

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO</u>	1b	Three-digit plan number (PN) ▶ <u>200</u>
		1c	Effective date of plan <u>09/01/1964</u>
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) <u>THERMO FISHER SCIENTIFIC INC.</u> <u>300 INDUSTRY DRIVE</u> <u>PITTSBURGH, PA 15275-1001</u>	2b	Employer Identification Number (EIN) <u>04-2209186</u>
		2c	Plan Sponsor's telephone number <u>313-442-8800</u>
		2d	Business code (see instructions) <u>339110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	TIMOTHY COUGHLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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 DIFCO LABORATORIES, INC. c Plan Name DIFCO LABORATORIES, INC. LOCAL 246 UAW AFL-CIO RETIREMENT PLAN	4b EIN 38-0488100 4d PN 002
5 Total number of participants at the beginning of the plan year	5 119
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 31 6a(2) 32 6b 61 6c 16 6d 109 6e 8 6f 117 6g 6h 2
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: 1B 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **0** **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <u>THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO</u>	B Three-digit plan number (PN) ►	<u>200</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THERMO FISHER SCIENTIFIC INC.</u>	D Employer Identification Number (EIN) <u>04-2209186</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>6650583</u>
	b Actuarial value	2b	<u>6650583</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>71</u>	<u>5994353</u>
	b For terminated vested participants.....	<u>17</u>	<u>443100</u>
	c For active participants	<u>31</u>	<u>1193781</u>
	d Total.....	<u>119</u>	<u>7631234</u>
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	<u>5.44</u> %
6	Target normal cost.....	6	<u>146099</u>

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	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Address of the firm</div>	<div style="text-align: center; margin-bottom: 10px;"><u>09/16/2020</u></div> <div style="text-align: center; margin-bottom: 10px;">Date</div> <div style="text-align: center; margin-bottom: 10px;"><u>20-03403</u></div> <div style="text-align: center; margin-bottom: 10px;">Most recent enrollment number</div> <div style="text-align: center; margin-bottom: 10px;"><u>781-906-2400</u></div> <div style="text-align: center; margin-bottom: 10px;">Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
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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)	402183	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	115712	0
9 Amount remaining (line 7 minus line 8)	286471	0
10 Interest on line 9 using prior year's actual return of <u>-5.24</u> %	-15011	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	271460	0

Part III Funding Percentages

14 Funding target attainment percentage	14	82.91 %
15 Adjusted funding target attainment percentage	15	82.91 %
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	104.72 %
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
09/10/2020	1430000	0			
Totals ▶			18(b)	1430000	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	1307328

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
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	146099	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1314776	213635	
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	359734	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	115712		115712
36 Additional cash requirement (line 34 minus line 35)	36	244022	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1307328	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1063306	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	115712	
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO	B Three-digit plan number (PN) ▶	200
C Plan sponsor's name as shown on line 2a of Form 5500 THERMO FISHER SCIENTIFIC INC.	D Employer Identification Number (EIN) 04-2209186	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	8560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50	TRUSTEE	5333	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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:	TANYA L. RIZZUTO, F.S.A, E.A	b EIN:	98-0352587
c Position:	ENROLLED ACTUARY		
d Address:	8 CAMPUS DRIVE PARSIPPANY, NJ 07054	e Telephone:	973-290-2500

Explanation: DUE TO THE COMPANY'S ACQUISITION, THE PLAN IS NOW HANDLED UNDER THE ACQUIRING COMPANY'S ACTUARIES.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>200</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>200</u>		
B Three-digit plan number (PN) ►	<u>200</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THERMO FISHER SCIENTIFIC INC.</u>	D Employer Identification Number (EIN) <u>04-2209186</u>				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BECTON DICKINSON MASTER RET TRUST</u>		
b Name of sponsor of entity listed in (a): <u>BECTON DICKINSON AND COMPANY</u>		
c EIN-PN <u>22-0760120-050</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI EX USA NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
c EIN-PN <u>90-0337987-159</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1473989</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S TOTAL MARKET INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
c EIN-PN <u>90-0337987-235</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2975218</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG U.S CREDIT INDEX NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST CO</u>		
c EIN-PN <u>04-0025081-146</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2776625</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>139913</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO	B Three-digit plan number (PN) ►	200
C Plan sponsor's name as shown on line 2a of Form 5500 THERMO FISHER SCIENTIFIC INC.	D Employer Identification Number (EIN) 04-2209186	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	1430000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	172
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	7365745
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	6650583	0
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(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	6650583 8795917
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	0 12991
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 12991
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6650583 8782926

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1430000
	(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)	1430000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	46036
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	46036
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		814410
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		530055
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2820501

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	596151	
(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)		596151
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)	14809	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3274	
(4) Other	2i(4)	73924	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		92007
j Total expenses. Add all expense amounts in column (b) and enter total	2j		688158

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2132343
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: PRICEWATERHOUSE COOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 4255145. (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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO</u>	B Three-digit plan number (PN) ▶ <u>200</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THERMO FISHER SCIENTIFIC INC.</u>	D Employer Identification Number (EIN) <u>04-2209186</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1926855</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Thermo Fisher Scientific Inc.
Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO

Financial Statements and Supplemental Schedules
December 31, 2019 and 2018

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



Report of Independent Auditors

To the Administrator of Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO

Report on the Financial Statements

We were engaged to audit the accompanying 2019 financial statements of Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the 2019 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility for the 2019 Financial Statements

Our responsibility is to express an opinion on the 2019 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements.

Basis for Disclaimer of Opinion on the 2019 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Northern Trust Company and The Bank of New York Mellon, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that The Bank of New York Mellon held the Plan's investment assets and executed investment transactions as of December 31, 2019 and for the period from June 3, 2019 to December 31, 2019, and that The Northern Trust Company held the Plan's investment assets and executed investment transactions for the period from January 1, 2019 to June 3, 2019. The plan administrator has obtained certifications from the trustees as of December 31, 2019 and for the year then ended, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion on the 2019 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2019 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to



provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements as a whole.

Other Matters

2018 Financial Statements

The financial statements of DIFCO Laboratories, Inc. Local 246 UAW AFL-CIO Retirement Plan (which subsequently changed its name to Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO) as of December 31, 2018 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2018 financial statements. Their report, dated March 6, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2018 financial statements and (b) the form and content of the information included in the 2018 financial statements other than that derived from the information certified by the trustee, were 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.

Supplementary Information

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2019 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2019 Financial Statements paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations 2019

The form and content of the information included in the 2019 financial statements and supplemental schedules, 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.

PricewaterhouseCoopers LLP

September 18, 2020

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets		
Investments at Fair Value (Note 5 and 6)		
Collective trust funds	\$ 7,365,745	\$ —
Plan interest in Becton Dickinson and Company Master Retirement Trust	—	6,650,583
	<u>7,365,745</u>	<u>6,650,583</u>
Employer contribution receivable	1,430,000	—
Interest receivable	<u>172</u>	<u>—</u>
Total assets	<u>8,795,917</u>	<u>6,650,583</u>
Liabilities		
Accrued administrative expenses	<u>12,991</u>	<u>—</u>
Net assets available for benefits	<u><u>\$ 8,782,926</u></u>	<u><u>\$ 6,650,583</u></u>

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

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019 and 2018

	Year Ended December 31,	
	2019	2018
Additions		
Investment income (loss)		
Interest and dividends	\$ 46,036	\$ —
Net appreciation in the fair value of investments	814,410	—
Net appreciation (depreciation) of Plan interest in Becton Dickinson and Company Master Retirement Trust	530,055	(351,468)
Total investment income (loss)	1,390,501	(351,468)
Proceeds from liquidation in Becton Dickinson and Company Master Retirement Trust	6,925,207	—
Employer contributions	1,430,000	—
Total additions	9,745,708	(351,468)
Deductions		
Purchase of collective trust investment	6,925,207	—
Benefits paid to participants	596,151	580,981
Administrative expenses	92,007	31,843
Total deductions	7,613,365	612,824
Net increase (decrease) in net assets available for benefits	2,132,343	(964,292)
Net assets available for benefits		
Beginning of year	6,650,583	7,614,875
End of year	<u>\$ 8,782,926</u>	<u>\$ 6,650,583</u>

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

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
December 31, 2019 and 2018

1. Description of the Plan

The following brief description of the Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO (the "Plan") is provided for general information purposes only. Participants should refer to the amended and restated plan document for more complete information.

General

The Plan, formerly known as the DIFCO Laboratories, Inc. Local 246 UAW AFL-CIO Retirement Plan, is a defined benefit, non-contributory plan, which provides pension, death and disability benefits to all members of Local 246 of the International Union, United Automobile, Aerospace, Aircraft and Agricultural Implement Workers of America ("UAW, AFL-CIO") employed by DIFCO Laboratories, Inc., formerly a subsidiary of Becton Dickinson and Company, upon commencement of employment. In October 2018, DIFCO Laboratories, Inc. was acquired by Thermo Fisher Scientific, Inc. (the "Company") who now serves as the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Board of Administration, which consists of members of the UAW, AFL-CIO (the "Board"). The Board has overall responsibility for the operation and administration of the Plan. A separate Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board.

Prior to April 2019 the Plan's investments were held in the Becton Dickinson and Company Master Retirement Trust ("Master Trust") managed by The Northern Trust Company ("former Trustee"). In April 2019, the Plan's share of net assets held in the Master Trust were liquidated and proceeds transferred into a single trust managed by the former Trustee. In June 2019, the assets held in the single trust were transferred into a stand-alone trust managed by The Bank of New York Mellon ("Trustee").

In September 2019, the Plan's name was changed to the Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO.

Pension Benefits

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to \$40.00 for each year of service as of December 31, 2019. In addition, each member who retires under the normal, early or disability retirement provisions of the plan or otherwise terminates with 25 years of service will also receive the lesser of \$43.80 or Medicare Part B (or successor) provision per month added to their retirement benefits. Also, a participant who is permanently laid off by the Company subsequent to April 28, 2005 and qualifies for retirement, as defined, at the time of the layoff will receive an additional special benefit of \$35.00 per month in addition to the monthly benefit for each year of service in effect in the year in which they retire. The Plan permits early retirement at age 55 with benefits reduced by 5/9ths of a percent for each calendar month benefits begin prior to normal retirement date. An unreduced benefit is available for participants retiring on or after age 60 with 25 years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering five years of service and prior to becoming eligible for a retirement benefit, they lose all rights under the Plan.

Death and Disability Benefits

If an active employee dies at pre-retirement age with at least three years of service, and has elected the Qualified Joint and Survivor Option, a benefit is payable to the spouse equal to 50% of the vested portion of the employee's accrued normal

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
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retirement benefit reduced by 5/9ths of a percent for each calendar month from the date of election of such option to the date of death. Active employees who become totally and permanently disabled receive a benefit equal to their accrued benefit with payment commencing as of the date of disability. A participant retiring on total and permanent disability shall receive a monthly payment of \$100 until the Participant reaches age 65 or until the participant receives a total of \$5,000, whichever occurs first.

Vesting

A participant becomes fully vested after five years of service.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

There were no changes in valuation techniques during 2019 or 2018.

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

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

Contributions

The Company makes contributions to the Plan to ensure assets are sufficient to pay the benefits of the Plan.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
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general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits. As provided by the Plan document, charges for administering the Plan including actuarial fees, legal, auditing expenses, Pension Benefit Guarantee Corporation ("PBGC") premiums, as well as trustee fees and investment management fees are paid by the Plan.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

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

Recent Accounting Pronouncements

In August 2018, the FASB issued new guidance to modify the disclosure requirements on fair value measurements. The Plan adopted the guidance in 2019. The adoption of this guidance did not have a material impact on the Plan's disclosure.

In February 2017, the FASB issued new guidance to modify the disclosure requirements for employee benefit plan interests in master trusts. The new guidance requires any interest or change in that interest in a Master Trust to be presented in separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits, respectively. The guidance also requires that plans disclose the amount of their interest in each general type of investment within the Master Trust. The Plan adopted the guidance in 2019 and applied the changes in the statement of net assets available for benefits and statement of changes in net assets available for benefits retrospectively. The impact of adopting this guidance, which impacted disclosure only, is reflected in Note 6.

Subsequent Events

The Plan has evaluated events and transactions occurring after the Statement of Net Assets Available for Benefits date through the date the financial statements were available for issuance, September 18, 2020, for recognition or disclosure in the financial statements and notes.

In March 2020, the World Health Organization declared the 2019 novel coronavirus ("COVID-19") to be a global pandemic. COVID-19 has affected, and may continue to affect, economic activity and the values of investment securities have been subject to significant volatility. Because of the uncertainty of the duration or impact of the pandemic, the extent of the impact of the COVID-19 outbreak on the Plan's Net Assets Available for Benefits cannot be predicted at this time.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was enacted and signed into law, resulting in supplemental plan rules and standards associated with withdrawals by participants impacted by COVID-19. Effective January 1, 2020 through December 31, 2020, participants who are eligible for a lump sum distribution can elect to take a lump sum distribution of up to \$100,000 as a COVID-19-related distribution. Such distributions will be subject to special tax treatment provided the participant meets certain criteria demonstrating damages

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
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suffered as a result of COVID-19.

In July 2020, the Company reached an agreement with the UAW, AFL-CIO to close the Plan to new participants effective August 1, 2020. Certain participants who opt out of the Plan will receive a one-time opt out payment and an enhanced contribution to the participant's account in the Company-sponsored defined contribution plan, subject to limitations as defined by the agreement. The Company will also offer accelerated vesting for participants who are not currently vested that opt out of the pension plan.

Effective December 31, 2020, the Plan will be merged into another defined benefit plan sponsored by the Company.

3. Funding Policy

The Plan's funding policy requires for the Company to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Plan has met the minimum funding requirements prescribed by ERISA. The minimum funding requirement, which is determined by an independent actuary, is equal to the sum of the annual current service contribution attributable to a year's cost for continuous service and an amount to fund the unfunded prior service obligation in accordance with the amortization schedules prescribed by ERISA minimum funding requirements (as amended by the Pension Protection Act).

4. Actuarial Present Value of Accumulated Plan Benefits

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

The significant actuarial assumptions used in the valuation as of December 31, 2018 and 2017 are as follows:

	2018	2017
Discount Rate	7.25%	7.25%
Mortality	RP-2014 Mortality Tables for annuitants and non-annuitants projected with MP-2014 to be fully generational	RP-2014 sex distinct, benefit-weighted employee and annuitant mortality tables without collar adjustment, adjusted backward to 2006 with Scale MP-2014 and with generational projection from 2006 forward using Scale MP-2017
Retirement Age	Specified percentages commencing at age 55, with a weighted average age of 62.8	Normal retirement assumed to occur at age 65

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

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
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The actuarial present value of accumulated plan benefits as of December 31, 2018 are as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 5,396,764
Terminated vested participants	367,294
Active participants	899,219
Total vested benefits	6,663,277
Nonvested benefits	113,643
Total actuarial present value of accumulated plan benefits	\$ 6,776,920

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2018 are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2017	\$ 6,500,825
Increase (decrease) during the year attributable to:	
Interest accrual	450,249
Benefits paid	(580,981)
Benefits accumulated and experience (gains) losses	157,244
Changes in actuarial assumption (a)	249,583
Net increase	276,095
Actuarial present value of accumulated plan benefits at December 31, 2018	\$ 6,776,920

(a) Represents the change in mortality projection scale from MP-2017 to MP-2014.

5. FAIR VALUE MEASUREMENTS

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

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

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

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

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
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The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The following table presents information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2019:

	Total	Level 1	Level 2	Level 3	Not subject to leveling (1)
Common collective trusts	\$ 7,365,745	\$ —	\$ —	\$ —	\$ 7,365,745
Total investments at fair value	<u>\$ 7,365,745</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 7,365,745</u>

There were no transfers between levels in 2019 or 2018.

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

(In thousands)	Fair Value as of December 31, 2019	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Asset Category				
Collective trust funds:				
U.S. equity funds	7,225,832	—	Daily	No more than 2 days
Money market funds	139,913	—	Daily	Daily
	<u>\$ 7,365,745</u>	<u>\$ —</u>		

6. Interest in Becton Dickinson and Company Master Retirement Trust

Prior to April 2019, all of the Plan's investments were held in the Master Trust managed by the former Trustee (See Note 1). The Master Trust was established for the investment of assets of the Plan and several other Becton Dickinson Company sponsored retirement plans. Each participating retirement plan had an undivided interest in the Master Trust. The assets of the Master Trust were held by The Northern Trust Company. At December 31, 2018, the Plan's interest in the net assets of the Master Trust was approximately 0.36%. Investment income and administrative expenses relating to the Master Trust were allocated to the individual plans based upon average monthly balances invested by each plan.

In April 2019, the Plan's share of net assets held in the Master Trust were liquidated and proceeds transferred into a single trust managed by the former Trustee. In June 2019, the assets held in the single trust were transferred into a stand-alone trust managed by The Bank of New York Mellon, the Plan's Trustee (see Note 1).

The former Trustee was the custodian of all investments and was authorized to execute transactions. Financial information relating to the assets held by the former Trustee is included in the accompanying financial statements based on information provided by the former Trustee. The Plan's share of net assets in the Master Trust was determined by the

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
December 31, 2019 and 2018

former Trustee as of December 31, 2018, on the basis of the cumulative contributions and cumulative proportional share of investment gain for the Plan, less the Plan's cumulative benefit payments and share of administrative expenses. That information is summarized below.

The following table represents the net assets of the Master Trust at December 31, 2018:

Investments (at fair value)	
Cash and cash equivalents	\$ 149,641,873
Fixed income	904,959,221
Equity securities	530,618,328
Other securities	287,749,396
Total investments (equal to net assets available for benefits)	\$ 1,872,968,818

The Plan's interest in the fair value of the net assets of the Master Trust as of December 31, 2018 was as follows:

Investments (at fair value)	
Cash and cash equivalents	\$ 534,481
Fixed income	3,176,310
Equity securities	1,906,120
Other securities	1,033,672
Total investments (equal to net assets available for benefits)	\$ 6,650,583

The following table represents interest and dividend income and net appreciation (depreciation) in the fair value of investments for the Master Trust for the years ended December 31, 2019 and 2018:

	2019 ⁽¹⁾	2018
Interest and dividend income	\$ 41,508,074	\$ 35,749,670
Net appreciation (depreciation) in fair value of investments	\$ 333,998,959	\$ (130,188,431)

(1) The Plan's investment in the Master Trust was liquidated in April, 2019.

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
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The following tables sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2018:

	Level 1	Level 2	Level 3	Not subject to leveling (1)	Total
Cash and cash equivalents	\$149,641,873	\$ —	\$ —	\$ —	\$ 149,641,873
Fixed Income:					
Government and agency - U.S.	173,586,196	99,565,960	—	—	273,152,156
Government and agency - Foreign	87,028,588	28,681,165	—	—	115,709,753
Corporate debt securities	103,574,320	387,380,026	—	—	490,954,346
Mortgage and assets backed securities	—	25,169,966	—	—	25,169,966
Total Fixed Income	364,189,104	540,797,117	—	—	904,986,221
Equity Securities	151,510,987	—	—	379,107,341	530,618,328
Other Securities					
Hedge funds	—	—	—	287,749,396	287,749,396
Total Investments, at fair value	\$665,341,964	\$540,797,117	\$ —	\$666,856,737	\$1,872,995,818

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

A portion of the Trust's assets consists of investments in cash and cash equivalents, primarily to accommodate liquidity requirements relating to trade settlement and benefit payment activity.

The U.S. portion of fixed income assets was invested in mortgage-backed, corporate, government and agency and asset-backed instruments. Mortgage-backed securities consisted of residential mortgage passthrough certificates. Corporate debt securities were diversified across industry and sector and, while consisting primarily of investment grade instruments, included an allocation to high-yield debt as well. U.S. government investments consisted of obligations of the U.S. Treasury, other U.S. government agencies, state governments and local municipalities. The non-U.S. portion of fixed income investments consisted primarily of government and corporate bonds in developed markets and emerging markets. Equity securities included within the Trust's assets consisted of fund investments in publicly-traded U.S. and non-U.S. equity securities. In order to achieve appropriate diversification; these portfolios were allocated among multiple asset managers and invested across market sectors, investment styles, capitalization weights and geographic regions. Other securities included fund investments comprised of underlying assets of real estate, infrastructure, commodities, and hedge funds. The hedge funds were comprised of equity securities and contain short and long-term strategies. They had various redemption restrictions. The real estate, infrastructure, and commodities assets in this category were invested in various funds and also had various redemption restrictions.

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
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The following is a description of the valuation methodologies used for the Plan's investments held in the Master Trust measured at fair value at December 31, 2018. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets were classified.

Cash and cash equivalents: Valued at cost which approximates fair value due to the short-term nature of such investments and were classified as Level 1.

Government and Agency – U.S: Instruments classified as Level 1 were valued at the closing price reported on the major market on which the investments were traded. Instruments classified as Level 2 were valued based upon estimated prices, derived from market observable sources, from independent vendors' pricing models.

Government and Agency – Foreign: Instruments classified as Level 1 were valued at the closing price reported on the major market on which the investments were traded. Instruments classified as Level 2 were valued based upon either estimated prices, derived from market observable sources, from independent vendors' pricing models or on the corroborated net asset value provided by the fund administrator. Instruments measured using the net asset value ("NAV") practical expedient were valued based on the net asset value provided by the fund administrator. The assets in this category which were categorized as using NAV were invested in debt securities including investments in emerging markets. Such net asset value represents the price at which the instruments could be redeemed at period end.

Corporate debt securities: Investments classified at Level 1 were based on the closing price reported on the major market on which the investments were traded. Level 2 investments were valued based upon either estimated prices, derived from market observable sources, from independent vendors' pricing models or on the corroborated net asset value provided by the fund administrator.

Mortgage and asset-backed securities: Investments classified as Level 2 were valued based upon estimated prices from independent vendors' pricing models and these prices were derived from market observable sources including: benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers and other market-related data.

Equity securities: Instruments classified as Level 1 were valued at the closing price reported on the major market on which the investments were traded. Instruments measured using the net asset value practical expedient were valued based on the NAV provided by the fund administrator. Instruments measured using the net asset value practical expedient consisted of units in commingled institutional trusts that invest in either non-U.S. equities or U.S. small capitalization equities and represent the price at which the instruments could be redeemed at period end.

Other securities: The values of such instruments classified within Level 1 were based on the closing price reported on the major market on which the investments were traded. Instruments measured using the net asset value practical expedient were valued based on the NAV provided by the fund administrator. Such net asset value represented the price at which these instruments could be redeemed at period end.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The fair value and carrying value of financial instruments approximate each other.

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
December 31, 2019 and 2018

7. Information Certified by the Trustee

The following is a summary of the investment information regarding the Plan as of December 31, 2019 and 2018, and for the years ended December 31, 2019 and 2018, included in the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by The Bank of New York Mellon, the trustee of the Plan, and The Northern Trust Company, the former Trustee of the Plan, and furnished to the Company. The Company has obtained certifications from the Trustee and former Trustee that such information is complete and accurate.

	2019	2018
Statement of Net Assets Available for Benefits		
Collective trust funds	\$ 7,365,745	\$ —
Plan interest in Becton Dickinson and Company Master Retirement Trust	—	6,650,583
Interest receivable	172	—
Statement of Changes in Net Assets Available for Benefits		
Interest and dividends	\$ 46,036	\$ —
Net appreciation in the fair value of investments	\$ 814,410	\$ —
Net appreciation (depreciation) of Plan interest in Becton Dickinson and Company Master Retirement Trust	\$ 530,055	\$ (351,468)

The former Trustee has also certified the completeness and accuracy of the Master Trust investment information as of and for the year ended December 31, 2018 summarized in Note 6. As of December 31, 2018, the Plan's interest in the Master Trust represented all of the Plan's net assets totaling \$6,650,583.

8. Plan Termination

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

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

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

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

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Notes to Financial Statements
December 31, 2019 and 2018

9. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter, dated March 21, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since the date of determination letter. However, the Company and Plan's ERISA counsel believe that the Plan is currently designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

10. Parties-in-Interest and Related Party Transactions

Certain investments of the Plan are managed by The Bank of New York Mellon. The Bank of New York Mellon is the Trustee of the Plan; therefore, these transactions and expenses qualify as party-in-interest transactions. In addition, Aon, the actuary of the Plan, is the recordkeeper for participants in pay status. Therefore, transactions with Aon also qualify as party-in-interest transactions.

Prior to June 2019, certain Plan investments were managed by The Northern Trust Company, the former Trustee of the Plan (see Note 1). Transactions with the former Trustee qualified as party-in-interest transactions.

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

Identity of Issue/Borrower, Lessor or Similar Party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Collective Trust Funds			
State Street MSCI ACWI Ex USA Non-Lending Fund	U.S. Equity Fund, 63,762 shares	\$ 1,320,854	\$ 1,473,989
State Street U.S. Total Market Index Non-Lending Fund	U.S. Equity Fund, 57,938 shares	2,604,011	2,975,218
State Street Long U.S. Credit Index Non-Lending Fund	U.S. Equity Fund, 53,708 shares	2,507,175	2,776,625
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund	Money Market Collective Trust (1), 139,913 units	139,913	139,913
Total Collective Trust Funds		<u>\$ 6,571,953</u>	<u>\$ 7,365,745</u>
(1) Investments are a party-in-interest to the Plan			

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

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2019

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
<u>Single Transaction</u>						
Mellon Bank, N.A.*	Cash	\$6,975,260	\$ —	\$ —	\$ 6,975,260	\$ —
Mellon Bank, N.A.*	Cash	—	6,975,260	6,975,260	6,975,260	—
Mellon Bank, N.A.*	Money Market Collective Trust	6,975,260	—	—	6,975,260	—
Mellon Bank, N.A.*	Money Market Collective Trust	—	6,700,000	6,700,000	6,700,000	—
State Street	U.S. Equity Fund	1,350,000	—	—	1,350,000	—
State Street	U.S. Equity Fund	2,750,000	—	—	2,750,000	—
State Street	U.S. Equity Fund	2,600,000	—	—	2,600,000	—
<u>Series of Transactions</u>						
Mellon Bank, N.A.* 1 transaction	Cash	\$6,975,260	\$ —	\$ —	\$ 6,975,260	\$ —
Mellon Bank, N.A.* 1 transaction	Cash	—	6,975,260	6,975,260	6,975,260	—
Mellon Bank, N.A.* 14 transactions	Money Market Collective Trust	7,267,085	—	—	7,267,085	—
Mellon Bank, N.A.* 15 transactions	Money Market Collective Trust	—	7,127,173	7,127,173	7,127,173	—
State Street 1 transaction	U.S. Equity Fund	1,350,000	—	—	1,350,000	—
State Street 3 transactions	U.S. Equity Fund	—	30,131	29,146	30,131	985
State Street 1 transaction	U.S. Equity Fund	2,750,000	—	—	2,750,000	—
State Street 5 transactions	U.S. Equity Fund	—	158,182	145,989	158,182	12,193
State Street 1 transaction	U.S. Equity Fund	2,600,000	—	—	2,600,000	—
State Street 4 transactions	U.S. Equity Fund	—	100,266	92,825	100,266	7,441

*Party in interest

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2019**

**Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan
For Local 246 UAW AFL-CIO**

EIN: 04-2209186 PN: 200

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

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Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

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

Interest Rates	Based on segment rates with no lookback (as of January 2019), as limited by the interest rate corridor of the Moving ahead for Progress in the 21st Century Act (MAP-21), as modified by the Highway and Transportation Funding Act of 2014 (HATFA), and the Bipartisan Budget Act of 2015 (BBA).
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Mortality Table	Static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(c).
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 60 if the participant is younger than 60, and age 65 if the participant is older than 60.
Preretirement Death	The first day of the month following the later of the participant's date of death or the date the participant would have attained age 55.
Withdrawal Rates	See Table 2.
Disability Rates	40% of disability incidence under the 1972-1976 OASDI study. See Table 3.
Optional Payment Form Election Percentage	Single participants are assumed to elect a single life annuity. 75% of married participants are assumed to elect a single life annuity and 25% to elect a 50% joint and survivor annuity.
Marital Status	85% are assumed to be married, with female spouses 3 years younger than male spouses.
Valuation of Plan Assets	Fair market value of assets as of the valuation date, plus discounted present value of contributions made after the valuation date for the 2018 plan year, using the effective interest rate for the 2018 plan year.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Trust Expenses Included in Target Normal
Cost

Expected PBGC premiums and other administrative
expenses paid from the trust rounded to the nearest
\$5,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2019.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Table 1

Retirement Probabilities

Age	Rate
55	5.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	3.00%
62	25.0%
63	10.0%
64	10.0%
65	75.0%
66	75.0%
67	75.0%
68	75.0%
70	100.0%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Table 2

Withdrawal Probabilities

<u>Age</u>	<u>Male</u>	<u>Female</u>
20 and Under	7.50%	12.50%
21	7.00%	11.50%
22	6.50%	10.50%
23	6.00%	9.50%
24	5.50%	8.50%
25	5.00%	7.50%
26	4.70%	7.00%
27	4.40%	6.50%
28	4.10%	6.00%
29	3.80%	5.50%
30	3.50%	5.00%
31	3.30%	4.70%
32	3.10%	4.40%
33	2.90%	4.10%
34	2.70%	3.80%
35	2.50%	3.50%
36	2.30%	3.30%
37	2.10%	3.10%
38	1.90%	2.90%
39	1.70%	2.70%
40	1.50%	2.50%
41	1.40%	2.30%
42	1.30%	2.10%
43	1.20%	1.90%
44	1.10%	1.70%
45	1.00%	1.50%
46	0.90%	1.40%
47	0.80%	1.30%
48	0.70%	1.20%
49	0.60%	1.10%
50	0.50%	1.00%
51	0.40%	0.90%
52	0.30%	0.80%
53	0.20%	0.70%
54	0.10%	0.60%
55	0.00%	0.50%
56	0.00%	0.40%
57	0.00%	0.30%
58	0.00%	0.20%
59	0.00%	0.10%
60 and Older	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Table 3

Disability Probabilities

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
22 and Under	0.0572%	0.0280%	62	1.2076%	0.7600%
23	0.0608%	0.0316%	63	1.2680%	0.7680%
24	0.0644%	0.0356%	64	1.3280%	0.7760%
25	0.0684%	0.0392%	65	1.3880%	0.7840%
26	0.0720%	0.0432%	66	1.4480%	0.7920%
27	0.0756%	0.0468%	67	1.5080%	0.8000%
28	0.0800%	0.0540%	68	1.5680%	0.8080%
29	0.0840%	0.0608%	69 and Older	1.6280%	0.8160%
30	0.0884%	0.0680%			
31	0.0924%	0.0748%			
32	0.0968%	0.0820%			
33	0.1048%	0.0904%			
34	0.1124%	0.0988%			
35	0.1204%	0.1072%			
36	0.1280%	0.1156%			
37	0.1360%	0.1240%			
38	0.1488%	0.1360%			
39	0.1612%	0.1484%			
40	0.1740%	0.1604%			
41	0.1864%	0.1728%			
42	0.1992%	0.1848%			
43	0.2208%	0.2024%			
44	0.2428%	0.2204%			
45	0.2644%	0.2380%			
46	0.2864%	0.2560%			
47	0.3080%	0.2736%			
48	0.3504%	0.3072%			
49	0.3924%	0.3408%			
50	0.4348%	0.3748%			
51	0.4768%	0.4084%			
52	0.5192%	0.4420%			
53	0.5972%	0.4976%			
54	0.6748%	0.5532%			
55	0.7528%	0.6092%			
56	0.8304%	0.6648%			
57	0.9084%	0.7204%			
58	0.9684%	0.7284%			
59	1.0280%	0.7364%			
60	1.0880%	0.7440%			
61	1.1476%	0.7520%			

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 4085 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 2019 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here: ☐ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information											
1a Name of plan THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THERMO FISHER SCIENTIFIC INC. 300 INDUSTRY DRIVE PITTSBURGH PA 15275-1001	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1b Three-digit plan number (PN) ▶</td> <td style="text-align: center;">200</td> </tr> <tr> <td style="text-align: center;">1c Effective date of plan</td> <td style="text-align: center;">09/01/1964</td> </tr> <tr> <td style="text-align: center;">2b Employer Identification Number (EIN)</td> <td style="text-align: center;">04-2209186</td> </tr> <tr> <td style="text-align: center;">2c Plan Sponsor's telephone number</td> <td style="text-align: center;">313-442-8800</td> </tr> <tr> <td style="text-align: center;">2d Business code (see instructions)</td> <td style="text-align: center;">339110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	200	1c Effective date of plan	09/01/1964	2b Employer Identification Number (EIN)	04-2209186	2c Plan Sponsor's telephone number	313-442-8800	2d Business code (see instructions)	339110
1b Three-digit plan number (PN) ▶	200										
1c Effective date of plan	09/01/1964										
2b Employer Identification Number (EIN)	04-2209186										
2c Plan Sponsor's telephone number	313-442-8800										
2d Business code (see instructions)	339110										

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

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

SIGN HERE	 Signature of plan administrator	10/13/2020 Date	TIMOTHY COUGHLIN 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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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 DIFCO LABORATORIES, INC. c Plan Name DIFCO LABORATORIES, INC. LOCAL 246 UAW AFL-CIO RETIREMENT PLAN	4b EIN 38-0488100 4d PN 002
5 Total number of participants at the beginning of the plan year	5 119
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) 31
a(2) Total number of active participants at the end of the plan year	6a(2) 32
b Retired or separated participants receiving benefits.....	6b 61
c Other retired or separated participants entitled to future benefits	6c 16
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 109
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 8
f Total. Add lines 6d and 6e.....	6f 117
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 2
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: 1B 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2019

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
<u>Single Transaction</u>						
Mellon Bank, N.A.*	Cash	\$6,975,260	\$ —	\$ —	\$ 6,975,260	\$ —
Mellon Bank, N.A.*	Cash	—	6,975,260	6,975,260	6,975,260	—
Mellon Bank, N.A.*	Money Market Collective Trust	6,975,260	—	—	6,975,260	—
Mellon Bank, N.A.*	Money Market Collective Trust	—	6,700,000	6,700,000	6,700,000	—
State Street	U.S. Equity Fund	1,350,000	—	—	1,350,000	—
State Street	U.S. Equity Fund	2,750,000	—	—	2,750,000	—
State Street	U.S. Equity Fund	2,600,000	—	—	2,600,000	—
<u>Series of Transactions</u>						
Mellon Bank, N.A.* 1 transaction	Cash	\$6,975,260	\$ —	\$ —	\$ 6,975,260	\$ —
Mellon Bank, N.A.* 1 transaction	Cash	—	6,975,260	6,975,260	6,975,260	—
Mellon Bank, N.A.* 14 transactions	Money Market Collective Trust	7,267,085	—	—	7,267,085	—
Mellon Bank, N.A.* 15 transactions	Money Market Collective Trust	—	7,127,173	7,127,173	7,127,173	—
State Street 1 transaction	U.S. Equity Fund	1,350,000	—	—	1,350,000	—
State Street 3 transactions	U.S. Equity Fund	—	30,131	29,146	30,131	985
State Street 1 transaction	U.S. Equity Fund	2,750,000	—	—	2,750,000	—
State Street 5 transactions	U.S. Equity Fund	—	158,182	145,989	158,182	12,193
State Street 1 transaction	U.S. Equity Fund	2,600,000	—	—	2,600,000	—
State Street 4 transactions	U.S. Equity Fund	—	100,266	92,825	100,266	7,441

*Party in interest

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2019**This Form is Open to Public
Inspection**For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO		B Three-digit plan number (PN) ▶ 200
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THERMO FISHER SCIENTIFIC INC.		D Employer Identification Number (EIN) 04-2209186
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>			
2 Assets:			
a Market value.....	2a	6,650,583	
b Actuarial value.....	2b	6,650,583	
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.....	71	5,994,353	5,994,353
b For terminated vested participants.....	17	443,100	443,100
c For active participants.....	31	1,193,781	1,256,446
d Total.....	119	7,631,234	7,693,899
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	5.44%	
6 Target normal cost.....	6	146,099	

Statement by Enrolled Actuary

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

SIGN HERE	<u>George W. Holland</u> <i>GWH</i>	<u>9/16/2020</u>
	Signature of actuary	Date
<u>George W. Holland</u>		<u>2003403</u>
Type or print name of actuary		Most recent enrollment number
<u>Aon Consulting, Inc</u>		<u>781-906-2400</u>
Firm name		Telephone number (including area code)
<u>CityPoint - 230 Third Avenue</u>		
<u>Waltham MA 02451-7528</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2019
v. 190130**

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).....	402,183	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	115,712	0
9 Amount remaining (line 7 minus line 8).....	286,471	0
10 Interest on line 9 using prior year's actual return of <u>-5.24%</u>	-15,011	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	271,460	0

Part III Funding Percentages

14 Funding target attainment percentage	14	82.91%
15 Adjusted funding target attainment percentage.....	15	82.91%
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	104.72%
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
09/10/2020	1,430,000				
Totals ▶			18(b)	1,430,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,307,328

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 63**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** 146,099**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		1,314,776	213,635
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** 359,734

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	115,712		115,712

36 Additional cash requirement (line 34 minus line 35)..... **36** 244,022**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1,307,328

38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	1,063,306
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	115,712

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Interest Rate	Days to Discount to January 1, 2019	Interest Adjusted Contribution
September 10, 2020	\$ <u>1,430,000</u>	5.44%	618	\$ <u>1,307,328</u>
Total Contribution	\$ 1,430,000			\$ 1,307,328

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

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

The average retirement age shown in line 22 is age 63. The average retirement age has been calculated according to the following tables and assuming no decrements other than retirement for the calculations. All retirements are assumed to occur at beginning of the year.

Retirement Probabilities for Difco Plan

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	5.00%	1.0000	2.750
56	3.00%	0.9500	1.596
57	3.00%	0.9215	1.576
58	3.00%	0.8939	1.555
59	3.00%	0.8670	1.535
60	3.00%	0.8410	1.514
61	3.00%	0.8158	1.493
62	25.00%	0.7913	12.266
63	10.00%	0.5935	3.739
64	10.00%	0.5341	3.419
65	75.00%	0.4807	23.436
66	75.00%	0.1202	5.949
67	75.00%	0.0300	1.510
68	75.00%	0.0075	0.383
69	75.00%	0.0019	0.097
70	100.00%	0.0005	0.033
Weighted Average			62.849

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Schedule SB, Part V—Summary of Plan Provisions

Eligibility for Participation	All employees covered by the collective bargaining agreement between Becton Dickinson and the UAW; AFL-CIO Local 246 participate as of their employment commencement date.
Normal Retirement	
Eligibility	Age 65 with 3 years of pension service
Monthly Pension Benefit	Years of credited service multiplied by the following: Retirements Prior to May 1, 2008: Amount in effect as of retirement date: Effective May 1, 2008: \$36 Effective May 1, 2013: \$37 Effective May 1, 2014: \$38 Effective May 1, 2015: \$39 Effective May 1, 2017: \$40
Early Retirement	
Eligibility	Age 55 and 3 years of pension service
Monthly Pension Benefit	Accrued benefit deferred to age 65 of payable immediately but reduced 5/9% for each complete calendar month that benefits begin prior to normal retirement date. An unreduced benefit is payable immediately for participants retiring on or after age 60 with 25 years of service.
Postponed Retirement	
Eligibility	A participant may continue in active service after normal retirement date
Monthly Pension Benefit	Accrued benefit calculated using credited service and benefit rate in effect as of the late retirement date.
Vested Termination	
Eligibility	Completion of 5 years of vesting service
Monthly Pension Benefit	Accrued benefit deferred to normal retirement date or a reduced benefit (5/9% for each completed calendar month prior to normal retirement date), payable on or after age 60.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Eligibility	Total and permanent disability, eligibility for disability benefits under the Federal Social Security Act and 10 years of service.
Monthly Pension Benefit	Accrued benefit is payable as of the date of disability
Special Normal Retirement Benefit	
Eligibility	Employees who are permanently laid off and retire from active employment during the April 28, 2010 through April 27, 2015 collective bargaining agreement.
Monthly Pension Benefit	Supplemental benefit of \$35 per month in addition to regular benefits upon attaining age 60.
Medicare B Supplement	
Eligibility	Any retiree who retired under the normal, early or disability retirement provisions of the plan or otherwise terminates with 25 years of service on or after April 28, 2010.
Monthly Pension Benefit	Lesser of \$43.80 or the Medicare Part B premium per month upon attaining age 65
Preretirement Death	
Eligibility	5 years of service or eligible for early retirement and married for at least one year.
Monthly Pension Benefit	50% survivor benefit computed as if employee terminated on the date of death, survived until benefit commencement date and elected the 50% Joint & Survivor Annuity. Benefit commencement is the first day of the month following the later of date of death, the date employee would have attained age 55 or a later date as the spouse may elect.
Forms of Payment	Single life annuity (automatic form for unmarried participants) 50% Joint & Survivor annuity, actuarially equivalent to the single life amount (automatic form for married participants) 75% Joint & Survivor annuity Lump sums for accrued benefits under \$1000.
Credited Service	Service from date of hire to date of termination, based on the number of hours worked during each plan year. A full year is credited for 1,700 hours worked, with partial credit to nearest 1/10th of a year if a participant worked less than 1,700 hours.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

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

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2019. Asset information is based on information supplied by Thermo Fisher Scientific Inc.

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

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2019

Identity of Issue/Borrower, Lessor or Similar Party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Collective Trust Funds			
State Street MSCI ACWI Ex USA Non-Lending Fund	U.S. Equity Fund, 63,762 shares	\$ 1,320,854	\$ 1,473,989
State Street U.S. Total Market Index Non-Lending Fund	U.S. Equity Fund, 57,938 shares	2,604,011	2,975,218
State Street Long U.S. Credit Index Non-Lending Fund	U.S. Equity Fund, 53,708 shares	2,507,175	2,776,625
Mellon Bank, N.A. Trust Department EB Temporary Investment Fund	Money Market Collective Trust (1), 139,913 units	139,913	139,913
Total Collective Trust Funds		\$ 6,571,953	\$ 7,365,745
(1) Investments are a party-in-interest to the Plan			

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

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,314,776	January 1, 2019	7.0000	\$ 213,635

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Schedule SB, line 25—Change in Method

The funding valuation reflects the following method change:

- Change in the Enrolled Actuary from Tanya L. Rizzuto at Willis Towers Watson LLC to George W. Holland at Aon Consulting, Inc., due to a change in firm providing actuarial services to the plan. Since the funding target, target normal cost, and actuarial value of assets calculated for the prior year valuation were within criteria set forth in Section 4.01 of Revenue Procedure 2017-56, this method change meets the requirements for automatic approval from the IRS.

Schedule SB Attachment (Form 5500)—2019 Plan Year
Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local
246 UAW AFL-CIO
EIN: 04-2209186 PN: 200

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following change:

- Assumed plan-related expenses added to the target normal cost were changed from a) adjusting the actual prior year expenses with inflation and for changes in PBGC premiums for 2018, to b) expected PBGC premiums and other administrative expenses paid from the trust rounded to the nearest \$5,000 for 2019.

This change was made to better reflect anticipated plan experience. The assumption change did not reduce the funding shortfall by more than the threshold stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required for this assumption change.