Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THERMO FISHER SCIENTIFIC INC. HOURLY EMPLOYEES' RETIREMENT PLAN FOR LOCAL 246 UAW AFL-CIO

1b Three-digit plan number (PN) ▶ 200

1c Effective date of plan 09/01/1964

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

300 INDUSTRY DRIVE
PITTSBURGH, PA 15275-1001

2b Employer Identification Number (EIN) 04-2209186

2c Plan Sponsor's telephone number 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	Filed with authorized/valid electronic signature.	09/30/2021	THOMAS E. OKSANEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	117
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)**	32
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	8731511
b Actuarial value	**2b**	8731511

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	69	5834630	5834630
b For terminated vested participants	16	434094	434094
c For active participants	32	1357458	1413170
d Total	117	7626182	7681894

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**	5.29 %
6 Target normal cost	**6**	134654

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/08/2021

GEORGE W. HOLLAND — Type or print name of actuary

20-03403 — Most recent enrollment number

AON CONSULTING, INC — Firm name

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

CITYPOINT - 230 THIRD AVENUE
WALTHAM, MA 02451-7528

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	271460	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	115712	
9	Amount remaining (line 7 minus line 8)	155748	0
10	Interest on line 9 using prior year's actual return of 22.08 %	34389	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1063306
	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 5.44 %		51549
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		25549
	c Total available at beginning of current plan year to add to prefunding balance		1140404
	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)	190137	0

Part III Funding Percentages

14	Funding target attainment percentage	14	111.18 %
15	Adjusted funding target attainment percentage	15	113.66 %
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	86.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ 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**	134654
b Excess assets, if applicable, but not greater than line 31a	**31b**	134654

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

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

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

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

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE BANK OF NEW YORK MELLON

13-5160382

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

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

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

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	78725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	67798	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REHMANN LLC

38-3567911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50	TRUSTEE	7850	Yes [X] No [ ]	Yes [X] 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 [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

D Employer Identification Number (EIN)
04-2209186

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI EX USA NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-159	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S TOTAL MARKET INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-235	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG U.S CREDIT INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-146	C	0

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)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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)	1430000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	172	0
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)	7365745	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	8795917	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	12991	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	12991	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8782926	0

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(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)		1230063
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1230063
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	590943	
(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)		590943
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)	105659	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	69588	
(4) Other	2i(4)	9711	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		184958
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		775901
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		454162
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		9237088

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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN	04-2209186	100

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4310904.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 25-1926855

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% 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 Schedule
December 31, 2020 and 2019

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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 financial statements of Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 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, 2020 and 2019, for the year ended December 31, 2020 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, 2020 and 2019 and for the years then ended, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

PricewaterhouseCoopers LLP
September 9, 2021

Thermo Fisher Scientific Inc. Hourly Employees' Retirement Plan for Local 246 UAW AFL-CIO
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Investments at Fair Value (Note 5)		
Collective trust funds	$ —	$ 7,365,745
Employer contribution receivable	—	1,430,000
Interest receivable	—	172
	—	1,430,172
Total assets	—	8,795,917
Liabilities		
Accrued administrative expenses	—	12,991
Net assets available for benefits	$ —	$ 8,782,926

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, 2020 and 2019

	Year Ended December 31,	
	2020	2019
Additions		
Investment income		
Interest and dividends	$ 17,778	$ 46,036
Net appreciation in the fair value of investments	1,212,285	814,410
Net appreciation of Plan interest in Becton Dickinson and Company Master Retirement Trust	—	530,055
Total investment income	1,230,063	1,390,501
Proceeds from liquidation in Becton Dickinson and Company Master Retirement Trust	—	6,925,207
Employer contributions	—	1,430,000
Total additions	1,230,063	9,745,708
Deductions		
Purchase of collective trust investment	—	6,925,207
Benefits paid to participants	590,943	596,151
Administrative expenses	184,958	92,007
Total deductions	775,901	7,613,365
Net increase in net assets available for benefits prior to merger	454,162	2,132,343
Merger into Thermo Fisher Scientific Inc. Retirement Plan (Note 1)	(9,237,088)	—
Net (decrease) increase in net assets available for benefits	(8,782,926)	2,132,343
Net assets available for benefits		
Beginning of year	8,782,926	6,650,583
End of year	$ —	$ 8,782,926

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

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.

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 opted out of the Plan received 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 also offered accelerated vesting for participants who were not vested that opted out of the pension plan.

Effective December 31, 2020, benefit accruals were frozen for individuals who elected to opt out of future accruals and the Plan was merged into the Thermo Fisher Retirement Plan ("Thermo Fisher Plan"), another defined benefit plan sponsored by the Company. Effective December 31, 2020, Plan assets of $9,237,088 were transferred into the Thermo Fisher Plan.

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, 2020. 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 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 2020 or 2019.

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 the fair value of investments 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 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) in the 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.

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.

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 9, 2021, for recognition or disclosure in the financial statements and notes.

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, 2019 and 2018 are as follows:

	2019	2018
Discount Rate	7.00%	7.25%
Mortality	Pri-2012 Mortality Tables for annuitants and non-annuitants projected with MP-2020 to be fully generational	RP-2014 Mortality Tables for annuitants and non-annuitants projected with MP-2014 to be fully generational
Retirement Age	Specified percentages commencing at age 55, with a weighted average age of 62.8	Specified percentages commencing at age 55, with a weighted average age of 62.8

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

The actuarial present value of accumulated plan benefits as of December 31, 2019 are as follows:

Vested benefits	
Participants currently receiving payments	$ 5,020,416
Terminated vested participants	352,488
Active participants	1,018,785
Total vested benefits	6,391,689
Nonvested benefits	105,498
Total actuarial present value of accumulated plan benefits	$ 6,497,187

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2019 are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2018	$	6,776,920
Increase (decrease) during the year attributable to:		
Interest accrual		469,707
Benefits paid		(596,416)
Benefits accumulated and experience (gains) losses		56,709
Changes in actuarial assumption (a)		(209,733)
Net increase		(279,733)
Actuarial present value of accumulated plan benefits at December 31, 2019	$	6,497,187

(a) Represents the change in discount rate from 7.25% to 7.00% and mortality assumption from RP-2014 Mortality Tables projected with Scale MP-2014 to Pri-2012 Mortality Tables projected with Scale MP-2020.

5. Fair Value Measurements

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

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

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

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

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

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

	Total	Level 1	Level 2	Level 3	Not subject to leveling (1)
Collective trust funds	$7,365,745	$ —	$ —	$ —	$7,365,745
Total investments at fair value	$7,365,745	$ —	$ —	$ —	$7,365,745

There were no transfers between levels in 2020 or 2019.

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 2020	Fair Value as of December 2019	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Asset Category					
Collective trust funds:					
U.S. equity funds		$2,975,218	—	Daily	No more than 2 days
International equity funds	—	1,473,989	—	Daily	No more than 2 days
U.S. fixed income funds	—	2,776,625	—	Daily	No more than 2 days
Money market funds	—	139,913	—	Daily	Daily
	$ —	$7,365,745	$ —		

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. 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 following table represents interest and dividend income and net appreciation in the fair value of investments for the Master Trust for the year ended December 31, 2019:

	2019 (1)
Interest and dividend income	$ 41,508,074
Net appreciation in fair value of investments	$ 333,998,959

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

7. Information Certified by the Trustee

The following is a summary of the investment information regarding the Plan as of December 31, 2020 and 2019, and for the years ended December 31, 2020 and 2019, 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.

	2020	2019
Statement of Net Assets Available for Benefits		
Collective trust funds	$ —	$ 7,365,745
Interest receivable	—	172
Statement of Changes in Net Assets Available for Benefits		
Interest and dividends	$ 17,778	$ 46,036
Net appreciation in the fair value of investments	$ 1,212,285	$ 814,410
Net appreciation of Plan interest in Becton Dickinson and Company Master Retirement Trust	$ —	$ 530,055

8. Plan Termination

Effective December 31, 2020, the Plan was merged into the Thermo Fisher Plan (See Note 1).

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

In the event that the Thermo Fisher Plan is terminated, the net assets of the Thermo Fisher 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 Thermo Fisher Plan are insured by the PBGC if the Thermo Fisher 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 Thermo Fisher Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Thermo Fisher Plan are guaranteed at the level in effect on the date of the Thermo Fisher 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 Thermo Fisher Plan be terminated at some future time will depend on the sufficiency, at that time, of the Thermo Fisher 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.

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, 2020 and 2019, 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 2017.

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 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2020

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
Single Transaction						
Bank of New York Mellon*	Cash	$ 1,430,000	$ —	$ —	$ 1,430,000	$ —
Bank of New York Mellon*	Cash	—	1,430,000	1,430,000	1,430,000	—
Bank of New York Mellon*	Money Market Collective Trust	1,430,000	—	—	1,430,000	—
Bank of New York Mellon*	Money Market Collective Trust	—	1,359,392	1,359,392	1,359,392	—
Bank of New York Mellon*	Money Market Collective Trust	7,277,824	—	—	7,277,824	
Bank of New York Mellon*	Money Market Collective Trust	—	7,163,500	7,163,500	7,163,500	—
Bank of New York Mellon*	International Equity Fund	—	1,800,000	1,483,166	1,483,166	316,834
Bank of New York Mellon*	U.S. Equity Fund	450,000	—	—	450,000	—
Bank of New York Mellon*	U.S. Equity Fund	—	3,778,084	2,809,622	2,809,622	968,462
Bank of New York Mellon*	U.S. Fixed Income Fund	675,000	—	—	675,000	—
Bank of New York Mellon*	U.S. Fixed Income Fund	—	3,499,740	2,908,111	2,908,111	591,629
Series of Transactions						
Bank of New York Mellon* 3 transactions	Cash	$ 1,485,000	$ —	$ —	$ 1,485,000	$ —
Bank of New York Mellon* 3 transactions	Cash	—	1,485,000	1,485,000	1,485,000	—
Bank of New York Mellon* 27 transactions	Money Market Collective Trust	9,297,345	—	—	9,297,345	—
Bank of New York Mellon* 28 transactions	Money Market Collective Trust	—	9,269,324	9,269,324	9,269,324	—
Bank of New York Mellon* 3 transactions	International Equity Fund	333,000	—	—	333,000	
Bank of New York Mellon* 11 transactions	International Equity Fund	—	1,993,918	1,653,854	1,653,854	340,064
Bank of New York Mellon* 2 transactions	U.S. Equity Fund	615,000	—	—	615,000	—
Bank of New York Mellon* 11 transactions	U.S. Equity Fund	—	4,253,653	3,219,011	3,219,011	1,034,642
Bank of New York Mellon* 2 transactions	U.S. Fixed Income Fund	715,000	—	—	715,000	—
Bank of New York Mellon* 9 transactions	U.S. Fixed Income Fund	—	3,853,546	3,222,175	3,222,175	631,371

*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)—2020 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, 2020

Schedule SB, Line 26—Schedule of Active Participant Data As of January 1, 2020

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

EIN: 04-2209186 PN: 200

Number of Participants

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

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Schedule SB Attachment (Form 5500)—2020 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 2020), 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). The application of the interest rate stabilization provisions of the American Rescue Plan Act of 2021 has been deferred to January 1, 2021.
1st Segment Rate	3.64%
2nd Segment Rate	5.21%
3rd Segment Rate	5.94%
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 2019 plan year, using the effective interest rate for the 2019 plan year.

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, 2020

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%

Table 2

Withdrawal Probabilities

Age	Male	Female
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)—2020 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

Age	Male	Female	Age	Male	Female
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%			

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, 2020

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
Single Transaction						
Bank of New York Mellon*	Cash	$ 1,430,000	$ —	$ —	$ 1,430,000	$ —
Bank of New York Mellon*	Cash	—	1,430,000	1,430,000	1,430,000	—
Bank of New York Mellon*	Money Market Collective Trust	1,430,000	—	—	1,430,000	—
Bank of New York Mellon*	Money Market Collective Trust	—	1,359,392	1,359,392	1,359,392	—
Bank of New York Mellon*	Money Market Collective Trust	7,277,824	—	—	7,277,824	
Bank of New York Mellon*	Money Market Collective Trust	—	7,163,500	7,163,500	7,163,500	—
Bank of New York Mellon*	International Equity Fund	—	1,800,000	1,483,166	1,483,166	316,834
Bank of New York Mellon*	U.S. Equity Fund	450,000	—	—	450,000	—
Bank of New York Mellon*	U.S. Equity Fund	—	3,778,084	2,809,622	2,809,622	968,462
Bank of New York Mellon*	U.S. Fixed Income Fund	675,000	—	—	675,000	—
Bank of New York Mellon*	U.S. Fixed Income Fund	—	3,499,740	2,908,111	2,908,111	591,629
Series of Transactions						
Bank of New York Mellon* 3 transactions	Cash	$ 1,485,000	$ —	$ —	$ 1,485,000	$ —
Bank of New York Mellon* 3 transactions	Cash	—	1,485,000	1,485,000	1,485,000	—
Bank of New York Mellon* 27 transactions	Money Market Collective Trust	9,297,345	—	—	9,297,345	—
Bank of New York Mellon* 28 transactions	Money Market Collective Trust	—	9,269,324	9,269,324	9,269,324	—
Bank of New York Mellon* 3 transactions	International Equity Fund	333,000	—	—	333,000	
Bank of New York Mellon* 11 transactions	International Equity Fund	—	1,993,918	1,653,854	1,653,854	340,064
Bank of New York Mellon* 2 transactions	U.S. Equity Fund	615,000	—	—	615,000	—
Bank of New York Mellon* 11 transactions	U.S. Equity Fund	—	4,253,653	3,219,011	3,219,011	1,034,642
Bank of New York Mellon* 2 transactions	U.S. Fixed Income Fund	715,000	—	—	715,000	—
Bank of New York Mellon* 9 transactions	U.S. Fixed Income Fund	—	3,853,546	3,222,175	3,222,175	631,371

*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 Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	8,731,511
b Actuarial value	**2b**	8,731,511

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	69	5,834,630	5,834,630
b For terminated vested participants	16	434,094	434,094
c For active participants	32	1,357,458	1,413,170
d Total	117	7,626,182	7,681,894

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**	5.29%
6 Target normal cost	**6**	134,654

Statement by Enrolled Actuary

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

SIGN HERE George W. Holland GWH — Signature of actuary — 9/08/2021 Date

George W. Holland — Type or print name of actuary — 2003403 Most recent enrollment number

Aon Consulting, Inc — Firm name — 781-906-2400 Telephone number (including area code)

CityPoint - 230 Third Avenue

Waltham MA 02451-7528 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	271,460	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	115,712	
9	Amount remaining (line 7 minus line 8)	155,748	0
10	Interest on line 9 using prior year's actual return of 22.08%	34,389	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,063,306
	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 5.44%		51,549
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		25,549
	c Total available at beginning of current plan year to add to prefunding balance		1,140,404
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	190,137	0

Part III Funding Percentages

14	Funding target attainment percentage	14	111.18%
15	Adjusted funding target attainment percentage	15	113.66%
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	86.43%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94%	☐ 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**	134,654
b Excess assets, if applicable, but not greater than line 31a	**31b**	134,654

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

Schedule SB Attachment (Form 5500)—2020 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) Age	(b) Rate	(c) Weight	(d) 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)—2020 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. Effective December 31, 2020, benefit accruals were frozen for individuals who elected to opt out of future accruals.
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.

Disability	
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, survivied 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 annity, 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)—2020 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, 2020. Asset information is based on information supplied by Thermo Fisher Scientific Inc.

Thermo Fisher Scientific, Inc. has elected not to reflect the provisions of the American Rescue Plan Act of 2021 (ARPA) with respect to interest rate stabilization for the plan year beginning on January 1, 2020. As a result of this election, the interest rate stabilization provisions of ARPA will apply for the first time for the plan year beginning January 1, 2021, for all purposes.

Effective December 31, 2020 the Plan was merged into the Thermo Fisher Scientific Inc. Retirement Plan (EIN: 04-2209186, PN: 100), with no changes in plan provisions. Since the Plan was merged as of the last day of the 2020 plan year, there was no impact on the 2020 plan year funding requirements.

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.