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?
28	INVESTMENT MANAGER	654059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS CAPITAL MANAGEMENT

95-3692822

(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?
28	INVESTMENT MANAGER	475786	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)

LORD ABBETT & CO LLC

13-5620131

(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?
28	INVESTMENT MANAGER	332367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25	TRUSTEE	229437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGEVIEW ADVISORY GROUP

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	228780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <hr/> 2014 <hr/> 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 CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LIFE TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>33-0373077</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC RETIREMENT SAVINGS TRUST II</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD</u>		
c EIN-PN <u>23-2186884-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>97107671</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS US MIDCAP GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS</u>		
c EIN-PN <u>13-4166989-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51562305</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LORD ABBETT SMALL/MID VALUE</u>		
b Name of sponsor of entity listed in (a): <u>LORD ABBETT</u>		
c EIN-PN <u>13-5620131-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32166209</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLSCAP HERITAGE ALLCAP</u>		
b Name of sponsor of entity listed in (a): <u>WELLS CAPITAL MANAGEMENT</u>		
c EIN-PN <u>95-3692822-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51269342</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BROWN CAPITAL SMALLCAP</u>		
b Name of sponsor of entity listed in (a): <u>BROWN CAPITAL MANAGEMENT</u>		
c EIN-PN <u>27-4453139-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50314311</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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
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 CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN</u>		B Three-digit plan number (PN) ▶ <u>003</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)	1669247	2330508
(2) Participant contributions.....	1b(2)	0	23754
(3) Other.....	1b(3)	0	386668090
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	2320851
(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)	9254687	9772060
(9) Value of interest in common/collective trusts	1c(9)	155410671	148669976
(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)	731051734	376763951
(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	897386339	926549190

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	344952	437276
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	344952	437276

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	897041387	926111914
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	28002115	
(B) Participants	2a(1)(B)	49830438	
(C) Others (including rollovers)	2a(1)(C)	1861277	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		79693830
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)	375231	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		375231
(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)	4534919	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4534919
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7781367
(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)		45385454
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		137770801

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	107610417	
(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)		107610417
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	513693	
(4) Other.....	2i(4)	576164	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1089857
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		108700274

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		29070527
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: 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.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</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

<div>A Name of plan LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN</div>	<div>B Three-digit plan number (PN) ▶ 003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 LIFE TECHNOLOGIES CORPORATION</div>	<div>D Employer Identification Number (EIN) 33-0373077</div>

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3981763		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
	b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

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

Schedule R (Form 5500) 2014
v. 140124

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: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

LIFE TECHNOLOGIES CORPORATION
401(K) SAVINGS AND INVESTMENT PLAN

Financial Statements and Supplemental Schedule
Four Months Ended April 30, 2015 and Year Ended December 31, 2014

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN

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Independent Auditor's Report

To the Participants and Administrator of
Life Technologies Corporation 401(k) Savings and Investment Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Life Technologies Corporation 401(k) Savings and Investment Plan (the Plan), which comprise the statements of net assets available for benefits as of April 30, 2015, December 31, 2014 and December 31, 2013, and the related statements of changes in net assets available for benefits for the period from January 1, 2015 to April 30, 2015 and for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 audits 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 U.S. 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 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 trustee held the Plan's assets and executed transactions. The Plan Administrator has obtained certifications from the trustee as of April 30, 2015, December 31, 2014 and December 31, 2013, and for the period from January 1, 2015 to April 30, 2015 and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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. 401(k) Retirement Plan (Thermo Fisher Plan) effective January 1, 2015. Plan assets totaling \$923,174,457 were transferred to the Thermo Fisher Plan on January 2, 2015, and all Plan activity was completed on April 30, 2015. Our disclaimer of opinion has not been modified with respect to this matter.

Other Matter - Supplemental Schedule

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of 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 Rule 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The image shows a handwritten signature in black ink that reads "McGladrey LLP". The signature is written in a cursive, flowing style.

Stamford, Connecticut
October 14, 2015

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AT APRIL 30, 2015 AND DECEMBER 31, 2014 AND 2013

	April 30, 2015	December 31, 2014	December 31, 2013
Assets:			
Investments, at fair value (Notes 3 and 4)	\$ -	\$ 527,754,778	\$ 886,462,405
Receivables:			
Notes receivable from participants (Note 3)	-	9,772,060	9,254,687
Employee contributions receivable	-	23,754	-
Employer contributions receivable	-	2,330,508	1,669,247
Due from broker for investments sold (Note 3)	-	386,668,090	-
Total receivables	-	398,794,412	10,923,934
Total Assets	-	926,549,190	897,386,339
Liabilities:			
Accrued administrative expenses	-	437,276	344,952
Net assets available for benefits, reflecting investments at fair value	-	926,111,914	897,041,387
Adjustments from fair value to contract value for investment in common-collective trust that invests in fully benefit-responsive investment contracts (Note 3)	-	(2,892,153)	(2,746,019)
Net assets available for benefits	\$ -	\$ 923,219,761	\$ 894,295,368

See accompanying Notes to Financial Statements.

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOUR MONTHS ENDED APRIL 30, 2015 AND YEAR ENDED DECEMBER 31, 2014

	Four Months Ended April 30, 2015	Year Ended December 31, 2014
Additions to net assets attributed to:		
Investment income (Note 3)		
Net appreciation in fair value of investments	\$ -	\$ 53,020,687
Dividends	-	4,534,919
Total investment income	-	57,555,606
Interest income on notes receivable from participants (Note 3)	-	375,231
Contributions:		
Participant	-	49,830,438
Employer	-	28,002,115
Participant rollovers	-	1,861,277
Total contributions	-	79,693,830
Total additions	-	137,624,667
Deductions from net assets attributed to:		
Benefits paid to participants	-	107,610,417
Administrative expenses	45,304	1,089,857
Total deductions	45,304	108,700,274
Net (decrease) increase in net assets available for benefits before Plan transfers	(45,304)	28,924,393
Transfers to Thermo Fisher Scientific Inc. 401(k) Retirement Plan (Note 8)	(923,174,457)	-
Net assets available for benefits:		
Beginning of period	923,219,761	894,295,368
End of period	\$ -	\$ 923,219,761

See accompanying Notes to Financial Statements.

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
AT APRIL 30, 2015 AND DECEMBER 31, 2014

1. DESCRIPTION OF THE PLAN

The following description of the Life Technologies Corporation 401(k) Savings and Investment Plan (“the Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was a defined contribution plan covering all employees of Life Technologies Corporation, formerly known as Invitrogen Corporation and currently part of Thermo Fisher Scientific Inc. (the “Company,” “Plan Administrator,” or “Plan Sponsor”), except temporary employees or Post-Doctoral Fellows, who were at least 21 years of age. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Life Technologies Corporation was acquired by Thermo Fisher Scientific Inc. in February 2014. Effective January 1, 2015, the Plan was merged into the Thermo Fisher Scientific Inc. 401(k) Retirement Plan (the “Thermo Fisher Plan”) (the “Plan merger”). The assets of the Plan were held by The Bank of New York Mellon (the “Trustee” or “The Bank of New York Mellon”) on December 31, 2014 and were transferred into the Thermo Fisher Plan in January 2015 (see Note 8). T. Rowe Price Trust Company is the trustee of the Thermo Fisher Plan.

Contributions

Each year, participants were able to contribute from 1% to 75% of pretax annual compensation, as defined in the Plan document. Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants directed the investment of their contributions into various investment options offered by the Plan. The Plan included an auto-enrollment provision whereby all newly eligible employees were automatically enrolled in the Plan after 60 days of becoming eligible unless they affirmatively elected not to participate in the Plan. Automatically enrolled participants had their deferral rate set at 3% of eligible compensation, and were enrolled in the auto-increase feature increasing deferrals by 1% each year, up to 6% of eligible compensation. Auto-enrollment contributions were invested in a designated fund until changed by the participant. Prior to January 1, 2015, the Company was required to make contributions equal to 75% of each participant’s elective contributions, up to 4.5% as defined in the Plan. The Company could also elect to contribute a discretionary non-matching contribution for each Plan year. Company contributions were allocated to participants’ selected investment options.

Participant Accounts

Each participant’s account was credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations were based on participant contributions or account balances, as defined in the Plan document. The benefit to which a participant was entitled was the benefit that could be provided from the participant’s vested account. At any time, participants could transfer amounts between investment funds.

In anticipation of the Plan merger, Plan participants were given an election period in December 2014 during which they could change their investment elections. For those participants who did not make an investment election, their total transferred account balance was invested in a T. Rowe Price retirement date common collective trust fund based on each employee’s date of birth.

Vesting

Participants were immediately vested in their contributions plus actual earnings thereon. Vesting in the Company’s contribution portion of their accounts was based on years of service, as defined in the Plan document. Prior to January 1, 2010, a participant was 100% vested upon completion of five years of credited service. Effective January 1, 2010, employees vested in Company contributions at a rate of 50% per year, over two years. Effective with the Plan merger on January 1, 2015, vesting of existing participants’ Company contributions did not change.

Vesting for employees on disability continued through the disability period. Additionally, a participant could be 100% vested if he was terminated as a result of the closing of the Company’s business operations in a geographic area and was not immediately reemployed by the Company.

Notes Receivable from Participants and Hardship Withdrawals to Participants

Participants were able to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of (a) 50% of the sum of the participant’s vested account balance or (b) \$50,000 minus the participant’s highest outstanding loan balance in the preceding 12 months. The loans were collateralized by the balance of the participant’s vested account and bore interest at a rate

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
AT APRIL 30, 2015 AND DECEMBER 31, 2014

commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Principal and interest were paid ratably through payroll deductions.

Participants could request a hardship withdrawal up to the lesser of (a) the amount needed to meet the immediate financial hardship or (b) the portion of their account balance which was contributed by the employee, not including earnings thereon. Six months must have lapsed after a hardship withdrawal before a participant could resume salary reduction contributions.

Payment of Benefits

Upon termination of service or due to death, disability and retirement, if vested benefits were \$1,000 or less, the participant could receive a lump-sum distribution. If vested benefits exceed \$1,000, the participant could have chosen to leave the benefits in the Plan or have the benefits disbursed through a lump-sum distribution.

Forfeited Accounts

At December 31, 2014 and 2013, accumulated forfeited non-vested accounts totaled \$1,654,299 and \$521,735, respectively. These accounts could be used to reduce employer contributions. Unused forfeitures were transferred to the Thermo Fisher Plan.

Administrative Expenses

While some administrative expenses were paid by the Company, at its discretion, most administrative expenses were paid by the Plan. The expenses paid by the Plan included trustee fees and commissions. Certain accounting and administrative functions of the Plan were performed by employees of the Company at no cost to the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are presented on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under terms of the plan. The Statements of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits was prepared using the contract value basis for fully benefit-responsive investment contracts.

Use of Estimates

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

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. At December 31, 2014, the Plan shows a \$386,668,090 receivable from broker for investments sold on December 31, 2014 that did not settle until January 2, 2015. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
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AT APRIL 30, 2015 AND DECEMBER 31, 2014

Income Taxes

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. 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.

Concentration of Credit Risk

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. 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 concentration of credit risk and market risk are dictated by the Plan's provisions as well as those of ERISA and the participants' investment preference. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

3. INFORMATION CERTIFIED AND PROVIDED BY THE BANK OF NEW YORK MELLON

The assets of the Plan were held in a trust fund administered by The Bank of New York Mellon at April 30, 2015 and December 31, 2014 and 2013. The following is a summary of the Plan's asset information as of April 30, 2015 and December 31, 2014 and 2013, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by The Bank of New York Mellon and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following assets 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 assets:

	April 30, 2015	December 31, 2014	December 31, 2013
Common Collective Trust Funds:			
Goldman Sachs US Midcap Growth ^{(1) (2)}	\$ -	\$ 51,562,305	\$ 51,382,060
Guaranteed investment contract in common trust:			
Vanguard Retirement Savings Trust II ^{(1) (2)}	-	97,107,671	104,028,611
Total common/collective trusts	-	148,669,976	155,410,671
Pooled Separate Accounts:			
Lord Abbett Small/Mid Value	-	32,166,209	32,044,702
Wellscap Heritage Allcap ^{(1) (2)}	-	51,269,342	52,215,496
Brown Capital Smallcap ^{(1) (2)}	-	50,314,311	54,916,365
Total pooled separate accounts	-	133,749,862	139,176,563
Money Market Collective Trust Fund:			
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund	-	2,320,851	-
Subtotal (carried forward)	\$ -	\$ 284,740,689	\$ 294,587,234

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
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	April 30, 2015	December 31, 2014	December 31, 2013
Subtotal (brought forward)	\$ -	\$ 284,740,689	\$ 294,587,234
Mutual funds:			
Vanguard Russell 1000 Growth Index Instl ^{(1) (2)}	-	46,198,026	49,278,144
Vanguard Russell 1000 Value Index Instl	-	37,269,097	38,041,937
Target Small Capitalization Value T	-	26,902,406	27,207,305
Vanguard Selected Value	-	26,134,020	-
PIMCO Total Return Instl	-	24,699,827	24,394,868
Allianz NFJ International Value Instl	-	21,909,705	23,783,461
DFA T.A. World ex US Core Equity Instl	-	19,709,237	23,932,720
Thornburg Developing World	-	9,115,696	-
MFS Emerging Markets Debt I	-	6,811,893	6,618,248
Lord Abbett High Yield F	-	6,672,896	6,822,326
Vanguard Developed Markets Index Instl	-	6,024,903	6,734,382
BlackRock Inflation Protected Bond Svc	-	4,841,073	5,061,666
ING Global Real Estate I	-	2,951,684	2,403,178
PIMCO All Asset All Authority Instl	-	1,711,200	1,905,145
MF Merger Fund	-	1,110,734	903,720
PIMCO Commodity Real Ret Strat Admin	-	951,692	869,734
Vanguard Wellington Adm ⁽²⁾	-	-	92,229,353
Vanguard 500 Index Admiral ⁽²⁾	-	-	95,337,941
Vanguard Target Retirement 2030 Inv	-	-	28,710,193
Vanguard Target Retirement 2040 Inv	-	-	26,570,942
Perkins Mid Cap Value I	-	-	26,176,010
Vanguard Target Retirement 2035 Inv	-	-	22,837,732
Vanguard Target Retirement 2020 Inv	-	-	18,134,521
Vanguard Target Retirement 2025 Inv	-	-	15,553,363
Vanguard Target Retirement 2045 Inv	-	-	13,929,016
RS Emerging Markets Y	-	-	9,568,481
Vanguard Target Retirement Income Inv	-	-	8,483,068
Vanguard Target Retirement 2050 Inv	-	-	8,400,324
Vanguard Target Retirement 2015 Inv	-	-	6,629,329
Vanguard Target Retirement 2055 Inv	-	-	1,356,836
Vanguard Target Retirement 2060 Inv	-	-	1,228
Total mutual funds	-	243,014,089	591,875,171
Total Investments at Fair Value	\$ -	\$ 527,754,778	\$ 886,462,405
Notes receivable from participants	\$ -	\$ 9,772,060	\$ 9,254,687
Due from broker for investments sold ⁽¹⁾	\$ -	\$ 386,668,090	\$ -

⁽¹⁾ Represents 5% or more of the Plan's net assets at December 31, 2014

⁽²⁾ Represents 5% or more of the Plan's net assets at December 31, 2013

The Bank of New York Mellon also certified the completeness and accuracy of \$53,020,687 of net appreciation in fair value of investments, \$4,534,919 of dividend income on investments and \$375,231 of interest income on notes receivable from participants for the year ended December 31, 2014.

In addition, the Plan maintained a stable value fund which earned interest and dividends that were distributed to the Plan. The following reconciles the fair value to the contract value for the stable value fund at April 30, 2015 and December 31, 2014 and 2013. The fair value to contract value adjustment for the stable value fund was calculated by management and was not certified by The Bank of New York Mellon.

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	April 30, 2015	December 31, 2014	December 31, 2013
Vanguard Retirement Savings Trust II at fair value	\$ -	\$ 97,107,671	\$ 104,028,611
Adjustment to contract value	-	(2,892,153)	(2,746,019)
Contract value	\$ -	\$ 94,215,518	\$ 101,282,592

4. FAIR VALUE MEASUREMENTS

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2015 and December 31, 2014 and 2013.

Mutual funds: Valued at NAV of shares held by the Plan at year-end.

Guaranteed investment contract in collective trust: Valued at fair value by discounting the related cash flows on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Common collective trusts: The investments are public investment vehicles using the NAV provided by the fund administrator. The NAV 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.

Pooled separate accounts: The investments are public investment vehicles using the NAV provided by the fund administrator. The NAV 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.

Money market collective trust funds: The underlying investments are valued on the basis of amortized cost which approximates market value for the fund as a whole.

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
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AT APRIL 30, 2015 AND DECEMBER 31, 2014

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

Investments at Fair Value as of December 31, 2014	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 243,014,089	\$ -	\$ -	\$ 243,014,089
Guaranteed investment contract in common collective trust	-	97,107,671	-	97,107,671
Common collective trust fund	-	51,562,305	-	51,562,305
Money market collective trust fund	-	2,320,851	-	2,320,851
Pooled separate accounts	-	133,749,862	-	133,749,862
	<u>\$ 243,014,089</u>	<u>\$ 284,740,689</u>	<u>\$ -</u>	<u>\$ 527,754,778</u>

Investments at Fair Value as of December 31, 2013	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 591,875,171	\$ -	\$ -	\$ 591,875,171
Guaranteed investment contract in common collective trust	-	104,028,611	-	104,028,611
Common collective trust fund	-	51,382,060	-	51,382,060
Pooled separate accounts	-	139,176,563	-	139,176,563
	<u>\$ 591,875,171</u>	<u>\$ 294,587,234</u>	<u>\$ -</u>	<u>\$ 886,462,405</u>

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, 2014 and 2013:

Investment	2014 Fair Value	2013 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Vanguard Retirement Savings Trust II (a)	\$ 97,107,671	\$ 104,028,611	\$ -	Daily	None
Goldman Sachs US Midcap Growth (b)	51,562,305	51,382,060	-	Daily	None
Lord Abbett Small/Mid Value (c)	32,166,209	32,044,702	-	Daily	None
Wellscap Heritage Allcap (b)	51,269,342	52,215,496	-	Daily	None
Brown Capital Smallcap (b)	50,314,311	54,916,365	-	Daily	None
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund (d)	2,320,851	-	-	Daily	None

(a) The Vanguard Retirement Savings Trust II is a commingled pool, not a mutual fund, with the objective of preserving principal while earning interest income. Portfolio investments are comprised of short-term bonds and other fixed income securities, including U.S. Treasury bonds, government agency securities, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities and derivative instruments such as futures, swaps and options. Third party wrap contracts are purchased to permit the use of book value accounting to maintain a constant NAV and to provide for the payment of participant-directed withdrawals and exchanges at book value under most circumstances. Interest is credited under wrap contracts. Instead of immediately recognizing gains and losses, recognition occurs over time by adjusting the interest rate credited to the Portfolio. Investments may also include contracts offered by insurance companies and other approved financial institutions that provide for the payment of a specified rate of interest to the Portfolio and the repayment of principal at maturity. All investment contracts and fixed income securities purchased for the Portfolio must satisfy the credit quality standards of Vanguard Fiduciary Trust Company.

(b) The Funds are part of the US Equity Growth Pool, which provides investors with exposure to the stock of companies of all sizes utilizing various managers who employ a growth investment philosophy. Typically the pool will consist of large, mid and small cap managers, including both active and passive index strategies. The allocation of the pool will attempt to provide each investor with equal exposure to all three market cap segments. Growth investing is characterized by investing in stocks that managers believe have the potential to grow earnings at an above-average rate compared to the industry or the overall market.

(c) The Fund is part of the US Equity Value Pool, which provides investors with exposure to the stock of companies of all sizes utilizing various managers who employ a value investment philosophy. Typically the pool will consist of large, mid and small cap managers, including both active and passive index strategies. The allocation of the pool will attempt to provide each investor with equal exposure to all three size segments. Value investing is characterized by investing in stocks that managers believe the market has undervalued relative to that stocks' intrinsic value.

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NOTES TO FINANCIAL STATEMENTS
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(d) The Fund is a government short-term investment fund for which The Bank of New York Mellon serves as the investment manager, custodian and transfer agent. The investment objective is to preserve principal while maintaining sufficient liquidity to ensure cash availability with withdrawals. The assets of the Fund are invested in a diversified portfolio of U.S. Government securities, U.S. Government Agency securities and overnight repurchase agreements, subject to a minimum 102% collateralization. Repurchase agreement collateral will be securities or other obligations issued by or guaranteed by the U.S. Government or its Agencies. The Fund's maximum average maturity is 60 days, and the Fund's maximum weighted average life is 120 days.

5. GUARANTEED INVESTMENT CONTRACT

The Plan had a fully benefit-responsive guaranteed investment contract with Vanguard Fiduciary Trust Company ("Vanguard") named the Vanguard Retirement Savings Trust II. Vanguard maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Vanguard, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair values of the investment contract at December 31, 2014 and 2013, were \$97,107,671 and \$104,028,611, respectively. The crediting interest rate was based on a formula agreed upon with the issuer, but it could not be less than 0%. Such interest rates were reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion or equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The guaranteed investment contract does not permit Vanguard to terminate the agreement prior to the scheduled maturity date.

The average yields earned by the guaranteed investment contract are as follows:

<u>Average yields:</u>	<u>2014</u>	<u>2013</u>
Based on actual earnings	2.30%	1.98%
Based on interest rate credited to participants	1.89%	1.56%

6. TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated November 22, 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. Once qualified, the Plan was required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter; however, the Plan Administrator, management and the Plan's tax counsel believe that the Plan was designed and operated in compliance with the applicable requirements of the Internal Revenue Code.

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
AT APRIL 30, 2015 AND DECEMBER 31, 2014

7. RECONCILIATION TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the Statement of Net Assets Available for Benefits at April 30, 2015 and December 31, 2014 and 2013 to the Form 5500:

	April 30, 2015	December 31, 2014	December 31, 2013
Net assets available for benefits per the Statements of Net Assets Available for Benefits	\$ -	\$ 923,219,761	\$ 894,295,368
Plus: Adjustment from fair value to contract value for investment in common collective trust that consists of fully benefit responsive investment contracts	-	2,892,153	2,746,019
Differences in:			
Investments	-	9,772,060	9,254,687
Notes receivable from participants	-	(9,772,060)	(9,254,687)
Net assets available for benefits per Form 5500	\$ -	\$ 926,111,914	\$ 897,041,387

The following is a reconciliation of the net (decrease) increase in net assets available for benefits before Plan transfers per the Statement of Changes in Net Assets Available for Benefits per the financial statements to net income per the Form 5500 for the period from January 1, 2015 to April 30, 2015 and the year ended December 31, 2014:

	January 1, 2015 to April 30, 2015	Year Ended December 31, 2014
Net (decrease) increase in net assets available for benefits before Plan transfers per the Financial Statements.	\$ (45,304)	\$ 28,924,393
Plus:		
Current period adjustment from fair value to contract value for investment in common collective trust that consists of fully benefit responsive investment contracts	-	2,892,153
Less:		
Prior period adjustment from fair value to contract value for investment in common collective trust that consists of fully benefit responsive investment contracts	-	(2,746,019)
Net (loss) income before Plan transfers per the Form 5500	\$ (45,304)	\$ 29,070,527

The following is a reconciliation of the transfers to Thermo Fisher Scientific, Inc. 401(k) Retirement Plan per the Financial Statements to transfers of assets per the Form 5500 for the period from January 1, 2015 to April 30, 2015.

	January 1, 2015 to April 30, 2015
Transfers to Thermo Fisher Scientific, Inc. 401(k) Retirement Plan per the Financial Statements	\$ 923,174,457
Prior period adjustment from fair value to contract value for investments in common collective trust	2,892,153
Transfers of assets per the Form 5500	\$ 926,066,610

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
NOTES TO FINANCIAL STATEMENTS
AT APRIL 30, 2015 AND DECEMBER 31, 2014

8. PLAN MERGER

As a result of the February 2014 acquisition of the Plan Sponsor by Thermo Fisher Scientific Inc., the Pension Committee of Life Technologies Corporation and Thermo Fisher Scientific Inc. voted on November 28, 2014, to merge the Plan into the Thermo Fisher Scientific Inc. 401(k) Retirement Plan effective January 1, 2015. Plan assets totaling \$923,174,457 were transferred to the Thermo Fisher Scientific Inc. 401(k) Retirement Plan on January 2, 2015, and all Plan activity was completed by April 30, 2015.

9. SUBSEQUENT EVENTS

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

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2014
EIN: 33-0373077 Plan Number: 003

Identity of issue, borrower, lessor, or similar party	Units Held	Current Value
Vanguard Retirement Savings Trust II.....	8,985,406 units	\$ 97,107,671
Life Tech US Equity Growth:		
Vanguard Russell 1000 Growth Index Instl		46,198,026
Wellscap Heritage Allcap		51,269,342
Goldman Sachs US Midcap Growth		51,562,305
Brown Capital Smallcap		50,314,311
Total Life Tech US Equity Growth.....	12,047,520 units	199,343,984
Life Tech US Equity Value:		
Vanguard Russell 1000 Value Index Instl		37,269,097
Lord Abbett Small/Mid Value		32,166,209
Vanguard Selected Value Fund		26,134,020
Target Small Capitalization Value T		26,902,406
Total Life Tech US Equity Value.....	8,066,132 units	122,471,732
Life Tech International:		
Allianz NFG International Value Instl		21,909,705
DFA T.A. World ex US Core Equity Instl		19,709,237
Vanguard Developed Markets Index Instl		6,024,903
RS Emerging Markets Y		9,115,696
Total Life Tech International.....	5,476,563 units	56,759,541
Life Tech Alternative Assets:		
ING Global Real Estate I		2,951,684
PIMCO All Asset All Authority Inst		1,711,200
MF Merger Fund		1,110,734
PIMCO Commodity Real Ret Strat Admin		951,692
Total Life Tech Alternative Assets	610,976 units	6,725,310
Life Tech Bond:		
PIMCO Total Return Instl		24,699,827
Lord Abbett High Yield F		6,672,896
MFS Emerging Markets Debt I		6,811,893
BlackRock Inflation Protected Bond Svc		4,841,073
Total Life Tech Bond.....	3,751,653 units	43,025,689
* Mellon Bank, N.A. Trust Department EB Temporary Investment Fund.....	2,320,851 units	2,320,851
Total Investments		527,754,778
	With interest rates ranging from 2.15% to 10%, maturity dates through 2025	
* Notes receivable from participants		9,772,060
Due from broker for investments sold.....		386,668,090
Total Assets (Held at End of Year).....		\$ 924,194,928

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

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0088 2014 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 LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN	1b Three-digit plan number (PN)	003
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	1c Effective date of plan 07/01/1976	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		<u>10/14/15</u>	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)

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0088 2014 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 LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN	1b Three-digit plan number (PN)	003
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	1c Effective date of plan 07/01/1976 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	 Signature of plan administrator	<u>10/14/15</u> Date	DAVID A. REIRDEN 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)

LIFE TECHNOLOGIES CORPORATION 401(K) SAVINGS AND INVESTMENT PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2014
EIN: 33-0373077 Plan Number: 003

Identity of issue, borrower, lessor, or similar party	Units Held	Current Value
Vanguard Retirement Savings Trust II.....	8,985,406 units	\$ 97,107,671
Life Tech US Equity Growth:		
Vanguard Russell 1000 Growth Index Instl		46,198,026
Wellscap Heritage Allcap		51,269,342
Goldman Sachs US Midcap Growth		51,562,305
Brown Capital Smallcap		50,314,311
Total Life Tech US Equity Growth.....	12,047,520 units	199,343,984
Life Tech US Equity Value:		
Vanguard Russell 1000 Value Index Instl		37,269,097
Lord Abbett Small/Mid Value		32,166,209
Vanguard Selected Value Fund		26,134,020
Target Small Capitalization Value T		26,902,406
Total Life Tech US Equity Value.....	8,066,132 units	122,471,732
Life Tech International:		
Allianz NFG International Value Instl		21,909,705
DFA T.A. World ex US Core Equity Instl		19,709,237
Vanguard Developed Markets Index Instl		6,024,903
RS Emerging Markets Y		9,115,696
Total Life Tech International.....	5,476,563 units	56,759,541
Life Tech Alternative Assets:		
ING Global Real Estate I		2,951,684
PIMCO All Asset All Authority Inst		1,711,200
MF Merger Fund		1,110,734
PIMCO Commodity Real Ret Strat Admin		951,692
Total Life Tech Alternative Assets	610,976 units	6,725,310
Life Tech Bond:		
PIMCO Total Return Instl		24,699,827
Lord Abbett High Yield F		6,672,896
MFS Emerging Markets Debt I		6,811,893
BlackRock Inflation Protected Bond Svc		4,841,073
Total Life Tech Bond.....	3,751,653 units	43,025,689
* Mellon Bank, N.A. Trust Department EB Temporary Investment Fund.....	2,320,851 units	2,320,851
Total Investments		527,754,778
	With interest rates ranging from 2.15% to 10%, maturity dates through 2025	
* Notes receivable from participants		9,772,060
Due from broker for investments sold.....		386,668,090
Total Assets (Held at End of Year).....		\$ 924,194,928

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

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