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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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
METTLER TOLEDO RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 049

1c Effective date of plan 01/01/1988

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)
METTLER-TOLEDO, LLC

1900 POLARIS PARKWAY
COLUMBUS, OH 43240-4035

2b Employer Identification Number (EIN) 34-1538688

2c Plan Sponsor's telephone number 614-438-4898

2d Business code (see instructions) 333310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	SHANNON FISHER
	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1991
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)**	532
a(2) Total number of active participants at the end of the plan year	**6a(2)**	491
b Retired or separated participants receiving benefits	**6b**	1033
c Other retired or separated participants entitled to future benefits	**6c**	281
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1805
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	159
f Total. Add lines **6d** and **6e**.	**6f**	1964
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	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)	[ ]	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)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
METTLER TOLEDO RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 049

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
METTLER-TOLEDO, LLC

D Employer Identification Number (EIN)
34-1538688

E Type of plan: [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 2017

2 Assets:

a Market value	**2a**	104103018
b Actuarial value	**2b**	108579745

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	1169	71027595	71027595
b For terminated vested participants	306	13821160	13821160
c For active participants	532	23565443	23565443
d Total	2007	108414198	108414198

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**	5.80 %
6 Target normal cost	**6**	1016613

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 — Date: 09/14/2018

GREGORY H. REYNOLDS — Type or print name of actuary

17-06401 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

216-525-5363 — Telephone number (including area code)

5005 ROCKSIDE ROAD
SUITE 1000
CLEVELAND, OH 44131

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)	0	20362368
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5181934
9	Amount remaining (line 7 minus line 8)	0	15180434
10	Interest on line 9 using prior year's actual return of 6.52 %	0	989764
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 6.04%		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		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16170198

Part III Funding Percentages

14	Funding target attainment percentage	14	85.23%
15	Adjusted funding target attainment percentage	15	100.15%
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	92.77%
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
11/07/2017	27074	0			
			Totals ► 18(b)	27074	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	25808

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	1016613
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16004651	3572273
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**	4588886

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4588886	4588886

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**	25808
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	25808
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	25808
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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
METTLER TOLEDO RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 049

C Plan sponsor's name as shown on line 2a of Form 5500
METTLER-TOLEDO, LLC

D Employer Identification Number (EIN)
34-1538688

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

SANDERSON INTERNATIONAL

20-0348128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	193987	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	140626	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	102122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	76939	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES, LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	73816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES

ONE FINANCIAL CENTER - 27TH FLOOR
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	25058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JP MORGAN

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	8074	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 [ ]

(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 H (Form 5500)

Department of the Treasury
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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
METTLER TOLEDO RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 049

C Plan sponsor's name as shown on line 2a of Form 5500
METTLER-TOLEDO, LLC

D Employer Identification Number (EIN)
34-1538688

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	-382	-3367
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1960925	1490213
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	68890985	76892423
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	33250637	33187319

			(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	104102165	111566588
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	104102165	111566588

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)	27074	
	(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)		27074
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8795	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8795
	(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)	872307	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		872307
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12287361
c Other income	2c		3257499
d Total income. Add all **income** amounts in column (b) and enter total	2d		16453036
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7429333	
(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)		7429333
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)	73816	
(2) Contract administrator fees	2i(2)	75620	
(3) Investment advisory and management fees	2i(3)	471187	
(4) Other	2i(4)	938657	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1559280
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8988613
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7464423
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: CLARK, SCHAEFER, HACKETT & CO. **(2)** EIN: 31-0800053

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

		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	

			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		10000000
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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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 4089575. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
METTLER TOLEDO RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 049

C Plan sponsor's name as shown on line 2a of Form 5500
METTLER-TOLEDO, LLC

D Employer Identification Number (EIN)
34-1538688

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-4994650

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** 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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): _____

---

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: 74 % Investment-Grade Debt: 24 % High-Yield Debt: 0 % Real Estate: 0 % Other: 2 %

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):

CLARK SCHAEFER HACKETT
CPAS & ADVISORS

4449 Easton Way, Suite 400, Columbus, Ohio 43219
P. 614.885.2208 | F. 614.885.8159 | cshco.com

Independent Auditors' Report

To the Participants and Plan Administrator of
Mettler Toledo Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Mettler Toledo Retirement Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by JPMorgan Chase Bank, N.A. and The Northern Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that JPMorgan Chase Bank, N.A. held Plan investment assets and executed investment transactions from January 1, 2016 through December 20, 2016 and The Northern Trust Company held plan assets and executed investment transactions from December 20, 2016 through December 31. 2017. The trustees hold the Plan’s investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

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

Other Matter
The supplemental schedule of assets (held at end of year) (modified cash basis) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
October 12, 2018

Schedule SB Attachment (Form 5500)—2017 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on plan assets from 7.25% to 6.75%.

The change was made to better reflect the anticipated plan experience. The change did not reduce the funding shortfall, so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1988. Amended and restated effective January 1, 2008.
History	The plan is effective January 1, 1988 following a spinoff from the Reliance Electric Company Retirement Plan amended and restated effective January 1, 1995. The plan was further amended effective December 31, 1996 to split the plan into two plans. The Retirement Plan covered benefits accrued through December 31, 1996 and the Replacement Plan covered benefits accrued thereafter. Effective December 31, 2001, the Retirement and Replacement Plans were merged back into one plan. Effective April 30, 2002, all benefits accrued under the plan were frozen.
Participant Eligibility	One year of vesting service.
Normal Retirement	
Eligibility	Age 65.
Benefit	The monthly benefit, if any, earned by the participant is computed as the sum of the following: (1) The monthly benefit, if any, earned by the participant as of December 31, 1994 under an updated prior plan formula; and (2) One-twelfth of the sum of the annual accrual units earned by the participant for each of the plan years in which the participant has earned benefit service. The annual accrual unit is equal to the difference between (1) and (2), below: (1) 2.0% of the participant's annual compensation for the plan year. (2) 0.6% of the lesser of: (a) The participant's annual compensation for the plan year. (b) Covered compensation for the plan year.

Early Retirement

Eligibility — Age 55 and 10 years of vesting service.

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

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

Disability Retirement

Eligibility — Total and permanent disability and 10 years of vesting service.

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

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

Deferred Vested Retirement

Eligibility — Five years of vesting service.

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

Preretirement Death	
Eligibility	Any participant eligible for a deferred vested retirement benefit and married at least one year.
Benefit	50% of the participant's accrued benefit reduced for both 50% joint and survivor form and early receipt and payable to the surviving spouse at the participant's earliest retirement age.
Definitions	
Benefit Service	The number of plan years during which a participant completes at least 1,000 hours of service. However, no further benefit service will be earned after April 30, 2002.
Vesting Service	Each 12-month period beginning with the day of the year on which the employee commenced employment, and each anniversary thereof, in which he is credited with 1,000 or more hours.
Annual Compensation	Wages for the calendar year ending within the plan year, reduced by reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation, and welfare benefits but including amounts contributed pursuant to salary reduction agreements to plans described in sections 125, 402(e)(3), 402(h)(1)(B) and 403(b) of the Internal Revenue Code. In no event shall the amount of annual compensation taken into account under the plan exceed the adjusted annual limit permitted under section 401(a)(17) of the Internal Revenue Code for the given plan year.
Covered Compensation	The average of the maximum Social Security taxable wage bases for each of the 35 calendar years up to and including the plan year in question.
Updated Prior Plan Formula	The formula for benefit accrual for participants under the Mettler Toledo Retirement Plan, the Reliance Electric Company Plan or the Mettler Instrument Corporation Retirement Plan on December 31, 1994 as appropriate.
Actuarial Equivalence	The actuarial equivalence is based on the 1983 group annuity mortality table weighted 50% male and 50% female and an interest rate of 8.50%. The actuarial equivalence for lump sum payments is based on the applicable IRC section 417(e) mortality table and interest based on three-segment yield curve.

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

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 1,169,119	January 1, 2011	1	$ 1,169,119
Shortfall	$ (1,783,999)	January 1, 2012	2	$ (910,175)
Shortfall	$ 3,853,305	January 1, 2013	3	$ 1,337,127
Shortfall	$ (1,599,877)	January 1, 2014	4	$ (424,744)
Shortfall	$ (507,321)	January 1, 2015	5	$ (109,899)
Shortfall	$ 3,127,367	January 1, 2016	6	$ 582,003
Shortfall	$ 11,746,057	January 1, 2017	7	$ 1,928,842

Schedule SB Attachment (Form 5500)—2017 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Normal Retirement Age (typically age 65)
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $215,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	7.50%, limited to third segment rate of 6.81%
2016 Plan Year	7.25%, limited to third segment rate of 6.65%
2017 Plan Year	6.75%, limited to third segment rate of 6.48%
Trust Expenses Included in Target Normal Cost	Based on a percentage of assets. This percentage is determined each year as the prior year's actual plan administrative expenses divided by the current year's market value of assets. The percentage for the 2016 valuation was 0.9765%.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Table 1

Retirement Rates

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

Table 2

Withdrawal Rates

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

Table 3

Disability Rates

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

SCHEDULE SB (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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
METTLER TOLEDO RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 049

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
METTLER-TOLEDO, LLC

D Employer Identification Number (EIN)
34-1538688

E Type of plan: [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 2017

2 Assets:

a Market value	**2a**	104,103,018
b Actuarial value	**2b**	108,579,745

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	1,169	71,027,595	71,027,595
b For terminated vested participants	306	13,821,160	13,821,160
c For active participants	532	23,565,443	23,565,443
d Total	2,007	108,414,198	108,414,198

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**	5.80%
6 Target normal cost	**6**	1,016,613

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 GREGORY H. REYNOLDS GHR 09/14/2018

Signature of actuary — Date

GREGORY H. REYNOLDS — 1706401

Type or print name of actuary — Most recent enrollment number

AON CONSULTING, INC. — 216-525-5363

Firm name — Telephone number (including area code)

5005 ROCKSIDE ROAD
SUITE 1000
CLEVELAND OH 44131

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)	0	20,362,368
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,181,934
9	Amount remaining (line 7 minus line 8)	0	15,180,434
10	Interest on line 9 using prior year's actual return of 6.52%	0	989,764
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 6.04%		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		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16,170,198

Part III Funding Percentages

14	Funding target attainment percentage	14	85.23%
15	Adjusted funding target attainment percentage	15	100.15%
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	92.77%
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
11/07/2017	27,074	0			
			Totals ▶ 18(b)	27,074	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	25,808

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	65

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	31a	1,016,613
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16,004,651	3,572,273
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	4,588,886

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4,588,886	4,588,886

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	25,808
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	25,808
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	25,808
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)—2017 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	1	15								
40-44	4	27	6	1						
45-49	3	38	32	4	1					
50-54	6	29	25	31	6	1				
55-59	3	42	23	25	30	22	3			
60-64	1	26	18	13	10	26	17	1		
65-69	3	5	1	3	4	12	11			
70+		1			1		3	1		

N-532

Schedule SB Attachment (Form 5500)—2017 Plan Year
Mettler Toledo Retirement Plan
EIN: 34-1538688 PN: 049

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 1/1/2017 at 5.80%	Interest Adjusted Contribution
November 7, 2017	$ 27,074	310	$ 25,808

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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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
Mettler Toledo Retirement Plan

1b Three-digit plan number (PN) ▶ 049

1c Effective date of plan 01/01/1988

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)
Mettler-Toledo, LLC

1900 Polaris Parkway

Columbus OH 43240-4035

2b Employer Identification Number (EIN) 34-1538688

2c Plan Sponsor's telephone number (614)438-4898

2d Business code (see instructions) 333310

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	Shannon Fisher	10-11-18	Shannon Fisher
	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

METTLER TOLEDO RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2017 and 2016

(with Independent Auditors' Report)

CLARK SCHAEFER HACKETT

CPAs & ADVISORS

METTLER TOLEDO RETIREMENT PLAN
INDEX TO FINANCIAL STATEMENTS & SUPPLEMENTAL SCHEDULE

Table of Contents	Page
Independent Auditors' Report	1
Annual Financial Statements:	
Statements of Net Assets Available for Benefits (Modified Cash Basis) as of December 31, 2017 and 2016	3
Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the years ended December 31, 2017 and 2016	4
Notes to the Financial Statements	5
Supplemental Schedule:	
Schedule of Assets (Held at End of Year) (Modified Cash Basis) as of December 31, 2017	11

CLARK SCHAEFER HACKETT
CPAS & ADVISORS

4449 Easton Way, Suite 400, Columbus, Ohio 43219
P. 614.885.2208 | F. 614.885.8159 | cshco.com

Independent Auditors' Report

To the Participants and Plan Administrator of
Mettler Toledo Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Mettler Toledo Retirement Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by JPMorgan Chase Bank, N.A. and The Northern Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that JPMorgan Chase Bank, N.A. held Plan investment assets and executed investment transactions from January 1, 2016 through December 20, 2016 and The Northern Trust Company held plan assets and executed investment transactions from December 20, 2016 through December 31. 2017. The trustees hold the Plan’s investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

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

Other Matter
The supplemental schedule of assets (held at end of year) (modified cash basis) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
October 12, 2018

Mettler Toledo Retirement Plan
Statements of Net Assets Available for Benefits (Modified Cash Basis)
As of December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Cash and cash equivalents	$ 1,490,213	$ 1,960,925
Equity mutual funds:		
U.S.	25,764,736	23,219,514
International	21,534,146	19,045,232
Emerging markets	5,950,584	4,406,888
Fixed income mutual funds:		
Core bonds	23,642,957	22,219,351
Other types of investments:		
Multi-strategy fund of hedge funds	8,860,703	9,984,716
Global allocation funds	24,326,616	23,265,921
Total investments	111,569,955	104,102,547
Interest accrual	(3,367)	(382)
Net assets available for benefits	$ 111,566,588	$ 104,102,165

See accompanying notes to the financial statements.

Mettler Toledo Retirement Plan
Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)
For the Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Interest and dividends	$ 881,102	$ 1,209,499
Net appreciation in fair value of investments:		
Common stock	—	34
Equity mutual funds:		
U.S.	4,410,218	2,873,487
International	4,884,772	623,233
Emerging markets	1,543,696	363,925
Fixed income mutual funds:		
Core bonds	1,448,675	610,300
Real asset mutual funds:		
Commodities	—	121,570
Other types of investments:		
Multi-strategy fund of hedge funds	461,265	18,797
Global allocation funds	2,796,234	1,640,798
	15,544,860	6,252,144
Employer Contributions	27,074	—
	16,453,036	7,461,643
Deductions:		
Benefit payments	7,429,333	21,890,441
Administrative expenses	1,559,280	1,379,973
	8,988,613	23,270,414
Net increase (decrease) in net assets available for benefits	7,464,423	(15,808,771)
Net assets available for benefits, beginning of year	104,102,165	119,910,936
Net assets available for benefits, end of year	$ 111,566,588	$ 104,102,165

See accompanying notes to the financial statements.

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2017 and 2016

1. Description of Plan

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

General

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

Mettler-Toledo, LLC (a wholly-owned subsidiary of Mettler-Toledo International, Inc.), and formerly known as Mettler-Toledo, Inc., is both the Plan Sponsor and Administrator and is responsible for keeping accurate and complete records with regard to the Plan, informing participants of changes or amendments to the Plan, and ensuring that the Plan conforms to applicable laws and regulations. In 2017, the Plan transfered the Plan assets from JPMorgan Chase Bank, N.A. to The Northern Trust Company. The Northern Trust Company is now the Trustee and maintains the Plan assets.

Pension Benefits

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

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

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

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

Death and Disability Benefits

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

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2017 and 2016

2. Summary of Significant Accounting Policies

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

Basis of Presentation

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

Investment Valuation and Income Recognition

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

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

Contributions

Employer contributions are recognized when received.

Benefit Payments

Benefit payments are recognized when paid.

Administrative Expenses

Administrative expenses, including fees for the Trustee, Pension Benefit Guaranty Corporation (PBGC) premiums and consulting services, are recognized when paid from plan assets. Certain administrative expenses are paid by the Plan Sponsor and are not included in these financial statements.

Use of Estimates

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

Risks and Uncertainties

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

Lump-sum Distribution

In February 2016, the Plan offered former employees a one-time option to receive a lump sum distribution of their vested pension plan benefits. Based upon the eligible participant's acceptance, $14,612,300 was paid from the plan assets to these former employees in May 2016 with a corresponding decrease in the benefit obligation.

Subsequent Events

Subsequent events have been evaluated for recognition and disclosure through the date the financial statements were available to be issued, October 12, 2018.

There were no material events as of the report date.

3. Obligation for Plan Benefits

Employer contributions are based upon amounts required to be funded to comply with the minimum funding requirements of ERISA. All minimum funding requirements were met in 2017 and 2016.

4. Plan Termination

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

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection

is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC.

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

5. Actuarial Present Value of Accumulated Plan Benefits

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

Significant assumptions underlying the January 1, 2017 valuation included:

Actuarial method	Unit credit cost method
Rate of return	6.75% per annum, compounded annually (7.25% for 2016)
Mortality	RP2014 for health and disabled mortality table projected generationally from 2006 using scale MP-2016 (MP-2015 for 2016)
Retirement age	The weighted average retirement age is 65

The actuarial present value of accumulated plan benefits as of January 1, 2017 was as follows:

Participants currently receiving benefits	$ 68,213,859
Other participants	34,669,136
Total vested benefits	$ 102,882,995

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

Actuarial present value of accumulated plan benefits as of January 1, 2016	$ 110,169,619
Increase (decrease) during the year attributable to:	
Interest accumulation	7,207,653
Benefits paid	(21,890,441)
Assumption changes	3,257,363
Other changes	4,138,801
	(7,286,624)
Actuarial present value of accumulated plan benefits as of January 1, 2017	$ 102,882,995

Mettler Toledo Retirement Plan
Notes to the Financial Statements
For the Years Ended December 31, 2017 and 2016

6. Federal Income Taxes

The Plan obtained its latest determination letter on January 21, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believe that the plan is qualified and the related trust is tax-exempt.

7. Transactions with Parties-in-Interest

Transactions involving the Plan's investments are managed by The Northern Trust Company, the Trustee, and qualify as party-in-interest transactions.

8. Information Certified by the Plan's Trustees

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

- Investments, as shown in the statements of net assets available for benefits (modified cash basis) as of December 31, 2017 and 2016, and the schedule of assets (held at end of year) (modified cash basis) as of December 31, 2017.

- Interest and dividends and net appreciation in fair value of investments, as shown in the statements of changes in net assets available for benefits (modified cash basis) for the years ended December 31, 2017 and 2016.

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

9. Fair Value Measurements

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

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

Level 1: Quoted prices in active markets for identical assets and liabilities

Level 2: Observable inputs other than quoted prices in active markets for identical assets and liabilities

Level 3: Unobservable inputs

As of December 31, 2017 and 2016, the Plan had assets with a fair value of $111.6 million and $104.1 million, respectively. These assets consist of cash and cash equivalent money market funds, fixed income mutual funds,

global allocation and domestic equity mutual funds, and funds of hedge funds. The cash and cash equivalents are valued at cost, which approximates fair value. The Plan invests in mutual funds in active markets that produce a daily net asset value (NAV) equal to its fair value at year-end. Certain of these mutual funds represent private placement funds that are valued based on the fair value of the underlying securities in the fund, as determined by the fund trustee, which represents the net asset value of the units held by the Plan at the end of the year. Funds of hedge funds are valued at the net asset value of shares held by the fund at the end of the year. The funds of hedge funds represent primarily equity investments to profit from long and short equity positions, economic and government driven events and relative value and tactical trading strategies. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. There are no unfunded commitments related to the private placement funds or the funds of hedge funds. Certain funds at the hedge funds do have limitations on redemption frequency. The fund managers' objectives for the private placement funds and funds of hedge funds is to maximize returns or achieve growth by investing in certain investment types or to match earnings of certain indices. Realized investment gains and losses for the years ended December 31, 2017 and 2016, as well as unrealized gains and losses related to assets held at December 31, 2017 and 2016, are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits (modified cash basis).

The following tables present, for each of these hierarchy levels, the Plan assets that are measured at fair value on a recurring basis at December 31, 2017 and 2016:

	December 31, 2017			
	Total	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 1,490,213	$ 1,490,213	$ —	$ —
Equity mutual funds	47,298,882	6,010,834	41,288,048	—
Fixed income mutual funds	23,642,957	—	23,642,957	—
Other types of investments:				
Global allocation funds	24,326,616	11,781,284	12,545,332	—
Total assets in the fair value hierarchy	$ 96,758,668	$ 19,282,331	$ 77,476,337	$ —
Investments measured at net asset value [(a)]	14,811,287	—	—	—
Investments at fair value	$ 111,569,955	$ 19,282,331	$ 77,476,337	$ —

	December 31, 2016			
	Total	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 1,960,925	$ 1,960,925	$ —	$ —
Equity mutual funds	42,264,746	5,859,514	36,405,232	—
Fixed income mutual funds	22,219,351	—	22,219,351	—
Other types of investments:				
Global allocation funds	23,265,921	11,981,408	11,284,513	—
Total assets in the fair value hierarchy	$ 89,710,943	$ 19,801,847	$ 69,909,096	$ —
Investments measured at net asset value [(a)]	14,391,604	—	—	—
Investments at fair value	$ 104,102,547	$ 19,801,847	$ 69,909,096	$ —

(a) Investments that are measured using the net asset value per share practical expedient have not been categorized in the fair value hierarchy. The amounts presented above are intended to permit reconciliation of the fair value hierarchy to the fair value of total plan assets in order to determine the amounts included in the Statement of Net Assets Available for Benefits.

Mettler Toledo Retirement Plan
EIN:34-1538688; PN:049

Schedule H, Line 4(i)- Schedule of Assets (Held at End of Year) (Modified Cash Basis)
As of December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	**Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Fair Value**
*	MFB Norther Instl Fds Treasury Portfolio	Cash and Cash Equivalents	$ 1,490,213	$ 1,490,213
	IronBridge SMID Fund	Equity Mutual Funds - US	6,086,643	6,010,834
*	MFB NT Collective S&P 500	Equity Mutual Funds - US	15,130,652	19,753,902
	Sanderson International Value Group Trust	Equity Mutual Funds - International	10,788,382	21,534,146
	City of London Investment Management Company Limited	Equity Mutual Funds - Emerging Markets	4,152,391	5,950,584
			36,158,068	53,249,466
*	MFB NT Collective Aggregate Bond Index Fund Non-Lending	Fixed Income - Core Bonds	10,500,000	10,600,389
	Loomis Sayles New Hampshire Investment Trust	Fixed Income - Core Bonds	5,298,556	7,687,866
	LGIMA Long Duration Credit	Fixed Income - Core Bonds	5,000,000	5,354,702
			20,798,556	23,642,957
	GAM U.S. Institutional Diversity Inc.	Multi-Strategy Fund of Hedge Funds	3,800,903	4,426,810
	Grosvenor Institutional Partners	Multi-Strategy Fund of Hedge Funds	2,950,955	4,433,893
			6,751,858	8,860,703
	PIMCO All Asset Fund	Global Allocation Funds	11,531,631	11,781,284
	Wellington Opportunistic Investment Allocation	Global Allocation Funds	9,455,726	12,545,332
			20,987,357	24,326,616
	Total Investments (Held at End of Year)		$ 86,186,052	$111,569,955

* Denotes party-in-interest

Information certified as complete and accurate by The Northern Trust Company, the Trustee of the Plan.

Mettler Toledo Retirement Plan
EIN:34-1538688; PN:049

Schedule H, Line 4(i)- Schedule of Assets (Held at End of Year) (Modified Cash Basis)
As of December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	**Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Fair Value**
*	MFB Norther Instl Fds Treasury Portfolio	Cash and Cash Equivalents	$ 1,490,213	$ 1,490,213
	IronBridge SMID Fund	Equity Mutual Funds - US	6,086,643	6,010,834
*	MFB NT Collective S&P 500	Equity Mutual Funds - US	15,130,652	19,753,902
	Sanderson International Value Group Trust	Equity Mutual Funds - International	10,788,382	21,534,146
	City of London Investment Management Company Limited	Equity Mutual Funds - Emerging Markets	4,152,391	5,950,584
			36,158,068	53,249,466
*	MFB NT Collective Aggregate Bond Index Fund Non-Lending	Fixed Income - Core Bonds	10,500,000	10,600,389
	Loomis Sayles New Hampshire Investment Trust	Fixed Income - Core Bonds	5,298,556	7,687,866
	LGIMA Long Duration Credit	Fixed Income - Core Bonds	5,000,000	5,354,702
			20,798,556	23,642,957
	GAM U.S. Institutional Diversity Inc.	Multi-Strategy Fund of Hedge Funds	3,800,903	4,426,810
	Grosvenor Institutional Partners	Multi-Strategy Fund of Hedge Funds	2,950,955	4,433,893
			6,751,858	8,860,703
	PIMCO All Asset Fund	Global Allocation Funds	11,531,631	11,781,284
	Wellington Opportunistic Investment Allocation	Global Allocation Funds	9,455,726	12,545,332
			20,987,357	24,326,616
	Total Investments (Held at End of Year)		$ 86,186,052	$111,569,955

* Denotes party-in-interest

Information certified as complete and accurate by The Northern Trust Company, the Trustee of the Plan.