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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 100

1c Effective date of plan 04/06/1987

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THERMO FISHER SCIENTIFIC INC.

300 INDUSTRY DRIVE
PITTSBURGH, PA 15275-1001

2b Employer Identification Number (EIN) 04-2209186

2c Plan Sponsor's telephone number 781-622-1000

2d Business code (see instructions) 423400

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/06/2017	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)

Preparer's telephone number

3a	Plan administrator's name and address [X] 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**	20204
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)**	2998
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2664
b	Retired or separated participants receiving benefits	**6b**	8588
c	Other retired or separated participants entitled to future benefits	**6c**	7104
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18356
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1483
f	Total. Add lines **6d** and **6e**.	**6f**	19839
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [X] **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)
04-2209186

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	805735	141	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	2373

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PRINCIPAL GLOBAL INVESTORS LLC
801 GRAND AVENUE
DES MOINES, IA 50392-0490

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2373	POOLED SEPARATE ACCOUNT FEES	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	22545000

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)
04-2209186

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	944376000
b Actuarial value	**2b**	1000169599

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	10036	594862733	594862733
b For terminated vested participants	7170	275012459	275012459
c For active participants	2998	100189034	101888219
d Total	20204	970064226	971763411

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.02 %
6 Target normal cost	**6**	8340000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/01/2017
Date

GEORGE W. HOLLAND
Type or print name of actuary

17-03403
Most recent enrollment number

AON CONSULTING, INC
Firm name

781-906-2400
Telephone number (including area code)

CITYPOINT - 230 THIRD AVENUE
WALTHAM, MA 02451-7528
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	14172238	9494550
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	5299738	0
9	Amount remaining (line 7 minus line 8)	8872500	9494550
10	Interest on line 9 using prior year's actual return of -2.70%	-239558	-256353
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.25%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8632942	9238197

Part III Funding Percentages

14	Funding target attainment percentage	14	101.08%
15	Adjusted funding target attainment percentage	15	102.92%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.62%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/27/2017	150000000	0			
			Totals ► 18(b)	150000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	139569728

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	8340000
b Excess assets, if applicable, but not greater than line 31a	**31b**	8340000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	139569728
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	139569728
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)
04-2209186

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).. . . . . [X] 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

AON HEWITT GROUP TRUST

27-2436452

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

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

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

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

AON HEWITT INVESTMENT CONSULTING

36-3109431

(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 50	INVESTMENT CONSULTING	1550000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON HEWITT CONSULTING, INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 15	ACTUARIAL/ RECORDKEEPING	722000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF NEW YORK MELLON

25-0659306

(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?
19 21 50 99	TRUSTEE	511000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

ATESSA BENEFITS, INC.

02-0429408

(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?
13 17 50	PENSION CONSULTANT	181000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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 24 28 50 51	INVESTMENT MANAGER	169000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PRICEWATERHOUSE COOPERS

13-4008324

(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?
10 16 50	ACCOUNTING	155000	Yes [ ] No [X]	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)

Q&F BENEFIT ADMINISTRATION

16-1302807

(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?
13 50	PLAN ADMINISTRATOR	71000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER & HOSTETLER LLP

34-0082025

(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?
29 50	LEGAL	26000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 100

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)
04-2209186

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-023	C	17301000

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL CORE PLUS BOND SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-005	P	22545000

a Name of MTIA, CCT, PSA, or 103-12 IE: COREPLUS BOND FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

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)
90-6023857-001	C	2546000

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EX-US ALPHA TILTS FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

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)
32-0009970-001	C	50686000

a Name of MTIA, CCT, PSA, or 103-12 IE: US REAL ESTATE SECURITIES INDEX FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

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)
94-3353898-001	C	13850000

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL AND MID-CAP EQUITY FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT INC.

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)
27-2436452-002	C	41763000

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT INC.

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)
27-2436452-004	C	16146000

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT INC.

c EIN-PN 27-2436452-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203428000

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT INC.

c EIN-PN 27-2436452-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276893000

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT INC.

c EIN-PN 27-2436452-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118784000

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT INC.

c EIN-PN 27-2436452-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178825000

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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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 G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)
04-2209186

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	KEY PLASTICS INCORPORATED 21333 HAGGERTY ROAD SUITE 200 NOVI, MI 48375	ISSUANCE DATE: 3/24/1997; INTEREST RATE: 10.25%; MATURITY: 3/15/2007; COLLATERAL: COMPANY GUARANTEED

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
250000	0	0	250000	250000	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	NATIONAL RESTAURANT ENTERPRISES 2215 ENTERPRISE DRIVE SUITE 1502 WESTCHESTER, IL 60154	ISSUANCE DATE: 05/15/2001; INTEREST RATE: 13%; MATURITY: 5/15/2008;

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
125	0	0	125	125	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)
04-2209186

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	150000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	9000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	68000	0
(5) Partnership/joint venture interests	1c(5)	3327000	2138000
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	919254000	920222000
(10) Value of interest in pooled separate accounts	1c(10)	23024000	22545000
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	14000	14000

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	945687000	1094928000
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1311000	854000
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1311000	854000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	944376000	1094074000

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)	150000000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		150000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	59000	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		59000
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		78807000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		918000
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1462000
d Total income. Add all **income** amounts in column (b) and enter total	2d		231246000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	72111000	
(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)		72111000
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)	1164000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1719000	
(4) Other	2i(4)	6554000	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9437000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		81548000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		149698000
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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: PRICEWATERHOUSE COOPERS, LLP **(2)** EIN: 13-4008324

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b	X		250125

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3989467. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)
04-2209186

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): 25-6329199

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** 189

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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

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**

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**

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: 51.0 % Investment-Grade Debt: 43.0 % High-Yield Debt: 4.0 % Real Estate: 0.0 % Other: 2.0 %

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

Thermo Fisher Scientific Inc.
Retirement Plan
Financial Statements and Supplemental Schedules
December 31, 2016 and 2015

Thermo Fisher Scientific Inc. Retirement Plan
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* Other supplemental schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not required or applicable.

Report of Independent Auditors

To the Administrator of Thermo Fisher Scientific Inc. Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Thermo Fisher Scientific Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, 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 the 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by The Bank of New York Mellon, the trustee of the Plan, and The Principal Life Insurance Company, the asset custodian of the Plan's pooled separate accounts, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and asset custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustee and asset custodian as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee and asset custodian 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 the financial statements.

Other Matter

The supplemental Schedule of Loans or Fixed Income Obligations in Default or Considered Uncollectible as of December 31, 2016, Schedule of Assets (Held at End of Year) as of December 31, 2016, and Schedule

of Reportable Transactions For the Year Ended December 31, 2016 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee and asset custodian, 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.

PricewaterhouseCoopers LLP

Boston, Massachusetts
August 30, 2017

Thermo Fisher Scientific Inc. Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

(In thousands)	2016	2015
Assets		
Investments at Fair Value (Note 5)		
Collective trust funds	$ 920,222	$ 919,254
Pooled separate accounts	22,545	23,024
Private equity funds	2,138	3,327
Common stock	—	68
Alternative investments	14	14
	944,919	945,687
Receivables		
Employer contribution receivable	150,000	—
Interest receivable	9	—
	150,009	—
Total assets	1,094,928	945,687
Liabilities		
Accrued administrative expenses	854	1,311
Net assets available for benefits	$ 1,094,074	$ 944,376

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

Thermo Fisher Scientific Inc. Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year ended December 31, 2016

(In thousands)	Year Ended December 31, 2016
Investment income	
Interest	$ 59
Net appreciation in the fair value of investments	81,187
Total investment income	81,246
Employer contributions	150,000
Total additions	231,246
Deductions	
Benefit payments	72,111
Administrative expenses	9,437
Total deductions	81,548
Net increase in net assets available for benefits	149,698
Net Assets Available for Benefits	
Beginning of year	944,376
End of year	$ 1,094,074

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

1. Description of Plan

The following brief description of the Thermo Fisher Scientific Inc. Retirement Plan is provided for general information purposes only. Participants should refer to the amended and restated plan document for more complete information.

Effective July 1, 1997, Fisher Scientific International Inc. (the "former Plan Sponsor") amended and restated the Plan to convert from traditional defined benefit pensions to cash balance pension benefits for most participating employees. The old Plan is referred to as the "Prior Plan" and the new Plan is referred to as the "Cash Balance Plan;" together, they are referred to as the “Plan.” The rights and benefits of each person who retired prior to July 1, 1997, were determined in accordance with the terms of the Prior Plan. The rights and benefits of a person who retired on or after July 1, 1997, or a person whose employment otherwise terminated or whose severance or separation pay ended on or after July 1, 1997, was determined in accordance with the Cash Balance Plan. For certain employees covered by collective bargaining agreements, this conversion was effective at a later date or in some cases there was no conversion from the Prior Plan. The Plan was formerly known as Fisher Scientific International Inc. Retirement Plan; its name was changed by an amendment effective March 31, 2008. In addition, effective January 1, 2009, Thermo Fisher Scientific Inc. (the “Plan Sponsor”) became the plan sponsor.

Effective January 1, 2006, the Plan was amended to freeze participation and accrued benefits of employees who were not collectively bargained under the Plan. Effective December 30, 2008, the Plan was amended again to freeze participation and accrued benefits of employees covered by one of the collective bargaining units participating in the Plan, and to render those participants fully vested in their benefits at that date. With respect to the plans that merged into the Plan during 2007, effective March 31, 2008, the Plan was amended to freeze participation and accrued benefits of those employees who had participated in the Apogent Retirement Security Plan or the Thermo Fisher Scientific Inc. Retirement Plan (formerly the Thermo Forma Plan) prior to the plan mergers, and to render those participants fully vested in their respective accrued benefits at that date. Effective April 30, 2009, the Plan was amended to freeze the accrued benefits of the sole remaining collective bargaining unit that was still accruing benefits. With respect to the plans that merged into the Plan during 2014, benefit accruals under both plans were frozen prior to the merger.

General

The Plan is a defined benefit pension plan sponsored by Thermo Fisher Scientific Inc. (the “Company”). The Company’s Pension Committee and the plan administrator control and manage the operation and administration of the Plan. The Bank of New York Mellon ("BNY Mellon") serves as the trustee of the Plan. The Principal Life Insurance Company (“Principal”) is an asset custodian of certain assets referred to as investments in “pooled separate accounts” in the accompanying Statement of Net Assets Available for Benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension Benefits

Plans that merged into the Plan throughout its history continued to follow the guidelines for calculation of benefits as defined by those respective plans before those mergers took place. Therefore, if a plan that did not allow for a cash balance benefit merged into the Plan, then the participants of that plan would not begin to receive cash balance benefits after that merger, unless a subsequent amendment was adopted.

Under the Cash Balance Plan, the benefit received is the participant’s vested balance of their cash balance account. Under both the Cash Balance Plan and the Prior Plan, a participant in the Cash Balance Plan may receive a monthly annuity or lump-sum cash payment upon terminating employment or retiring. A participant solely of the Prior Plan may receive a monthly annuity commencing at age 65 upon terminating or retiring, or commencing as early as age 55 if the participant meets certain service requirements. Furthermore, both Plans include provisions for early retirement, death, and disability benefits.

Under the Cash Balance Plan, participants are not allowed to make contributions to the Plan. Under the Prior Plan, certain union group employees were able to contribute a portion of their earnings; however, these contributions ceased at the time the respective unions' benefits were frozen. Accumulated employee contributions were credited with an interest rate of 2.17% and 2.10% during 2016 and 2015, respectively.

Each participant's account is credited with interest at a rate determined annually (2.83% and 3.43% for 2016 and 2015, respectively) based on the 30-year Treasury bill rate. The rate is adjusted in November for the following year.

The Plan Sponsor entered into an agreement with John Hancock Financial under which the Plan continued its role as paymaster for certain annuities which are to be reimbursed monthly from John Hancock Financial. Benefit payment amounts paid by the Plan relating to these settled obligations and the related reimbursements amounted to $3,000,000 for the year ended December 31, 2016, and are not included as Plan activity.

In 2014, the Employee Pension Plan of Applied Biosystems, Inc. (the "ABI Plan") merged with the Plan and continues to operate as a separate benefit structure. Benefit accruals under the ABI Plan were frozen effective July 1, 2004. Any benefits earned from October 1, 1995 through June 30, 2004 were paid entirely under a fixed benefit final average salary formula. For benefits accrued prior to October 1, 1995, participants had the option to have benefits paid entirely under a fixed benefit formula or under fixed and variable benefit formulas with the variable portion being based on investment fund performance and mortality. The annual retirement benefit was equal to the sum of the benefits accrued through September 30, 1995 under prior formulas (see below) plus the benefits calculated under the following method with respect to each year of service completed from October 1, 1995 through June 30, 2004:

ABI Plan Fixed Benefit - The fixed benefit accrual for service from October 1, 1995 was equal to 1.4% of the three-year Final Average Salary ("FAS") plus 0.5% of FAS in excess of covered compensation (35-year average of social security taxable wage base), multiplied by years of service from October 1, 1995. If a participant had over 35 years of vesting service, the benefit accrual was equal to 1.7% of FAS times years of service in excess of 35 years. Participants awarded Incentive Compensation Income ("ICI") received an additional benefit of 1.5% of the three-year average of ICI payments times years of service from July 1, 1995. For retirement benefits earned between August 1, 1989 and October 1, 1995, the benefit accrual was 1.4% of annual compensation plus 0.5% of annual compensation in excess of covered compensation. For retirement benefits earned prior to August 1, 1989 the benefit accrual was 1.25% of annual compensation in excess of the Federal Social Security Integration Base.

ABI Plan Fixed and Variable Annuity Benefit - Effective October 1, 1995 the variable annuity option election was no longer available and variable annuity benefit accruals were frozen. Participants who previously elected the variable annuity option received or will receive one-half of their benefits based on the pre-October 1, 1995 fixed benefit accruals described above, plus one-half of the benefits expressed in variable annuity units, attributable to the period during which they elected to participate in the variable benefit. At retirement, the accumulated variable annuity units are converted to a monthly annuity based on the variable annuity unit value at that time. Each year thereafter, the variable annuity portion of the retiree's benefit is adjusted to reflect changes in the variable annuity unit value. Effective July 1, 2008 the ABI Plan was amended to include a minimum benefit that a participant in the variable annuity would receive. If in any plan year the value of a participant's variable annuity pension decreases to a level that is lower than the benefit the participant would have received had the participant not elected the variable annuity and instead elected the fixed benefit, then for that plan year, the participant would have received the value of the fixed benefit.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are stated at fair value. The Plan’s interests in collective trusts and pooled separate accounts are valued based on the net asset value per share as provided by the trustee of the fund, which is used as a practical expedient to estimate fair value.

The Plan's interest in private equity funds and alternative investments are stated at estimated fair value based on 1) audited financial statements; 2) capital balances reported by the advisor; 3) the Plan’s percentage of invested capital in the fund multiplied by total partner’s equity, as reported by the managers of the private equity funds; or 4) other fair value considerations, if applicable, which are used as a practical expedient to estimate fair value.

The Plan’s investment in common stock is valued based on quoted market prices.

There were no changes in valuation techniques during 2016 or 2015.

Refer to Note 5 for more information on valuation of the Plan’s investments.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan’s expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits. As provided by the plan document, charges for administering the Plan including recordkeeping fees, actuarial fees and Pension Benefit Guarantee Corporation (“PBGC”) premiums, as well as trustee fees and investment management fees are paid by the Plan.

Risks and Uncertainties

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

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

Subsequent Events

The Plan has evaluated events and transactions occurring after the Statement of Net Assets Available for Benefits date through the date the financial statements were available for issuance, August 30, 2017, for recognition or disclosure in the financial statements and notes.

3. Funding Policy

Employer contributions are actuarially determined to fund the Plan's current normal costs on a current basis and to generally fund the existing unfunded liability on account of qualified service prior to the valuation date in accordance with the amortization schedules prescribed by ERISA minimum funding requirements (as amended by the Pension Protection Act). At the Company's discretion, and to the extent allowable under maximum tax deductibility regulations, contributions above the ERISA minimum requirements may be made to the Plan. Contributions for the years ended December 31, 2016 and 2015 met the minimum funding requirements of ERISA.

4. Actuarial Present Value of Accumulated Plan Benefits

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

The significant actuarial assumptions used in the valuations of the accumulated plan benefits as of December 31, 2016 and 2015 are as follows:

	2016	2015
Discount Rate	4.07% Compounded Annually	4.25% Compounded Annually
Mortality	RP-2014 Mortality Tables projected with scale MP-2014 to be fully generational for annuitants and non-annuitants	RP-2014 Mortality Tables projected with scale MP-2014 to be fully generational for annuitants and non-annuitants
Retirement Age	Specified percentages varying by former plan commencing at age 55, with weighted averages of ages varying by former plan from age 61.1 to age 62.6	Specified percentages varying by former plan commencing at age 55, with weighted averages of ages varying by former plan from age 61.1 to age 62.5

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2016 and 2015 are as follows:

(In thousands)	2016	2015
Vested Benefits		
Participants currently receiving payments	$ 697,048	$ 693,676
Other participants	472,836 *	470,914 *
Total vested benefits	1,169,884	1,164,590
Nonvested Benefits	1,998	2,204
Total actuarial present value of accumulated plan benefits	$ 1,171,882	$ 1,166,794

* Includes accumulated participant contributions, including interest, for active employees of $3,521 and $4,121 at December 31, 2016 and 2015, respectively.

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2016 are as follows:

(In thousands)	2016
Actuarial present value of accumulated plan benefits at December 31, 2015	$ 1,166,794
Increase (decrease) during the year attributed to:	
Change in actuarial assumptions (a)	21,700
Other gains/losses	5,568
Benefit payments	(72,111)
Change in variable annuity unit value	1,875
Interest accrual	48,056
Net increase	5,088
Actuarial present value of accumulated plan benefits at December 31, 2016	$ 1,171,882

(a) Represents the change in discount rate from 4.25% to 4.07%, and the change in the cash balance interest crediting rate from 4.25% to 3.91%.

5. Fair Value Measurements

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

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

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

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

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

The following table presents information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2016:

(In thousands)	Total	Level 1	Level 2	Level 3	Not subject to leveling (1)
Common collective trusts	$ 920,222	$ —	$ —	$ —	$ 920,222
Pooled separate accounts	22,545	—	—	—	22,545
Private equity	2,138	—	—	—	2,138
Alternative investments	14	—	—	—	14
Total investments at fair value	$ 944,919	$ —	$ —	$ —	$ 944,919

(1) Investments measured at the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

The following table presents information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2015:

(In thousands)	Total	Level 1	Level 2	Level 3	Not subject to leveling (1)
Common collective trusts	$ 919,254	$ —	$ —	$ —	$ 919,254
Pooled separate accounts	23,024	—	—	—	23,024
Private equity	3,327	—	—	—	3,327
Common stock	68	68	—	—	—
Alternative investments	14	—	—	—	14
Total investments at fair value	$ 945,687	$ 68	$ —	$ —	$ 945,619

(1) Investments measured at the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

There were no transfers between levels in 2016 or 2015.

The table below presents the fair value of plan investments that are measured at the net asset value per share (or its equivalent) practical expedient:

(In thousands)	Fair Value as of December 31, 2016	Fair Value as of December 31, 2015	Redemption Frequency	Redemption Notice Period, if currently eligible
Asset Category				
Collective trust funds:				
U.S. equity funds:				
U.S. real estate equity fund	$ 13,850	$ 16,378	Daily	Daily
Other U.S. equity funds	245,191	235,894	Daily	No more than 15 days
International equity funds	229,511	231,542	Daily	No more than 15 days
Fixed income funds	414,369	419,480	Daily	No more than 15 days
Money market funds	17,301	15,960	Daily	Daily
Pooled separate accounts (a)	22,545	23,024	Daily	Daily
Private equity funds (b)	2,138	3,327	Not applicable	Not eligible
Alternative investments (c)	14	14	Not applicable	Not eligible
	$ 944,919	$ 945,619		

(a) Primarily fixed income

(b) These investments cannot be redeemed during the life of the funds. Instead, distributions are received through the liquidation of the underlying assets of the funds. It is estimated that the underlying assets will be liquidated over the next 1 to 2 years. As of December 31, 2016, there are 6 such funds, and unfunded commitments of $536,000 remain in 4 of the funds.

(c) This investment cannot be redeemed as it is currently in liquidation. It is unknown when the remaining investment will be distributed.

6. Information Certified by the Trustee and Asset Custodian

The following is a summary of the investment information regarding the Plan as of December 31, 2016 and 2015, and for the year ended December 31, 2016, included in the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by BNY Mellon, the trustee of the Plan, and Principal, the asset custodian of the Plan's pooled separate accounts, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee and asset custodian of the pooled separate accounts that such information is complete and accurate.

(In thousands)	2016	2015
Statement of Net Assets Available for Benefits		
Investment in collective trust funds	$ 920,222	$ 919,254
Investment in pooled separate accounts	22,545	23,024
Investment in private equity funds	2,138	3,327
Investment in common stock	—	68
Investment in alternative investments	14	14
Interest receivable	9	—
Statement of Changes in Net Assets Available for Benefits		
Interest	$ 59	
Net appreciation in the fair value of investments	$ 81,187	

7. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan in certain circumstances to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

8. Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company by letter, dated August 12, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since the date of the determination letter. However, the plan administrator and Plan’s ERISA counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

9. Parties-in-Interest and Related Party Transactions

Certain investments of the Plan are managed by BNY Mellon and Principal. BNY Mellon and Principal are the trustee of the Plan and the asset custodian of the Plan’s pooled separate accounts, respectively; therefore, these transactions and expenses qualify as party-in-interest transactions. In addition, certain Plan investments are interests in common collective trusts managed by AON Hewitt Group Trust, an affiliate of AON Hewitt, the actuary of the Plan. Therefore, transactions in these investments also qualify as party-in-interest transactions.

Thermo Fisher Scientific Inc. Retirement Plan
Schedule G - Schedule of Loans or Fixed Income Obligations in Default or Considered Uncollectible
December 31, 2016

		Description of Investment				Amount Over Due	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity and Address of Obligor	Original Amount of Investment	Issuance Date	Interest Rate	Maturity	Collateral	Principle	Interest
KEY PLASTICS INCORPORATED 21333 HAGGERTY ROAD, SUITE 200 NOVI, MI 48375 493137AD5	$ 250,000	3/24/1997	10.25%	3/15/2007	Company Guaranteed	$ 250,000	$ —
NATIONAL RESTAURANT ENTERPRISES AMERIKING CORPORATION 2215 ENTERPRISE DRIVE, SUITE 1502 WESTCHESTER, IL 60154 637414AC7	125	5/15/2001	13.00%	5/15/2008	—	125	—

Note: The data on this schedule is based on information that has been certified as complete and accurate by The Bank of New York Mellon Bank, N.A., the trustee of the Plan.

Thermo Fisher Scientific Inc. Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016

(a) Identity of Issue/Borrower, Lessor or Similar Party	(b) Description of investments, including maturity date, rate of interest, collateral, par or maturity value	(c) Cost (in thousands)	(d) Current Value (in thousands)
Collective Trust Funds			
BlackRock US Real Estate Securities Index Fund	U.S. Real Estate Equity Fund, 206,596 shares	$ 6,720	$ 13,850
AON Hewitt Group Trust US Small-Mid Cap Active Equity Fund	U.S. Equity Fund (1), 1,887,275 shares	34,858	41,763
AON Hewitt Group Trust US Large Cap Passive Equity Fund	U.S. Equity Fund (1), 8,761,109 shares	157,970	203,428
BlackRock Global Ex-US Alpha Tilts Fund B	International Equity Fund, Stock Market, 1,890,842 shares	43,005	50,686
AON Hewitt Group Trust Non US Equity Fund	International Equity Fund (1), Stock Market, 13,477,952 shares	182,165	178,825
BlackRock Core Plus Bond Fund B	Fixed Income Fund, Bond Account, 129,630 shares	1,671	2,546
AON Hewitt Group Trust Long Fixed Income Active Credit Fund	Fixed Income Fund (1), 16,701,452 shares	240,181	276,893
AON Hewitt Group Trust High Yield Bond Fund	Fixed Income Fund (1), 1,123,035 shares	13,542	16,146
AON Hewitt Group Trust Intermediate Credit Bond Fund	Fixed Income Fund (1), 9,259,730 shares	112,366	118,784
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund	Money Market Collective Trust (1),17,301,696 units	17,301	17,301
	Total Collective Trust Funds	809,779	920,222
Private Equity			
Ampersand 2001 LTD Partnership	Limited Partnership, 1.02% of fund	82	180
Roundtable Healthcare II LP	Limited Partnership, 0.60% of fund	181	303
Beacon Capital Strategic Partners IV LP	Limited Partnership, 0.09877% of fund	249	76
Brand Equity II LTD Ventures LP	Limited Partnership, 2.265531% of fund	341	779
Monitor Clipper II LP	Limited Partnership, 0.27% of fund	804	617
Roundtable Healthcare Partners LP	Limited Partnership, 0.50% of fund	52	183
	Total Private Equity	1,709	2,138
Alternative Investments			
Blackstone Distressed Debt Fund LP	Limited Partnership, 20.084 shares	22	14
Pooled Separate Accounts			
Principal Mutual Life Insurance Company	Bond and Mortgage Account (1), 19,396 units	16,918	22,545
			$ 944,919

(1) Investments are a party-in-interest to the Plan

Note: The above data is based on information that has been certified as complete and accurate by The Bank of New York Mellon Bank, N.A., the trustee of the Plan (excluding the cost and percentage of fund ownership data of the private equity investments) and Principal Life Insurance Company, the custodian of the pooled separate accounts.

Thermo Fisher Scientific Inc. Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2016
(In thousands)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain/ (Loss)
Series of Transactions						
Mellon Bank, N.A. * 218 transactions	Money Market Collective Trust	$ —	$ 78,457	$ 78,457	$ 78,457	$ —
Mellon Bank, N.A. * 337 transactions	Money Market Collective Trust	79,799	—	—	79,799	—

* Party-in-interest

Note: The data on this schedule is based on information that has been certified as complete and accurate by The Bank of New York Mellon Bank, N.A., the trustee of the Plan.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Schedule SB, Line 26—Schedule of Active Participant Data As of January 1, 2016

Thermo Fisher Retirement Plan

EIN: 04-2209186 PN: 100

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29				1						
30-34				27	3					
35-39				101	70	2				
40-44			1	121	165	44	3			
45-49				109	212	97	61	3		
50-54				121	206	94	120	62	6	
55-59				117	171	87	128	89	93	6
60-64				85	125	60	87	53	68	37
65-69				16	41	8	17	9	15	24
70+				4	8	5	3	1	4	8

N-2998

Note: Current compensation data was not included since current compensation is not taken into account under the plan's benefit formula.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

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

Interest Rates	Based on segment rates with four month lookback (as of September 2015), as limited by the interest rate corridor of the Moving ahead for Progress in the 21st Century Act (MAP-21), as modified by the Highway and Transportation Funding Act of 2014 (HATFA), and the Bipartisan Budget Act of 2015 (BBA).
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Cash Balance Interest Crediting Rate	4.03% (Second segment rate without regard to interest rate stabilization)
Mortality Rates	
Other than Lump Sums	Static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(c).
Lump Sums	2016 static 417(e) mortality table.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 64 for Life Technologies, age 63 for Applied Biosystems Inc., and age 62 for all others.
Withdrawal Rates	See Tables 2-6.
Disability Rates	None except as shown in Tables 7-8.
Optional Payment Form Election Percentage	
Cash Balance and Chase Participants	100% elect a lump sum.
Life Technologies	50% elect a Single Life Annuity 25% elect a 50% Joint and Survivor Annuity 25% elect a 100% Joint and Survivor Annuity
Applied Biosystems Inc.	35% elect a Single Life Annuity 35% elect a 50% Joint and Survivor Annuity 30% elect a 75% Joint and Survivor Annuity
All Other Participants	100% elect a life annuity. Optional annuity forms are actuarially equivalent.

Valuation Compensation	N/A
Marital Status	
Apogent RSP	75% of employees are assumed to be married at time of retirement or death before retirement. Females assumed to be 2 years younger than males
Barnstead	75% of employees are assumed to be married at time of retirement or death before retirement. Females assumed to be 3 years younger than males.
Chase	80% of employees are assumed to be married at time of retirement or death before retirement. Females assumed to be 3 years younger than males.
Life Technologies	80% of employees are assumed to be married at time of retirement or death before retirement. For male participants, female spouses are assumed to be three years younger than the participant. For female participants, male spouses are assumed to be one year older than the participant.
Applied Biosystems Inc.	Marital status is based on actual data. Females are assumed to be 2 years younger than males.
All Other	80% of all active male employees and 65% of all active female employees are assumed to be married at time of retirement or death before retirement. Females assumed to be 3 years younger than males.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $210,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years (including the assets for the plans merged into the Plan as of December 31, 2014), adjusted for subsequent contributions, benefit payments, administrative expenses, and expected earnings to the valuation date. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

Expected Return on Assets

2014 Plan Year	7.75%, net of investment expenses, limited to 6.99% per Notice 2009-22.
2015 Plan Year	7.00%, net of investment expenses, limited to 6.81% per Notice 2009-22.
Variable Annuity Benefit	Variable annuity benefits are projected based on the actual investment return through the measurement date and assumed future investment returns equal to the assumed interest rate.
Trust Expenses Included in Target Normal Cost	Prior year's administrative expenses paid from the trust rounded to the nearest $5,000, adjusted for any significant expected changes.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2016

Table 1

Retirement Probabilities

Age	Hamilton Union	Apogent RSP, Barnstead, and Chase	Life Technologies	Applied Biosystems Inc.	All Others
55	2.50%	5.00%	5.00%	15.00%	5.00%
56	1.00%	5.00%	5.00%	5.00%	5.00%
57	1.00%	5.00%	5.00%	5.00%	5.00%
58	1.00%	5.00%	5.00%	5.00%	5.00%
59	1.00%	5.00%	5.00%	5.00%	5.00%
60	5.00%	5.00%	10.00%	20.00%	10.00%
61	1.00%	5.00%	10.00%	10.00%	10.00%
62	45.00%	25.00%	20.00%	20.00%	30.00%
63	40.00%	10.00%	10.00%	20.00%	20.00%
64	35.00%	10.00%	10.00%	20.00%	20.00%
65	100.00%	100.00%	100.00%	75.00%	100.00%
66	100.00%	100.00%	100.00%	25.00%	100.00%
67	100.00%	100.00%	100.00%	25.00%	100.00%
68	100.00%	100.00%	100.00%	25.00%	100.00%
69	100.00%	100.00%	100.00%	25.00%	100.00%
70+	100.00%	100.00%	100.00%	100.00%	100.00%

Table 2

Withdrawal Probabilities—Apogent RSP and Chase

	Years of Service			
Age	**0**	**1**	**2**	**3+**
20	59.4756%	44.6067%	29.7378%	14.8689%
21	55.4932%	41.6199%	27.7466%	13.8733%
22	51.5124%	38.6343%	25.7562%	12.8781%
23	47.5332%	35.6499%	23.7666%	11.8833%
24	43.5404%	32.6553%	21.7702%	10.8851%
25	39.5484%	29.6613%	19.7742%	9.8871%
26	37.1572%	27.8679%	18.5786%	9.2893%
27	34.7668%	26.0751%	17.3834%	8.6917%
28	32.3768%	24.2826%	16.1884%	8.0942%
29	29.9668%	22.4751%	14.9834%	7.4917%
30	27.5556%	20.6667%	13.7778%	6.8889%
31	26.3436%	19.7577%	13.1718%	6.5859%
32	24.3308%	18.2481%	12.1654%	6.0827%
33	22.7168%	17.0376%	11.3584%	5.6792%
34	21.0812%	15.8109%	10.5406%	5.2703%
35	19.4408%	14.5806%	9.7204%	4.8602%
36	17.7948%	13.3461%	8.8974%	4.4487%
37	16.1428%	12.1071%	8.0714%	4.0357%
38	14.4832%	10.8624%	7.2416%	3.6208%
39	12.8208%	9.6156%	6.4104%	3.2052%
40	11.1500%	8.3625%	5.5750%	2.7875%
41	10.2692%	7.7019%	5.1346%	2.5673%
42	9.3776%	7.0332%	4.6888%	2.3444%
43	8.4728%	6.3546%	4.2364%	2.1182%
44	7.5620%	5.6715%	3.7810%	1.8905%
45	6.6360%	4.9770%	3.3180%	1.6590%
46	5.6924%	4.2693%	2.8462%	1.4231%
47	4.7280%	3.5460%	2.3640%	1.1820%
48	3.7460%	2.8095%	1.8730%	0.9365%
49	2.7588%	2.0691%	1.3794%	0.6897%
50	1.7536%	1.3152%	0.8768%	0.4384%
51	0.7216%	0.5412%	0.3608%	0.1804%
52+	0.0000%	0.0000%	0.0000%	0.0000%

Table 3

Withdrawal Probabilities—Barnstead Union

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

Table 4

Withdrawal Probabilities—Life Technologies

Age	Probability
20	23.40%
25	16.20%
30	11.10%
35	7.80%
40	6.20%
45	5.50%
50	5.00%
55	4.00%
60	0.00%

Table 5

Withdrawal Probabilities—Applied Biosystems Inc.

Age	Probability
20	20.80%
25	14.40%
30	9.80%
35	7.00%
40	5.50%
45	4.90%
50	4.50%
55	3.50%
60	2.70%
65	2.00%

Table 6

Withdrawal Probabilities—All other Participants

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
20-25	28.00%	22.00%	20.00%	17.00%	14.00%	14.00%
26	28.00%	22.00%	20.00%	17.00%	14.00%	13.50%
27	28.00%	22.00%	20.00%	17.00%	14.00%	13.00%
28	28.00%	22.00%	20.00%	17.00%	14.00%	12.60%
29	28.00%	22.00%	20.00%	17.00%	14.00%	12.20%
30	28.00%	22.00%	20.00%	17.00%	14.00%	11.80%
31	28.00%	22.00%	20.00%	17.00%	14.00%	11.40%
32	28.00%	22.00%	20.00%	17.00%	14.00%	11.00%
33	28.00%	22.00%	20.00%	17.00%	14.00%	10.60%
34	28.00%	22.00%	20.00%	17.00%	14.00%	10.20%
35	28.00%	22.00%	20.00%	17.00%	14.00%	9.90%
36	28.00%	22.00%	20.00%	17.00%	14.00%	9.60%
37	28.00%	22.00%	20.00%	17.00%	14.00%	9.30%
38	28.00%	22.00%	20.00%	17.00%	14.00%	9.00%
39	28.00%	22.00%	20.00%	17.00%	14.00%	8.70%
40	28.00%	22.00%	20.00%	17.00%	14.00%	8.40%
41	28.00%	22.00%	20.00%	17.00%	14.00%	8.10%
42	28.00%	22.00%	20.00%	17.00%	14.00%	7.80%
43	28.00%	22.00%	20.00%	17.00%	14.00%	7.50%
44	28.00%	22.00%	20.00%	17.00%	14.00%	7.20%
45	28.00%	22.00%	20.00%	17.00%	14.00%	7.00%
46	28.00%	22.00%	20.00%	17.00%	14.00%	6.80%
47	28.00%	22.00%	20.00%	17.00%	14.00%	6.60%
48	28.00%	22.00%	20.00%	17.00%	14.00%	6.40%
49	28.00%	22.00%	20.00%	17.00%	14.00%	6.20%
50	28.00%	22.00%	20.00%	17.00%	14.00%	6.00%
51	28.00%	22.00%	20.00%	17.00%	14.00%	5.80%
52	28.00%	22.00%	20.00%	17.00%	14.00%	5.60%
53	28.00%	22.00%	20.00%	17.00%	14.00%	5.40%
54	28.00%	22.00%	20.00%	17.00%	14.00%	5.20%
55+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Table 7

Disability Probabilities—Hamilton Union

Age	Probability	Age	Probability
20	0.090%	50	0.330%
21	0.092%	51	0.380%
22	0.094%	52	0.430%
23	0.096%	53	0.480%
24	0.098%	54	0.530%
25	0.100%	55	0.580%
26	0.102%	56	0.688%
27	0.104%	57	0.796%
28	0.106%	58	0.904%
29	0.108%	59	1.012%
30	0.110%	60	1.120%
31	0.112%	61	0.896%
32	0.114%	62	0.672%
33	0.116%	63	0.448%
34	0.118%	64	0.224%
35	0.120%	65+	0.000%
36	0.126%		
37	0.132%		
38	0.138%		
39	0.144%		
40	0.150%		
41	0.164%		
42	0.178%		
43	0.192%		
44	0.206%		
45	0.220%		
46	0.242%		
47	0.264%		
48	0.286%		
49	0.308%		

Table 8

Disability Probabilities—Apogent RSP and Barnstead Union

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

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
☒ 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
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 100

1c Effective date of plan 04/06/1987

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THERMO FISHER SCIENTIFIC INC.

300 INDUSTRY DRIVE

PITTSBURGH PA 15275-1001

2b Employer Identification Number (EIN) 04-2209186

2c Plan Sponsor's telephone number 781-622-1000

2d Business code (see instructions) 423400

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	[signature]	9/6/17	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)

Preparer's telephone number

3a Plan administrator's name and address [X] 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**	20,204
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)**	2,998
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2,664
b Retired or separated participants receiving benefits	**6b**	8,588
c Other retired or separated participants entitled to future benefits	**6c**	7,104
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	18,356
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1,483
f Total. Add lines **6d** and **6e**	**6f**	19,839
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) — 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [X] **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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_____

Thermo Fisher Scientific Inc. Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2016
(In thousands)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain/ (Loss)
Series of Transactions						
Mellon Bank, N.A. * 218 transactions	Money Market Collective Trust	$ —	$ 78,457	$ 78,457	$ 78,457	$ —
Mellon Bank, N.A. * 337 transactions	Money Market Collective Trust	79,799	—	—	79,799	—

* Party-in-interest

Note: The data on this schedule is based on information that has been certified as complete and accurate by The Bank of New York Mellon Bank, N.A., the trustee of the Plan.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)
04-2209186

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	2a	944,376,000
b Actuarial value	2b	1,000,169,599

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	10,036	594,862,733	594,862,733
b For terminated vested participants	7,170	275,012,459	275,012,459
c For active participants	2,998	100,189,034	101,888,219
d Total	20,204	970,064,226	971,763,411

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.02%
6 Target normal cost	6	8,340,000

Statement by Enrolled Actuary

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

SIGN HERE George W. Holland GWH
Signature of actuary

08/01/2017
Date

GEORGE W. HOLLAND
Type or print name of actuary

1703403
Most recent enrollment number

AON CONSULTING, INC
Firm name

781-906-2400
Telephone number (including area code)

CITYPOINT - 230 THIRD AVENUE

WALTHAM MA 02451-7528
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	14,172,238	9,494,550
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	5,299,738	0
9	Amount remaining (line 7 minus line 8)	8,872,500	9,494,550
10	Interest on line 9 using prior year's actual return of -2.70%	-239,558	-256,353
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.25%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8,632,942	9,238,197

Part III Funding Percentages

14	Funding target attainment percentage	14	101.08%
15	Adjusted funding target attainment percentage	15	102.92%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.62%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/27/2017	150,000,000	0			
			Totals ► 18(b)	150,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	139,569,728

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.43 %	5.91 %	6.65 %	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	8,340,000
b Excess assets, if applicable, but not greater than line 31a	31b	8,340,000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	139,569,728
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	139,569,728
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB Attachment (Form 5500)—2016 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

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

The average retirement age shown in line 22 is age 62. This is based on a weighting of the Hamilton Union, Apogent RSP, Barnstead, Chase, Life Technologies, Applied Biosystems Inc., and the rest of the active participant populations. The average retirement age for each of the populations has been calculated according to the following tables and assuming no decrements other than retirement for the calculations. All retirements are assumed to occur at beginning of the year.

Retirement Probabilities for Hamilton Union

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.50%	1.0000	1.38
56	1.00%	0.9750	0.55
57	1.00%	0.9653	0.55
58	1.00%	0.9556	0.55
59	1.00%	0.9460	0.56
60	5.00%	0.9366	2.81
61	1.00%	0.8898	0.54
62	45.00%	0.8809	24.58
63	40.00%	0.4845	12.21
64	35.00%	0.2907	6.51
65	100.00%	0.1889	12.28
	Weighted Average		62.52

Retirement Probabilities for Apogent RSP, Barnstead, and Chase

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	5.00%	0.7738	2.32
61	5.00%	0.7351	2.24
62	25.00%	0.6983	10.82
63	10.00%	0.5238	3.30
64	10.00%	0.4714	3.02
65	100.00%	0.4243	27.58
	Weighted Average		62.15

Schedule SB Attachment (Form 5500)—2016 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Retirement Probabilities for Applied Biosystems Inc.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	15.00%	1.0000	8.25
56	5.00%	0.8500	2.38
57	5.00%	0.8075	2.30
58	5.00%	0.7671	2.22
59	5.00%	0.7288	2.15
60	20.00%	0.6923	8.31
61	10.00%	0.5539	3.38
62	20.00%	0.4985	6.18
63	20.00%	0.3988	5.02
64	20.00%	0.3190	4.08
65	75.00%	0.2552	12.44
66	25.00%	0.0638	1.05
67	25.00%	0.0479	0.80
68	25.00%	0.0359	0.61
69	25.00%	0.0269	0.46
70	100.00%	0.0202	1.41
	Weighted Average		61.07

Retirement Probabilities for Life Technologies

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

Retirement Probabilities for All Other Participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	30.00%	0.6268	11.66
63	20.00%	0.4387	5.53
64	20.00%	0.3510	4.49
65	100.00%	0.2808	18.25
	Weighted Average		61.69

Schedule SB Attachment (Form 5500)—2016 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contribution: 2016

Date	Amount	Interest Rate	Days to Discount to January 1, 2016	Interest Adjusted Contribution
March 27, 2017	150,000,000	6.02%	451	139,569,728

Plan: Thermo Fisher Scientific Inc. Retirement Plan
EIN / PN: 04-2209186/ PN 100

Schedule G, Part I:

These amounts represent fixed income obligations of companies that went into bankruptcy. They are considered uncollectible. As a creditor, there is no action to be taken by the plan nor does the plan take any action to pursue the debtor.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Schedule SB, Part V—Summary of Plan Provisions

Cash Balance Plan

Effective Date

July 1, 1997

Eligibility for Participation

Employees not eligible for career average benefits who have completed 6 months of service will earn a Cash Balance Benefit. Effective January 1, 2005, 12 months for non-collectively bargained employees. Participation in cash balance plan is closed effective December 31, 2005 for non-collectively bargained employees, March 2, 2006 for Epoxyn decertified union employees, March 31, 2006 for Fair Lawn union employees, April 21, 2006 for Epoxyn union employees, and April 30, 2009 for Hamilton Machinists union employees. All benefit accruals were frozen on or before April 30, 2009 (see Contribution Credits under Definitions).

Normal Retirement

Eligibility

Age 65

Benefit

The greater of the participant's Cash Balance Benefit and the frozen accrued benefit as of date of cash balance participation (generally June 30, 1997, but later date for certain union employees).

Early Retirement

Eligibility

Age 55

Benefit

Greater of:

(i) Cash Balance Benefit, and

(ii) Frozen accrued benefit as of date of cash balance participation, reduced according to the following schedule:

Fisher Employees		CMS Employees	
Age	**Percentage**	**Age**	**Percentage**
64	97%	64	95%
63	94%	63	90%
62	91%	62	85%
61	88%	61	80%
60	85%	60	75%
59	79%	59	70%
58	73%	58	65%
57	67%	57	60%
56	61%	56	55%
55	55%	55	50%

Cash Balance Plan (continued)

Vested Benefits

Eligibility

1 year of service

Benefit

The vesting percentage for the Cash Balance Benefit follows this schedule:

Service	Terminate Prior to 01/01/2008	Terminate On or After 01/01/2008
Less than 1	0%	0%
1	20%	20%
2	40%	40%
3	60%	100%
4	80%	100%
5 or more	100%	100%

Preretirement Death Benefit

Eligibility

Any participant with a Cash Balance Account

Benefit

If married with an eligible spouse, greater of:

(i) 50% of the frozen accrued benefit as of date of cash balance participation,

(ii) Cash Balance Benefit that the participant would have received had he or she terminated employment on the date of his or her death and retired with a joint and 50% survivor option on his or her earliest retirement date, and

(iii) The Cash Balance Account.

Otherwise, the benefit is the Cash Balance Account.

Definitions

Cash Balance Benefit

Cash Balance Account expressed as an actuarially equivalent single life annuity based on the 30-year Treasury note rate for November of the preceding year.

Cash Balance Plan (continued)

Definitions (continued)

Cash Balance Account	Cash Balance Accounts were initially established as of date of cash balance participation (generally effective June 30, 1997) as the present value of accrued benefits (with enhancements for certain participants based on their age, service, and prior plan participation). Cash Balance Accounts increase with Contribution and Interest Credits. Fairlawn union employees as of July 11, 1997 could elect to participate effective July 12, 1997, with future hires automatically participating. Morris Plains union employees participate effective June 29, 1998. Indiana, Pennsylvania union employees as of July 10, 1998 could elect to participate effective July 27, 1998, with future hires automatically participating. Hamilton Machinists union employees could elect to participate effective January 1, 2000. A second election was offered effective January 1, 2003, with employees hired after 2002 automatically participating. Hamilton Machinists union employees electing to participate in the cash balance plan are also eligible for the $100 monthly annuity supplement described under the Fisher Hamilton provisions.
Contribution Credits	3.50% of participant's compensation, including overtime, commissions, and bonuses. Frozen effective December 31, 2005 for non-collectively bargained employees, March 2, 2006 for Epoxyn decertified union employees, March 31, 2006 for Fair Lawn union employees, April 21, 2006 for Epoxyn union employees, and April 30, 2009 for Hamilton Machinists union employees. Hamilton Machinists who, as of October 1, 2002, were both actively employed and had at least 20 years of service (a closed group), receive an additional cash balance credit of $50 in each month for which a Contribution Credit was received between October 1, 2002 and September 30, 2005.

Cash Balance Plan (continued)

Definitions (continued)

Interest Credits	The average of the 30-year Treasury note rate over the 12-month period ending during November of the preceding plan year. Interest shall be credited on the last day of each calendar month.
Forms of Payment	The following optional forms of payment are available: • Lump sum equal to the Cash Balance Account • Single life annuity equal to the Cash Balance Benefit (automatic form for unmarried participants) • Reduced 5-year certain and continuous single life annuity • Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)

Career Average Plan—Fisher Scientific Division

Effective Date	May 1, 1950
Participation in Plan	Employees are eligible to participate upon completion of 1 year of service with 1,000 hours. Only employees covered by a union collective bargaining agreement who elected not to participate in the cash balance plan remain in this plan. No participants are currently accruing benefits.
Eligibility	
Normal Retirement	Age 65
Early Retirement	Age 55
Disability Retirement	Total and permanent disability as defined under the Federal Social Security Act
Deferred Vested Retirement	5 years of service or age 55
Amount of Pension	
Normal Retirement	An annual pension paid in monthly installments is equal to (a) plus (b) below, subject to the minimum benefit described in (c). (a) For years of service prior to January 1, 1992: Updated past service benefits (b) For service following January 1, 1992: 1.50% of compensation received each year; plus 0.50% of compensation in excess of $7,800 (c) Minimum monthly benefit of $10 times years of service for former employees of Pfeiffer, Stensi, Jarrell-Ash, or Lederle

Career Average Plan—Fisher Scientific Division (continued)

Amount of Pension (continued)

Early Retirement	The accrued normal retirement benefit, reduced for early commencement by 3% per year from age 65 to age 60 and by 6% per year from age 60 to age 55
Disability Retirement	The accrued normal retirement benefit, payable immediately
Deferred Vested Retirement	The accrued normal retirement benefit payable at age 65, or reduced for early commencement after age 55. The reduction for early commencement is the same as for early retirement for employees who terminate after June 30, 1997, and 6% per year from age 65 for employees who terminate before July 1, 1997. Participants are always 100% vested in their contributions.
Preretirement Surviving Benefit	Benefit to qualifying spouse upon death of an active employee participating in the plan: the benefit is 50% of the deceased participant's accrued benefit. Elective preretirement death benefit coverage is available to terminated vested participants, participants who have withdrawn from participating and to retired participants prior to commencement of benefits.
Forms of Payment	The following optional forms of payment are available: • Unreduced 5-year certain and continuous single life annuity (automatic form for unmarried participants) • Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)
Compensation	Basic salary, commission, overtime and incentive payments, plus any tax deferred contributions
Employee Contributions	2.00% of pay above $7,800 credited with interest from the end of year of contribution

Career Average Plan—Fisher Hamilton

Effective Date	December 29, 1941
Eligibility for Participation	Any employee covered by a union collective bargaining agreement which requires coverage of the member of such unit under this plan Effective December 30, 2008, benefit accruals were frozen for Carpenters and Joiners, and all participating employees as of this date became fully vested.
Normal Retirement	
Eligibility	Age 65
Benefit	Annual benefit equal to the sum of (a), (b), (c) and (d) below. For a participant who retires or terminates employment after July 30, 1982, such annual benefit shall not be less than $90 times years of participation up to a maximum of 30 years. (a) If the employee became a participant prior to January 1, 1952 and made all contributions permitted prior to August 1, 1973, 0.75% of past service compensation up to $3,600, plus 1.50% of past service compensation over $3,600 up through $10,000, plus 1.25% of past service compensation in excess of $10,000, times years of participation prior to January 1, 1952. (b) For participation after January 1, 1952, but prior to July 31, 1973, 40% of employee contributions from January 1, 1952 to December 31, 1970, plus 100% of employee contributions from January 1, 1971 to July 31, 1973, up to $60 annually, plus 89% of employee contributions from January 1, 1971 to July 31, 1973, in excess of $60 annually, plus 1.50% of basic compensation in excess of $10,000 each year between January 1, 1952 to July 31, 1973. (c) For each calendar year of participation after August 1, 1973, 1.50% of basic compensation up to the Social Security Wage Base, plus 2.00% of basic compensation in excess of the Social Security Wage Base.

Career Average Plan—Fisher Hamilton (continued)

Normal Retirement (continued)

Benefit (continued)	(d) For employees who, as of July 30, 2002 for Carpenters and Joiners and October 1, 2002 for Machinists, were both actively employed and had at least 20 years of service (a closed group), additional accruals of 0.25% of base compensation, effective for accruals beginning July 30, 2002 and October 1, 2002, respectively. Participants who are also eligible for the Special Benefit of $100 per month described below would receive the larger of (1) these accumulated additional accruals under (d), reduced for early retirement if applicable, or (2) the Special Benefit.

Early Retirement

Eligibility	Retirement before age 65 and on or after both attaining age 55 and completing 10 years of service
Benefit	Annual benefit reduced for the number of months between the early retirement date and the normal retirement date. Reduction is 0.25% per month.

Special Benefit

Eligibility	Age plus service on July 30, 1999 total at least 80 points and at least age 55 by July 29, 2004
Benefit	$100 per month for life of employee, not reduced for early commencement

Postponed Retirement

Eligibility	Retirement after age 65
Benefit	Annual benefit equal to the amount of the accrued benefit at the participant's deferred retirement date, or actuarial increases beyond age 65

Career Average Plan—Fisher Hamilton (continued)

Vested Retirement

Eligibility	Termination for reasons other than death, disability, or retirement after completing 5 years of service
Benefit	Benefit accrued under the normal retirement formula as of the date of termination. Payment may not commence prior to the date the participant attains age 55. If payment commences after age 55, benefit is reduced for the number of months between the commencement date and the normal retirement date. Reduction is 5/9% per month for the first 60 months and 5/18% per month for the next 60 months.

Disability Retirement

Eligibility	Totally and permanently disabled provided disability occurs after completing 15 years of service
Benefit	Benefit accrued under the normal retirement formula as of the date of disability reduced for any Workers' Compensation paid before normal retirement date for the same period. Benefit payable only as a life annuity and after a 6-month waiting period.

Spouse's Benefit

Eligibility — Eligible spouse of participant who has attained age 50 and has completed the indicated years of service shown below:

Attained Age at Death	Years of Service
50	15
51	14
52	13
53	12
54	11
55	10

Career Average Plan—Fisher Hamilton (continued)

Spouse's Benefit (continued)

Benefit

Annual benefit equal to the greater of (a) or (b) below, payable immediately.

(a) 40% of the benefit accrued under the normal retirement formula as of the date of death, assuming basic compensation remains unchanged and employment continued until normal retirement date.

(b) If the participant has attained age 55 at date of death, 50% of the benefit accrued at date of death reduced for early retirement and the contingent annuitant option.

Eligible spouse of participant receiving disability benefits at date of death shall receive a spouse's benefit equal to 50% of the disability benefit payable to the participant immediately before his death, before reduction for Workers' Compensation.

Preretirement Death

Eligibility

Eligible spouse of participant who has a nonforfeitable right to the accrued benefit, has elected preretirement survivor benefit coverage, and is not eligible for the spouse's benefit

Benefit

50% of the benefit accrued at date of death, reduced for early retirement and the contingent annuitant option, payable at the later of participant's date of death or age 55. The accrued benefit is first reduced according to the following:

Ages of Coverage	Reduction Per Year of Coverage
55 – 65[1]	0.8%
45 – 54	0.3%
35 – 44	0.1%
below 35	0.0%

[1] For terminated vested participants only

Career Average Plan—Fisher Hamilton (continued)

Lump Sum Death Benefit

Eligibility	Eligible beneficiary of (a), (b), (c), or (d) (a) Participant who retired on or after his early retirement date; (b) Participant receiving disability benefits at date of death; (c) Participant who dies after his NRD while still employed; (d) Participant who terminated with a vested benefit and is receiving retirement benefits at date of death.
Benefit	12 times the monthly retirement benefit payable at date of death under the life annuity form of payment reduced for early retirement, such lump sum shall not be less than $1,500 ($1,500 minimum not applicable to participant who terminated with a vested benefit and is receiving retirement benefits at date of death). This benefit is in addition to any other benefits payable to an eligible beneficiary.
Forms of Payment	The following optional forms of payment are available: ▪ Single life annuity (automatic form for unmarried participants) ▪ Reduced 10 or 15-year certain and continuous single life annuity ▪ Reduced 50%, 66-2/3%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)
Credited Service	Prior to January 1, 1986, years of service determined pursuant to the provisions of the prior plan. After January 1, 1986, 1 year of service for each plan year in which the employee completes at least 1,000 hours of service.

Career Average Plan—Apogent RSP

Effective Date	July 1, 1968
Participation in Plan	Employees of participating companies and divisions who are not in a collective bargaining unit participate immediately upon date of employment. Effective January 1, 2006 the plan was closed to new hires. Effective March 31, 2006 active participants were given the choice to opt out of the plan and receive a 2.5% retirement contribution to the 401(k) plan instead, in which case their benefit under this plan was frozen as of March 31, 2006. Effective December 31, 2007 the plan was merged into the Fisher Scientific International Inc. Retirement Plan, with no changes in plan provisions. Effective March 31, 2008, all remaining benefit accruals were frozen, and all participating employees as of this date became fully vested.
Eligibility	
Normal Retirement	Age 65
Early Retirement	Age 55 with 10 years of service
Disability Retirement	Total and permanent disability as defined under the Federal Social Security Act, and 10 years of service
Deferred Vested Retirement	5 years of service. Payable at age 65 or, with 10 years of service, as early as age 55.

Career Average Plan—Apogent RSP (continued)

Amount of Pension

Normal Retirement	An annual pension payable monthly equal to (a) plus (b): (a) For service prior to January 1, 1987, sum of (i) and (ii), multiplied by years of benefit service prior to 1987: (i) 1.05% of three year average compensation up to Social Security Covered Compensation for 1987, (ii) 1.50% of three year average compensation above Social Security Covered Compensation for 1987. (b) For each year of service after December 31, 1986, the sum of (i), (ii), and (iii): (i) 1.05% of compensation up to Social Security Covered Compensation for each year of benefit service up to 35, (ii) 1.50% of compensation above Social Security Covered Compensation for each year of benefit service up to 35, (iii) 1.40% of compensation for each year of benefit service over 35.
Early Retirement	The accrued normal retirement benefit, reduced for early commencement: (a) If 30 years of service, 1/3% per month from age 62 for first 72 months, and 1/2% per month for next 12 months; (b) If under 30 years of service, 1/3% per month from age 65.
Disability Retirement	The accrued normal retirement benefit, payable unreduced immediately
Deferred Vested Retirement	The accrued normal retirement benefit payable at age 65. If 10 years of service, may elect to commence as early as age 55, with benefit reduced by 5/9% per month for first 60 months, and 5/18% per month for next 60 months.

Career Average Plan—Apogent RSP (continued)

Preretirement Surviving Benefit	Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit, increased/(decreased) 1/2% for each full year the spouse is older/(younger) than the participant. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit unreduced for early commencement.
Forms of Payment	The following optional forms of payment are available: ▪ Single life annuity (automatic form for unmarried participants) ▪ Reduced 10-year certain and continuous single life annuity ▪ Reduced 50%, 66-2/3%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants) ▪ Lump sum if total value is $5,000 or less (mandatory lump sum cashout if lump sum is $1,000 or less)
Compensation	W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain expenses, allowances, reimbursements, awards, and other special payments
Employee Contributions	None

Final Average Pay Plan—Chase Instruments

Effective Date	March 1, 1965
Participation in Plan	Employees become eligible on the January 1 or July 1 coincident with or next following the completion of one year of service of 1,000 hours and attainment of age 21. Effective January 1, 2006 the plan was closed to new participants. Effective March 31, 2006 active participants were given the choice to opt out of the plan and receive a 2.5% retirement contribution to the 401(k) plan instead, in which case their benefit under this plan was frozen as of March 31, 2006. On July 2, 2007, employees were spun off into Kimball/Chase Life Scienceware, a joint venture, at which time they became terminated plan participants. The few employees who remained with Thermo Fisher had their pension accruals frozen as of July 31, 2007. All participating employees as of July 1, 2007 became fully vested. Effective December 31, 2007 the plan was merged into the Fisher Scientific International Inc. Retirement Plan, with no changes in plan provisions.
Eligibility	
Normal Retirement	Age 65 and 5th anniversary of participation
Early Retirement	5 years of service
Disability Retirement	Total and permanent disability

Final Average Pay Plan—Chase Instruments (continued)

Amount of Pension

Normal Retirement	An annual pension payable monthly equal to the sum of (a) plus (b), multiplied by benefit service up to 25 years: (a) 0.4% of five year average compensation, (b) 0.4% of five year average compensation above $9,600
Early Retirement	The accrued normal retirement benefit, reduced actuarially from age 65 for early commencement and payable at any age.
Disability Retirement	The accrued normal retirement benefit, reduced actuarially from age 65 for early commencement and payable immediately.
Preretirement Surviving Benefit	Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.
Forms of Payment	The following optional forms of payment are available: ▪ Increased single life annuity ▪ Unreduced 10-year certain and continuous single life annuity (automatic form for unmarried participants) ▪ Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants) ▪ Lump sum
Compensation	W-2 compensation plus section 401(k) and 125 elective deferrals
Employee Contributions	None

Final Average Pay Plan—Thermo Forma

Effective Date	December 31, 1967
Participation in Plan	Employees of Thermo Forma participate on the December 31 or June 30 immediately following one year of service and attaining age 21. The plan was closed to new hires effective December 31, 2003. Effective December 30, 2007 the plan was merged into the Fisher Scientific International Inc. Retirement Plan, with no changes in plan provisions. Effective March 31, 2008, benefit accruals were frozen, and all participating employees as of this date became fully vested.
Eligibility	
Normal Retirement	Age 65
Early Retirement	Age 55 with 10 years of service
Deferred Vested Retirement	5 years of service. Payable at age 65 or, with 10 years of service, as early as age 55.
Amount of Pension	
Normal Retirement	An annual pension payable monthly equal to (a) less (b), such difference reduced for less than 15 years of service: (a) 50% of 10-year average compensation. (b) 50% of the participant's Social Security benefit.
Early Retirement	The accrued normal retirement benefit, reduced for early commencement by 1/15 per year for the first 5 years prior to age 65, and 1/30 per year for the next 5 years.
Deferred Vested Retirement	The accrued normal retirement benefit payable at age 65. If 10 years of service, may elect to commence as early as age 55, with benefit reduced under the early retirement provisions.

Final Average Pay Plan—Thermo Forma (continued)

Preretirement Surviving Benefit	Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.
Forms of Payment	The following optional forms of payment are available: ▪ Single life annuity (automatic form for unmarried participants) ▪ Reduced 5, 10, or 15-year certain and continuous single life annuity ▪ Reduced 50%, 66-2/3%, 75%, or 100% joint and survivor annuity, where a non-spouse beneficiary may be named (50% is automatic form for married participants) ▪ Lump sum if total value is $5,000 or less
Compensation	W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain allowances and income related to stock option/appreciation programs.
Accrued Benefit	Normal retirement benefit based on service projected to normal retirement age and Social Security benefit based on level future pay, such benefit multiplied by the ratio of (a) service at termination, over (b) service projected to normal retirement age.
Employee Contributions	None

Final Average Pay Plan—Barnstead Union

Effective Date	March 1, 1969
Participation in Plan	Employees of Barnstead Thermolyne Corporation who are members of the collective bargaining unit represented by the International Brotherhood of Electrical Workers, Local No. 704 AFL-CIO, participate immediately upon date of employment. Participants employed as of October 6, 2009, the date the closure of the Dubuque operation was announced, became fully vested. No participants are currently accruing benefits. Effective December 31, 2009 the plan was merged into the Thermo Fisher Scientific Inc. Retirement Plan, with no changes in plan provisions.
Eligibility	
Normal Retirement	Age 65
Early Retirement	Age 55 with 10 years of service
Disability Retirement	Total and permanent disability as defined under the Federal Social Security Act, and 10 years of service
Deferred Vested Retirement	5 years of service. Payable at age 65 or, with 10 years of service, as early as age 55.
Amount of Pension	
Normal Retirement	An annual pension payable monthly equal to: 1% of five year average compensation multiplied by years of benefit service
Early Retirement	The accrued normal retirement benefit, reduced for early commencement by 1/3% per month from age 65
Disability Retirement	The accrued normal retirement benefit, payable unreduced immediately
Deferred Vested Retirement	The accrued normal retirement benefit payable at age 65. If 10 years of service, may elect to commence as early as age 55, with benefit reduced by 5/9% per month for first 60 months, and 5/18% per month for next 60 months.

Final Average Pay Plan—Barnstead Union (continued)

Preretirement Surviving Benefit	Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.
Forms of Payment	The following optional forms of payment are available: ▪ Single life annuity (automatic form for unmarried participants) ▪ Reduced 10-year certain and continuous single life annuity ▪ Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants) ▪ Lump sum if total value is $5,000 or less (mandatory lump sum cashout if lump sum is $1,000 or less)
Compensation	W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain expenses, allowances, reimbursements, awards, and other special payments.
Employee Contributions	None

Plan Provisions—Life Technologies

Effective Date	November 1, 1975
Participation in Plan	Employees participate upon attainment of both age 21 and completion of 1 year of service. Effective January 1, 2002 the plan was closed to new participants, so employees first eligible after December 31, 2001 are not eligible. Effective December 31, 2001, all benefit accruals were frozen.
Eligibility	
Normal Retirement	Age 65
Early Retirement	Age 55 with 10 years of service
Disability Retirement	Total and permanent disability as defined under the Federal Social Security Act, and 10 years of service
Deferred Vested Retirement	5 years of service. Payable at age 65 or, with 10 years of service, as early as age 55.
Amount of Pension	
Normal Retirement	An annual pension payable monthly equal to sum of: ▪ 1% of five year average compensation (highest 60 consecutive months out of the last 120 months) multiplied by years of benefit service earned after October 31, 1975,plus ▪ 0.5% of five year average compensation in excess of Covered Compensation multiplied by years of benefit service (max 35 years)
Early Retirement	The accrued normal retirement benefit, reduced for early commencement by 1/2% per month from age 65
Disability Retirement	The accrued normal retirement benefit, payable at normal retirement
Deferred Vested Retirement	The accrued normal retirement benefit payable at age 65. If 10 years of service, may elect to commence as early as age 55, with benefit reduced by 1/2% per month from age 65

Plan Provisions—Life Technologies (continued)

Preretirement Surviving Benefit	Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.
Forms of Payment	The following optional forms of payment are available: ▪ Single life annuity (automatic form for unmarried participants) ▪ Reduced 10-year certain and continuous single life annuity ▪ Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants) ▪ Lump sum if total value is $5,000 or less
Compensation	W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain expenses, allowances, reimbursements, fringe benefits, and other special payments.
Employee Contributions	None

Plan Provisions—Applied Biosystems Inc.

Effective Date	July 31, 1953.
Participation in Plan	Employees participate immediately upon date of employment. Effective July 1, 1999 the plan was closed to new hires, so employees hired after June 30, 1999 are not eligible. Effective June 30, 2004, all benefit accruals were frozen.
Eligibility	
Normal Retirement	Age 65 with 5 years of service; age 65 if hired prior to August 1, 1989.
Early Retirement	Age 55 with 5 years of service; age 60 if hired prior to August 1, 1989 and less than 5 years of service.
Disability Retirement	Total and permanent disability as defined under the Federal Social Security Act, or the Company's long term disability plan; payable immediately reduced.
Deferred Vested Retirement	5 years of service; payable as early as early retirement age reduced.

Plan Provisions—Applied Biosystems Inc. (continued)

Amount of Pension

Normal Retirement

Benefit accruals were frozen effective June 30, 2004.

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

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

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

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

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

(A) 1.4% of compensation, plus

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

(ii) If an employee participated in the Fixed Benefit only and had over 35 years of vesting service: 1.7% of compensation.

(iii) If an employee participated in the Variable Annuity: The Fixed Benefit accrual is one half of what would have been the accrual if the employee participated in the Fixed Benefit only. The Variable Annuity portion is the benefit based upon the value at termination of the accumulated company and employee Variable Annuity units accrued at September 30, 1995. The annual Variable Annuity units credited on behalf of the participant is the amount necessary to provide an annual benefit at age 65 equal to the Fixed Benefit accrual assuming that the Variable Annuity unit value increases at 3 ½% per annum to retirement. The Variable Annuity benefit is determined by multiplying the number of Variable Annuity benefit units credited to the participant at retirement by the Variable Annuity unit value as of the most recent valuation date preceding the date of retirement. The actual

Plan Provisions—Applied Biosystems Inc. (continued)

Variable Annuity benefit during retirement will increase or decrease based on changes in the unit value net of the assumed 3 ½% growth. Effective July 1, 2008, the Variable Benefit paid to a retiree will not be less than the benefit the participant would have received as a Fixed Benefit had they not elected to participate in the Variable Benefit.

(iv) Applied Biosystems Inc. employees became plan participants on July 1, 1993. A past service benefit equal to 0.75% of an employee's pay rate at the participation date times the completed years and months of service to participation date was granted under the Fixed Benefit fund.

(2) For service after September 30, 1995, the sum of (a), (b) and (c):

(a) Sum of:

(i) 1.4% of final average compensation (highest 36 consecutive months out of last 120 months), plus

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

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

(b) 1.7% of final average compensation multiplied by years of service in excess of 35, not including years of service in excess of 35 included in (1) above.

(c) 1.5% of final average qualified compensation (accrued for a fiscal year and paid from the Contingent Compensation and Incentive Compensation Plan) multiplied by qualified years of service after September 30, 1995.

Plan Provisions—Applied Biosystems Inc. (continued)

Early Retirement	The accrued normal retirement benefit, reduced for early commencement: (a) If participant performs an hour of service after June 30, 1999, ¼% per month prior to normal retirement age; (b) If participant does not perform an hour of service after June 30, 1999, ¼% per month prior to normal retirement age for first 60 months, and ½% per month for next 60 months.
Disability Retirement	The accrued normal retirement benefit, payable reduced immediately.
Deferred Vested Retirement	The accrued normal retirement benefit payable as early as age 55, reduced actuarially.
Preretirement Surviving Benefit	Benefit to qualifying spouse upon death of a participant with 5 years of service, equal to 50% of the deceased participant's accrued benefit, reduced for commencement prior to participant's normal retirement age (but not payable before the participant's early retirement age), and further reduced as if participant had elected a 50% joint and survivor annuity. An active participant may elect 100% joint and survivor form, in which case benefit is reduced 0.03% per month that the increased survivor benefit is in effect.
Forms of Payment	The following optional forms of payment are available: ▪ Single life annuity (automatic form for unmarried participants) ▪ Reduced 5-year and 10-year certain and continuous single life annuity ▪ Reduced 33-1/3%, 50%, 66-2/3%, 75%, or 100% joint and survivor annuity with contingent annuitant (50% is automatic form for married participants) ▪ Social Security level income option (excluding Variable Annuity benefit) to Social Security normal retirement age ▪ Mandatory lump sum if total value is $1,000 or less
Compensation	Including basic wage or salary, commissions, and section 401(k) and 125 elective deferrals; excluding bonus, overtime, severance pay, and other special payments.
Employee Contributions	None after July 31, 1984.

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

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2016 by Atessa Benefits, Inc. and Q&F Benefit Administration, Inc. Asset information and the dates and amounts of contributions are based on information supplied by Thermo Fisher Scientific Inc.

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

As described in the attachments to the 2015 Schedule SB, a change in method was made for the 2015 plan year which required IRS approval. At the time the 2015 Schedule SB was filed, the IRS had tentatively approved the change, but had not yet issued formal approval. Formal approval was received in an IRS letter dated April 26, 2017.

Thermo Fisher Scientific Inc. Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016

(a) Identity of Issue/Borrower, Lessor or Similar Party	(b) Description of investments, including maturity date, rate of interest, collateral, par or maturity value	(c) Cost (in thousands)	(d) Current Value (in thousands)
Collective Trust Funds			
BlackRock US Real Estate Securities Index Fund	U.S. Real Estate Equity Fund, 206,596 shares	$ 6,720	$ 13,850
AON Hewitt Group Trust US Small-Mid Cap Active Equity Fund	U.S. Equity Fund (1), 1,887,275 shares	34,858	41,763
AON Hewitt Group Trust US Large Cap Passive Equity Fund	U.S. Equity Fund (1), 8,761,109 shares	157,970	203,428
BlackRock Global Ex-US Alpha Tilts Fund B	International Equity Fund, Stock Market, 1,890,842 shares	43,005	50,686
AON Hewitt Group Trust Non US Equity Fund	International Equity Fund (1), Stock Market, 13,477,952 shares	182,165	178,825
BlackRock Core Plus Bond Fund B	Fixed Income Fund, Bond Account, 129,630 shares	1,671	2,546
AON Hewitt Group Trust Long Fixed Income Active Credit Fund	Fixed Income Fund (1), 16,701,452 shares	240,181	276,893
AON Hewitt Group Trust High Yield Bond Fund	Fixed Income Fund (1), 1,123,035 shares	13,542	16,146
AON Hewitt Group Trust Intermediate Credit Bond Fund	Fixed Income Fund (1), 9,259,730 shares	112,366	118,784
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund	Money Market Collective Trust (1),17,301,696 units	17,301	17,301
	Total Collective Trust Funds	809,779	920,222
Private Equity			
Ampersand 2001 LTD Partnership	Limited Partnership, 1.02% of fund	82	180
Roundtable Healthcare II LP	Limited Partnership, 0.60% of fund	181	303
Beacon Capital Strategic Partners IV LP	Limited Partnership, 0.09877% of fund	249	76
Brand Equity II LTD Ventures LP	Limited Partnership, 2.265531% of fund	341	779
Monitor Clipper II LP	Limited Partnership, 0.27% of fund	804	617
Roundtable Healthcare Partners LP	Limited Partnership, 0.50% of fund	52	183
	Total Private Equity	1,709	2,138
Alternative Investments			
Blackstone Distressed Debt Fund LP	Limited Partnership, 20.084 shares	22	14
Pooled Separate Accounts			
Principal Mutual Life Insurance Company	Bond and Mortgage Account (1), 19,396 units	16,918	22,545
			$ 944,919

(1) Investments are a party-in-interest to the Plan

Note: The above data is based on information that has been certified as complete and accurate by The Bank of New York Mellon Bank, N.A., the trustee of the Plan (excluding the cost and percentage of fund ownership data of the private equity investments) and Principal Life Insurance Company, the custodian of the pooled separate accounts.