

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 100
1c	Effective date of plan 04/06/1987
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THERMO FISHER SCIENTIFIC INC. 300 INDUSTRY DRIVE PITTSBURGH, PA 15275-1001
2b	Employer Identification Number (EIN) 04-2209186
2c	Plan Sponsor's telephone number 781-622-1000
2d	Business code (see instructions) 423400

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/05/2025	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 ☒ 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 16130
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1517 6a(2) 1313 6b 8437 6c 4237 6d 13987 6e 1608 6f 15595 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 THERMO FISHER SCIENTIFIC INC.	D Employer Identification Number (EIN) 04-2209186	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	805735	108	01/01/2024	12/31/2024

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PRINCIPAL GLOBAL INVESTORS LLC
801 GRAND AVENUE
DES MOINES, IA 50392-0490

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	14822000

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

0

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THERMO FISHER SCIENTIFIC INC.	D Employer Identification Number (EIN) 04-2209186
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	947383000	
b	Actuarial value	2b	1010503903	
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	10090	603909553	603909553
b	For terminated vested participants	4523	256548339	256548339
c	For active participants	1517	64546800	65463555
d	Total	16130	925004692	925921447
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	5.01 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	2975000	
c	Target normal cost	6c	2975000	

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 DAVID J. FAIRBURN Type or print name of actuary AON CONSULTING, INC Firm name 700 DISTRICT AVENUE BURLINGTON, MA 01803 Address of the firm	08/14/2025 Date 23-08113 Most recent enrollment number 617-482-3100 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	11872229	12506872
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	11872229	12506872
10 Interest on line 9 using prior year's actual return of <u>9.96</u> %	1182474	1245684
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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)	13054703	13752556

Part III Funding Percentages

14 Funding target attainment percentage	14	106.23 %
15 Adjusted funding target attainment percentage	15	109.13 %
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	110.66 %
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: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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 6c)	31a	2975000	
b Excess assets, if applicable, but not greater than line 31a	31b	2975000	
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		
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 THERMO FISHER SCIENTIFIC INC.	D Employer Identification Number (EIN) 04-2209186	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AON INVESTMENTS USA INC
36-3109431

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

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

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

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

AON HEWITT CONSULTING, INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 15	ACTUARIAL/RECORDKEEPING	1366000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON INVESTMENTS USA INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT CONSULTING	861000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 99	TRUSTEE	553000	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

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	77000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKERHOSTETLER

34-0082025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	44000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RECORDKEEPER	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Q&F BENEFIT ADMINISTRATION

16-1302807

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATESSA BENEFITS

47-4435064

(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?
16 50	CONSULTING	8000	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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	100
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THERMO FISHER SCIENTIFIC INC.	D Employer Identification Number (EIN) 04-2209186	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LARGE CAP EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73397000	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL & MID CAP EQUITY FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17484000	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-U.S. EQUITY FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88700000	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI-ASSET CREDIT FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12950000	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176096000	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE GOVERNMENT BOND IN			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118430000	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269226000	

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

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100519000
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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 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22470000
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL CORE PLUS BOND SEP ACCT

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

c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14822000
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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 G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 100
C Plan sponsor's name as shown on line 2a of Form 5500 THERMO FISHER SCIENTIFIC INC.		D Employer Identification Number (EIN) 04-2209186

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	NATIONAL RESTAURANT ENTERPRISES 2215 ENTERPRISE DRIVE SUITE 1502 WESTCHESTER, IL 60154	ISSUANCE DATE: 05/15/2001; INTEREST RATE: 13%; MATURITY: 5/15/2008;

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

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

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

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

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

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

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

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

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

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) 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
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 THERMO FISHER SCIENTIFIC INC.		D Employer Identification Number (EIN) 04-2209186

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	15000	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	99000	66000
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)	931347000	879272000
(10) Value of interest in pooled separate accounts	1c(10)	15925000	14822000
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	947386000	894160000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1393000	687000
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1393000	687000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	945993000	893473000

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)	766000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		766000
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		25959000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		69000
(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		82000
d Total income. Add all income amounts in column (b) and enter total	2d		26876000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	74822000	
(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)		74822000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1136000	
(4) IQPA audit fees	2i(4)	77000	
(5) Investment advisory and investment management fees	2i(5)	861000	
(6) Bank or trust company trustee/custodial fees	2i(6)	553000	
(7) Actuarial fees	2i(7)	266000	
(8) Legal fees	2i(8)	44000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1637000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4574000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		79396000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-52520000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: **PRICEWATERHOUSECOOPERS, LLP**

(2) EIN: **13-4008324**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		☒	
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.)	☒		125
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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

5c 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 553487.

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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 THERMO FISHER SCIENTIFIC INC.		D Employer Identification Number (EIN) 04-2209186
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-6329199		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 179
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 20.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 60.0 %

High-Yield Debt: 17.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Thermo Fisher Scientific Inc.

Retirement Plan

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

**Thermo Fisher Scientific Inc. Retirement Plan
Index**

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



Report of Independent Auditors

To the Administrator of Thermo Fisher Scientific Inc. Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Thermo Fisher Scientific Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management 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 and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule G – Schedule of Loans or Fixed Income Obligations in Default or Considered Uncollectible as of December 31, 2024, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion



- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Pricewaterhouse Coopers LLP

Boston, Massachusetts
August 22, 2025

Thermo Fisher Scientific Inc. Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

(In thousands)	December 31, 2024	December 31, 2023
Assets		
Cash	\$ —	\$ 15
Investments, at fair value (Note 4)	894,094	947,272
Interest receivable	66	99
Total assets	894,160	947,386
Liabilities		
Accrued administrative expenses	687	1,393
Net assets available for benefits	<u>\$ 893,473</u>	<u>\$ 945,993</u>

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

Thermo Fisher Scientific Inc. Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year ended December 31, 2024

	Year Ended December 31, 2024
(In thousands)	
Investment income/(loss)	
Interest	\$ 766
Net appreciation/(depreciation) in the fair value of investments	26,110
Total investment income/(loss)	26,876
Deductions	
Benefit payments	74,822
Administrative expenses	4,574
Total deductions	79,396
Net decrease in net assets available for benefits	(52,520)
Net Assets Available for Benefits	
Beginning of year	945,993
End of year	\$ 893,473

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

Thermo Fisher Scientific Inc. Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan

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

General

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

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

On several occasions throughout its history, the Plan has been amended to freeze participation and accrued benefits for certain components of the Plan, including benefits for employees covered by collective bargaining units participating in the Plan. As of December 31, 2023, all components of the Plan were fully frozen to accrue benefits.

Funding Policy

Employer contributions are actuarially determined to fund the Plan's current normal costs on a current basis and to generally fund the existing unfunded liability on account of qualified service prior to the valuation date in accordance with the amortization schedules prescribed by ERISA minimum funding requirements (as amended by the Pension Protection Act). At the Company's discretion, and to the extent allowable under maximum tax deductibility regulations, contributions above the ERISA minimum requirements may be made to the Plan. The Plan had no minimum funding requirement under ERISA for the year ended December 31, 2024.

Pension Benefits

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

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

Under the Cash Balance Plan, participants are not allowed to make contributions to the Plan. Under the Prior Plan, certain union group employees were able to contribute a portion of their earnings; however, these contributions ceased at the time the respective unions' benefits were frozen. Accumulated employee contributions were credited with an interest rate of 5.25% and 4.62% during 2024 and 2023, respectively.

Each participant's cash balance account is credited with interest at a rate determined annually (4.05% and 2.96% for 2024 and 2023, respectively) based on the 30-year Treasury bill rate. The rate is adjusted in November for the following year.

The Plan Sponsor has an agreement with John Hancock Financial under which the Plan continues its role as paymaster for certain annuities which are reimbursed monthly from John Hancock Financial. Benefit payments and related reimbursements associated with this arrangement were \$1,974,000 for the year ended December 31, 2024, and are not included in the Statement of Changes of Net Assets Available for Benefits.

Thermo Fisher Scientific Inc. Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

ABI Plan Fixed Benefit - The fixed benefit accrual for service from October 1, 1995 was equal to 1.4% of the three-year Final Average Salary (“FAS”) plus 0.5% of FAS in excess of covered compensation (35-year average of social security taxable wage base), multiplied by years of service from October 1, 1995. If a participant had over 35 years of vesting service, the benefit accrual was equal to 1.7% of FAS times years of service in excess of 35 years. Participants awarded Incentive Compensation Income (“ICI”) received an additional benefit of 1.5% of the three-year average of ICI payments times years of service from July 1, 1995. For retirement benefits earned between August 1, 1989 and October 1, 1995, the benefit accrual was 1.4% of annual compensation plus 0.5% of annual compensation in excess of covered compensation. For retirement benefits earned prior to August 1, 1989 the benefit accrual was 1.25% of annual compensation plus 0.75% of annual compensation in excess of the Federal Social Security Integration Base.

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis 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; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are measured at fair value. See Note 4 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. 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.

Payment of Benefits

Benefits are recorded when paid.

Thermo Fisher Scientific Inc. Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Administrative Expenses

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

Risks and Uncertainties

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

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

Subsequent Events

The Plan has evaluated events and transactions through August 22, 2025, the date the financial statements were available to be issued, for recognition or disclosure in the financial statements and notes.

3. Actuarial Present Value of Accumulated Plan Benefits

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

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 are as follows:

	2024	2023
Discount Rate	5.49% Compounded Annually	4.82% Compounded Annually
Cash Balance Interest Crediting Rate	5.39% Compounded Annually	4.79% Compounded Annually
Mortality	Pri-2012 Mortality Tables for annuitants and non-annuitants projected generationally using scale MP-2021 with endemic adjustment for COVID-19	Pri-2012 Mortality Tables for annuitants and non-annuitants projected generationally using scale MP-2021 with endemic adjustment for COVID-19
Retirement Age	Specified percentages commencing at age 55, with a weighted average age of 63.2	Specified percentages commencing at age 55, with a weighted average age of 63.2

Thermo Fisher Scientific Inc. Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

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, 2024 and 2023 are as follows:

(In thousands)	2024	2023
Vested Benefits		
Participants currently receiving payments	\$ 597,150	\$ 612,369
Other participants*	291,124	339,464
Total vested benefits	888,274	951,833
Nonvested Benefits	369	972
Total actuarial present value of accumulated plan benefits	<u>\$ 888,643</u>	<u>\$ 952,805</u>

* Includes accumulated participant contributions, including interest, for active employees of \$869 and \$1,218 at December 31, 2024 and 2023, respectively.

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024 are as follows:

(In thousands)	2024
Actuarial present value of accumulated plan benefits at December 31, 2023	\$ 952,805
Increase/(decrease) during the year attributed to:	
Change in actuarial assumptions (a)	(42,538)
Other gains/(losses)	(1,229)
Benefit payments	(74,822)
Change in variable annuity unit value	10,305
Interest accrual	44,122
Net increase/(decrease)	(64,162)
Actuarial present value of accumulated plan benefits at December 31, 2024	<u>\$ 888,643</u>

(a) Represents the change in discount rate from 4.82% to 5.49%, and the change in the cash balance interest crediting rate from 4.76% to 5.39%.

4. 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.

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 Plan's interests in collective trust funds and pooled separate accounts are valued based on the net asset value per share as provided by the trustee of the collective trust funds and by the asset custodian of the pooled separate accounts, which is used as a practical expedient to estimate fair value. There were no changes in valuation techniques during 2024 or 2023.

As of December 31, 2024 and 2023, all of the Plan's investments were measured at the net asset value (or its equivalent) as the practical expedient and have not been classified in the fair value hierarchy.

Thermo Fisher Scientific Inc. Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following table presents information about the Plan's investments measured at the net asset value per share (or its equivalent) practical expedient:

(In thousands)	Fair value as of December 31,		Redemption
	2024	2023	Notice Period (c)
Asset Category (a)			
Collective trust funds:			
U.S. equity funds	\$ 90,881	\$ 92,567	No more than 15 days
International equity fund	88,700	93,522	No more than 15 days
Fixed income funds	677,221	722,683	No more than 15 days
Money market fund	22,470	22,575	Daily
Pooled separate accounts (b)	14,822	15,925	1 day notice
	\$ 894,094	\$ 947,272	

(a) There were no unfunded commitments at December 31, 2024 and December 31, 2023.

(b) Primarily fixed income.

(c) Redemption frequency is daily for all asset categories.

5. Information Certified by the Trustee and Asset Custodian

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including cash, investments at fair value, and interest receivable at December 31, 2024 and 2023, and the net appreciation/ (depreciation) in the fair value of investments and interest income for the year ended December 31, 2024, was obtained by management and agreed to or derived from information provided by BNY Mellon, the trustee of the Plan, and Principal, the asset custodian of the Plan's pooled separate accounts, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee and asset custodian that such information is complete and accurate.

6. Plan Termination

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

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

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

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

Thermo Fisher Scientific Inc. Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

7. Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Company by letter, dated May 19, 2022 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Plan has been amended since the date of the determination letter. The plan administrator and Plan’s ERISA counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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, 2024 and 2023, 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 2019.

8. Parties-in-Interest and Related Party Transactions

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

Thermo Fisher Scientific Inc. Retirement Plan
Schedule G - Schedule of Loans or Fixed Income Obligations in Default or Considered Uncollectible
December 31, 2024

Identity and Address of Obligor	Original Amount of Investment	Description of Investment					Amount Overdue	
		Issuance Date	Interest Rate	Maturity	Collateral		Principal	Interest
NATIONAL RESTAURANT ENTERPRISES AMERIKING CORPORATION 2215 ENTERPRISE DRIVE, SUITE 1502 WESTCHESTER, IL 60154 637414AC7	\$ 125	5/15/2001	13.00 %	5/15/2008	—		\$ 125	—

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

Thermo Fisher Scientific Inc. Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024
(In thousands)

Identity of issue, borrower, lessor or similar party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Collective Trust Funds			
AON Small & Mid Cap Equity Fund – Class I	U.S. Equity Fund*	10,571	17,484
AON Large Cap Equity Index Fund – Class I	U.S. Equity Fund*	39,569	73,397
AON Long Credit Bond Fund – Class I	Fixed Income Fund*	315,940	269,226
AON Intermediate Credit Bond Fund – Class I	Fixed Income Fund*	171,342	176,096
AON Multi-Asset Credit Fund – Class I	Fixed Income Fund*	10,702	12,950
AON Non-US Equity Fund – Class I	International Equity Fund*	64,636	88,700
AON US Long Government Bond Index Fund – Class I	Fixed Income Fund*	128,830	100,519
AON US Intermediate Government Bond Index Fund – Class I	Fixed Income Fund*	121,538	118,430
BNY Mellon Trust Department EB Temporary Investment Fund	Money Market Collective Trust*	22,470	22,470
	Total Collective Trust Funds	885,598	879,272
Pooled Separate Accounts			
The Principal Life Insurance Company	Bond and Mortgage Account*	10,044	14,822
			\$ 894,094
*Investments are a party-in-interest to the Plan			

Note: The above data are based on information that has been certified as complete and accurate by The Bank of New York Mellon, the trustee of the Plan, and The Principal Life Insurance Company, the custodian of the pooled separate accounts.

Thermo Fisher Scientific Inc. Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024
(In thousands)

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
<u>Series of Transactions</u>						
BNY Mellon * 122 transactions	Money Market Collective Trust	\$ —	\$ 80,747	\$ 80,747	\$ 80,747	\$ —
BNY Mellon * 309 transactions	Money Market Collective Trust	80,642	—	—	80,642	—

*Party-in-interest

Note: The data on this schedule are 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)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2024

Schedule SB, Line 26a—Schedule of Active Participant Data

As of January 1, 2024

Thermo Fisher Retirement Plan

EIN: 04-2209186 PN: 100

Number of Participants, Average Accrued Benefit and Average Cash Balance Account

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								
30-34		2								
35-39		1	2	1						
40-44		22 \$ 185 \$ 1,423	35 \$ 619 \$ 4,024							
45-49		30 \$ 501 \$ 1,169	103 \$ 1,033 \$ 6,079	31 \$ 1,127 \$ 13,009						
50-54		27 \$ 566 \$ 1,773	145 \$ 2,345 \$ 5,900	92 \$ 1,504 \$ 14,804	27 \$ 2,913 \$ 13,159	4	1			
55-59		25 \$ 596 \$ 1,155	135 \$ 2,745 \$ 5,193	115 \$ 2,262 \$ 13,113	58 \$ 3,318 \$ 20,504	28 \$ 5,502 \$ 5,873	4	1		
60-64	1	38 \$ 832 \$ 1,158	114 \$ 2,522 \$ 7,131	98 \$ 2,888 \$ 16,591	43 \$ 5,537 \$ 12,863	57 \$ 3,257 \$ 30,225	25 \$ 3,069 \$ 32,615	8	1	
65-69	1	4	58 \$ 2,073 \$ 6,571	41 \$ 3,020 \$ 18,515	24 \$ 5,820 \$ 19,466	31 \$ 5,261 \$ 22,966	15	10	1	1
70+		1	12	12	8	7	6	4	2	3

Note: Average accrued benefit is shown in lieu of compensation since current compensation is not taken into account under the plan's benefit formula.

N-1517

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

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

Funding Target Interest Rate	Based on segment rates with four month lookback (as of September 2023), 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), the Bipartisan Budget Act of 2015 (BBA) and the American Rescue Plan Act of 2021 (ARPA).
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Cash Balance Interest Crediting Rate	4.87% (Second segment rate shown above).
Variable Annuity Benefit	Variable annuity benefits are projected based on the actual investment return through the measurement date and assumed future investment returns equal to the assumed interest rate.
Mortality Table	
Other than Lump Sums	2024 Generational mortality table for annuitants and non-annuitants.
Lump Sums	2024 applicable 417(e) mortality table as prescribed by the IRS
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	See Table 2.
Withdrawal Rates	See Table 3.
Disability Rates	None except as shown in Table 4.
Optional Payment Form Election Percentage	
Cash Balance and Chase Participants	100% elect a lump sum
Applied Biosystems, Apogent RSP, and Barnstead Terminated Vested Participants	50% Single Life Annuity 25% 50% Joint and Survivor Annuity 25% 75% Joint and Survivor Annuity
All Other Participants	50% Single Life Annuity 25% 50% Joint and Survivor Annuity 25% 100% Joint and Survivor Annuity
Marital Status	65% of employees are assumed to be married at time of retirement or death before retirement. For female participants, females assumed to be two-years younger than males. For male participants, females assumed to be three-years younger than males.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for subsequent contributions, benefit payments, administrative expenses, and expected earnings to the valuation date. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2022 Plan Year	4.75%
2023 Plan Year	5.74%
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100
Actuarial Assumptions and Methods

Table 1

Retirement Probabilities from Active Status

Age	Probability
55	5%
56	5%
57	5%
58	5%
59	5%
60	8%
61	8%
62	15%
63	15%
64	15%
65	25%
66	25%
67	25%
68	20%
69	20%
70	20%
71	20%
72+	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Table 2

Retirement Probabilities from Terminated Vested Status

Age	Cash Balance	All Others
30 – 39	25%	N/A
40 – 49	20%	N/A
50 – 54	15%	N/A
55	10%	3%
56	10%	1%
57	10%	1%
58	10%	1%
59	10%	1%
60	10%	1%
61	10%	1%
62	15%	5%
63	15%	5%
64	15%	5%
65	35%	60%
66	20%	10%
67	20%	10%
68	20%	10%
69	20%	10%
70	20%	10%
71	20%	10%
72+	100%	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Table 3

Withdrawal Probabilities

Age	Probability
30 – 34	10 %
35 – 54	5 %
55+	0 %

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Table 4

Disability Probabilities — Hamilton Union

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Table 4 (continued)

Disability Probabilities — Apogent RSP and Barnstead Union

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Table 4 (continued)

Disability Probabilities — Difco

Age	Male	Female	Age	Male	Female
22 and Under	0.0572%	0.0280%	60	1.0880%	0.7440%
23	0.0608%	0.0316%	61	1.1476%	0.7520%
24	0.0644%	0.0356%	62	1.2076%	0.7600%
25	0.0684%	0.0392%	63	1.2680%	0.7680%
26	0.0720%	0.0432%	64	1.3280%	0.7760%
27	0.0756%	0.0468%	65	1.3880%	0.7840%
28	0.0800%	0.0540%	66	1.4480%	0.7920%
29	0.0840%	0.0608%	67	1.5080%	0.8000%
30	0.0884%	0.0680%	68	1.5680%	0.8080%
31	0.0924%	0.0748%	69 and Older	1.6280%	0.8160%
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%			

Thermo Fisher Scientific Inc. Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024
(In thousands)

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
<u>Series of Transactions</u>						
BNY Mellon * 122 transactions	Money Market Collective Trust	\$ —	\$ 80,747	\$ 80,747	\$ 80,747	\$ —
BNY Mellon * 309 transactions	Money Market Collective Trust	80,642	—	—	80,642	—

*Party-in-interest

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1510-0110

2024**This Form is Open to Public
Inspection**For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established**A Name of plan**

THERMO FISHER SCIENTIFIC INC. RETIREMENT PLAN

**B Three-digit
plan number (PN)**

▶ 100

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

THERMO FISHER SCIENTIFIC INC.

D Employer Identification Number (EIN)

04-2209186

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2024**2 Assets****a** Market value **2a** 947,383,000**b** Actuarial value **2b** 1,010,503,903**3 Funding target/participant count breakdown**

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	10,090	603,909,553	603,909,553
b For terminated vested participants	4,523	256,548,339	256,548,339
c For active participants	1,517	64,546,800	65,463,555
d Total	16,130	925,004,692	925,921,447

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** 5.01%**6 Target normal cost****a** Present value of current plan year accruals **6a** 0**b** Expected plan-related expenses **6b** 2,975,000**c** Target normal cost **6c** 2,975,000**Statement by Enrolled Actuary**

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

**SIGN
HERE**

David J Fairburn DJF

Signature of actuary

8/14/2025

Date

DAVID J. FAIRBURN

Type or print name of actuary

2308113

Most recent enrollment number

AON CONSULTING, INC

Firm name

617-482-3100

Telephone number (including area code)

700 District Avenue

Burlington MA 01803

Address of the firm

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

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

Schedule SB (Form 5500) 2024
v. 240311

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)	11,872,229	12,506,872
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	11,872,229	12,506,872
10 Interest on line 9 using prior year's actual return of <u>9.96</u> %	1,182,474	1,245,684
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
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)	13,054,703	13,752,556

Part III Funding Percentages

14 Funding target attainment percentage	14	106.23 %
15 Adjusted funding target attainment percentage	15	109.13 %
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	110.66 %
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: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
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 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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 6c).....	31a	2,975,000	
b Excess assets, if applicable, but not greater than line 31a	31b	2,975,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
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		
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

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

The average retirement age shown in line 22 is age 63. This has been calculated according to the following table and assuming no decrements other than retirement.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product
(a) × (b) × (c)			
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	8.00%	0.7738	3.71
61	8.00%	0.7119	3.47
62	15.00%	0.6549	6.09
63	15.00%	0.5567	5.26
64	15.00%	0.4732	4.54
65	25.00%	0.4022	6.54
66	25.00%	0.3017	4.98
67	25.00%	0.2262	3.79
68	20.00%	0.1697	2.31
69	20.00%	0.1357	1.87
70	20.00%	0.1086	1.52
71	20.00%	0.0869	1.23
72	100.00%	0.0695	5.00
Weighted Average			63.20

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	4,258,009	6,376,572	68,741,888	79,376,469
2025	2,672,256	8,237,641	65,580,506	76,490,402
2026	3,206,939	10,596,769	62,397,951	76,201,659
2027	3,745,854	12,769,191	59,219,239	75,734,283
2028	4,001,063	15,183,467	56,054,841	75,239,371
2029	4,312,729	16,885,705	53,024,786	74,223,219
2030	4,486,573	18,105,098	49,931,248	72,522,919
2031	4,675,970	19,317,974	46,889,132	70,883,077
2032	4,788,909	20,139,171	43,893,014	68,821,094
2033	4,991,250	20,829,880	40,948,166	66,769,296
2034	4,986,269	21,304,745	38,054,483	64,345,496
2035	5,085,454	21,493,162	35,222,770	61,801,386
2036	5,036,094	21,555,001	32,455,428	59,046,523
2037	5,021,882	21,351,554	29,761,145	56,134,582
2038	4,872,873	21,085,382	27,144,333	53,102,588
2039	4,725,171	20,677,380	24,615,857	50,018,408
2040	4,661,447	20,157,376	22,183,711	47,002,534
2041	4,462,781	19,541,700	19,856,698	43,861,180
2042	4,238,485	18,780,942	17,643,995	40,663,422
2043	4,032,047	17,980,699	15,554,439	37,567,185
2044	3,857,411	17,520,721	13,955,293	35,333,426
2045	3,634,382	16,556,403	12,089,180	32,279,966
2046	3,389,277	15,558,572	10,370,066	29,317,916
2047	3,176,391	14,477,507	8,803,099	26,456,997
2048	2,979,048	13,410,048	7,391,429	23,780,526
2049	2,754,291	12,310,896	6,135,732	21,200,919
2050	2,541,154	11,208,636	5,033,885	18,783,676
2051	2,322,851	10,120,045	4,080,900	16,523,796
2052	2,121,400	9,063,061	3,268,955	14,453,417
2053	1,917,102	8,052,637	2,587,751	12,557,490

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	1,720,146	7,075,228	2,025,143	10,820,517
2055	1,534,348	6,167,805	1,567,782	9,269,935
2056	1,357,927	5,324,182	1,201,826	7,883,936
2057	1,192,357	4,550,322	913,564	6,656,243
2058	1,038,421	3,850,965	689,931	5,579,316
2059	896,549	3,228,452	518,925	4,643,926
2060	767,356	2,681,472	389,895	3,838,724
2061	650,933	2,204,966	293,679	3,149,578
2062	547,130	1,796,343	222,642	2,566,115
2063	455,590	1,450,134	170,591	2,076,314
2064	375,760	1,160,588	132,636	1,668,984
2065	306,936	920,913	105,008	1,332,858
2066	248,291	724,645	84,858	1,057,795
2067	198,903	565,962	70,071	834,936
2068	157,802	438,708	59,099	655,609
2069	124,004	337,771	50,826	512,601
2070	96,537	258,457	44,461	399,456
2071	74,481	196,680	39,442	310,603
2072	56,973	148,963	35,377	241,313
2073	43,231	112,395	31,999	187,625

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Schedule SB, Part V—Summary of Plan Provisions

Cash Balance Plan

Effective Date July 1, 1997

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

Normal Retirement

Eligibility Age 65

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

Early Retirement

Eligibility Age 55

Benefit Greater of:

- (i) Cash Balance Benefit, and
- (ii) Frozen accrued benefit as of date of cash balance participation, reduced according to the following schedule:

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

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

EIN: 04-2209186 PN: 100

Cash Balance Plan (continued)

Vested Benefits

Eligibility 1 year of service

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

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

Preretirement Death Benefit

Eligibility Any participant with a Cash Balance Account

Benefit If married with an eligible spouse, greater of:

- (i) 50% of the frozen accrued benefit as of date of cash balance participation,
- (ii) Cash Balance Benefit that the participant would have received had he or she terminated employment on the date of his or her death and retired with a joint and 50% survivor option on his or her earliest retirement date, and
- (iii) The Cash Balance Account.

Otherwise, the benefit is the Cash Balance Account.

Definitions

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

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

EIN: 04-2209186 PN: 100

Cash Balance Plan (continued)

Definitions (continued)

Cash Balance Account

Cash Balance Accounts were initially established as of date of cash balance participation (generally effective June 30, 1997) as the present value of accrued benefits (with enhancements for certain participants based on their age, service, and prior plan participation). Cash Balance Accounts increase with Contribution and Interest Credits.

Fairlawn union employees as of July 11, 1997 could elect to participate effective July 12, 1997, with future hires automatically participating.

Morris Plains union employees participate effective June 29, 1998.

Indiana, Pennsylvania union employees as of July 10, 1998 could elect to participate effective July 27, 1998, with future hires automatically participating.

Hamilton Machinists union employees could elect to participate effective January 1, 2000. A second election was offered effective January 1, 2003, with employees hired after 2002 automatically participating. Hamilton Machinists union employees electing to participate in the cash balance plan are also eligible for the \$100 monthly annuity supplement described under the Fisher Hamilton provisions.

Contribution Credits

3.50% of participant's compensation, including overtime, commissions, and bonuses. Frozen effective December 31, 2005 for non-collectively bargained employees, March 2, 2006 for Epoxyn decertified union employees, March 31, 2006 for Fair Lawn union employees, April 21, 2006 for Epoxyn union employees, and April 30, 2009 for Hamilton Machinists union employees.

Hamilton Machinists who, as of October 1, 2002, were both actively employed and had at least 20 years of service (a closed group), receive an additional cash balance credit of \$50 in each month for which a Contribution Credit was received between October 1, 2002 and September 30, 2005.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

EIN: 04-2209186 PN: 100

Cash Balance Plan (continued)

Definitions (continued)

Interest Credits

The average of the 30-year Treasury note rate over the 12-month period ending during November of the preceding plan year, limited to the third segment rate under Code Section 430(h)(2)(C)(iii) (determined with regard to Code Section 430(h)(2)(C)(iv)) for the month of November of the preceding plan year. Interest shall be credited on the last day of each calendar month.

Forms of Payment

The following optional forms of payment are available:

- Lump sum equal to the Cash Balance Account
- Single life annuity equal to the Cash Balance Benefit (automatic form for unmarried participants)
- Reduced 5-year certain and continuous single life annuity
- Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Fisher Scientific Division

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Fisher Scientific Division (continued)

Amount of Pension (continued)

Early Retirement

The accrued normal retirement benefit, reduced for early commencement by 3% per year from age 65 to age 60 and by 6% per year from age 60 to age 55

Disability Retirement

The accrued normal retirement benefit, payable immediately

Deferred Vested Retirement

The accrued normal retirement benefit payable at age 65 or reduced for early commencement after age 55. The reduction for early commencement is the same as for early retirement for employees who terminate after June 30, 1997, and 6% per year from age 65 for employees who terminate before July 1, 1997.

Participants are always 100% vested in their contributions.

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of an active employee participating in the plan: the benefit is 50% of the deceased participant's accrued benefit.

Elective preretirement death benefit coverage is available to terminated vested participants, participants who have withdrawn from participating and to retired participants prior to commencement of benefits.

Forms of Payment

The following optional forms of payment are available:

Unreduced 5-year certain and continuous single life annuity (automatic form for unmarried participants)

Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)

Compensation

Basic salary, commission, overtime and incentive payments, plus any tax deferred contributions

Employee Contributions

2.00% of pay above \$7,800 credited with interest from the end of year of contribution

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Fisher Hamilton

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Fisher Hamilton (continued)

Normal Retirement (continued)

Benefit (continued)

(d) For employees who, as of July 30, 2002 for Carpenters and Joiners and October 1, 2002 for Machinists, were both actively employed and had at least 20 years of service (a closed group), additional accruals of 0.25% of base compensation, effective for accruals beginning July 30, 2002 and October 1, 2002, respectively.

Participants who are also eligible for the Special Benefit of \$100 per month described below would receive the larger of (1) these accumulated additional accruals under (d), reduced for early retirement if applicable, or (2) the Special Benefit.

Early Retirement

Eligibility

Retirement before age 65 and on or after both attaining age 55 and completing 10 years of service

Benefit

Annual benefit reduced for the number of months between the early retirement date and the normal retirement date. Reduction is 0.25% per month.

Special Benefit

Eligibility

Age plus service on July 30, 1999 total at least 80 points and at least age 55 by July 29, 2004

Benefit

\$100 per month for life of employee, not reduced for early commencement

Postponed Retirement

Eligibility

Retirement after age 65

Benefit

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Fisher Hamilton (continued)

Vested Retirement

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

Disability Retirement

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

Spouse's Benefit

Eligibility	Eligible spouse of participant who has attained age 50 and has completed the indicated years of service shown below:
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Attained Age at Death	Years of Service
50	15
51	14
52	13
53	12
54	11
55	10

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

EIN: 04-2209186 PN: 100

Career Average Plan—Fisher Hamilton (continued)

Spouse's Benefit (continued)

Benefit

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

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

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

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

Preretirement Death

Eligibility

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

Benefit

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

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

¹ For terminated vested participants only

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Fisher Hamilton (continued)

Lump Sum Death Benefit

Eligibility

Eligible beneficiary of (a), (b), (c), or (d)

- (a) Participant who retired on or after his early retirement date;
- (b) Participant receiving disability benefits at date of death;
- (c) Participant who dies after his NRD while still employed;
- (d) Participant who terminated with a vested benefit and is receiving retirement benefits at date of death.

Benefit

12 times the monthly retirement benefit payable at date of death under the life annuity form of payment reduced for early retirement, such lump sum shall not be less than \$1,500 (\$1,500 minimum not applicable to participant who terminated with a vested benefit and is receiving retirement benefits at date of death). This benefit is in addition to any other benefits payable to an eligible beneficiary.

Forms of Payment

The following optional forms of payment are available:

- Single life annuity (automatic form for unmarried participants)
- Reduced 10 or 15-year certain and continuous single life annuity
- Reduced 50%, 66-2/3%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)

Credited Service

Prior to January 1, 1986, years of service determined pursuant to the provisions of the prior plan. After January 1, 1986, 1 year of service for each plan year in which the employee completes at least 1,000 hours of service.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Apogent RSP

Effective Date July 1, 1968

Participation in Plan Employees of participating companies and divisions who are not in a collective bargaining unit participate immediately upon date of employment.

Effective January 1, 2006 the plan was closed to new hires.
Effective March 31, 2006 active participants were given the choice to opt out of the plan and receive a 2.5% retirement contribution to the 401(k) plan instead, in which case their benefit under this plan was frozen as of March 31, 2006.

Effective December 31, 2007 the plan was merged into the Fisher Scientific International Inc. Retirement Plan, with no changes in plan provisions.

Effective March 31, 2008, all remaining benefit accruals were frozen, and all participating employees as of this date became fully vested.

Eligibility

Normal Retirement Age 65

Early Retirement Age 55 with 10 years of service

Disability Retirement Total and permanent disability as defined under the Federal Social Security Act, and 10 years of service

Deferred Vested Retirement 5 years of service. Payable at age 65 or, with 10 years of service, as early as age 55.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Apogent RSP (continued)

Amount of Pension

Normal Retirement

An annual pension payable monthly equal to (a) plus (b):

(a) For service prior to January 1, 1987, sum of (i) and (ii), multiplied by years of benefit service prior to 1987:

(i) 1.05% of three-year average compensation up to Social Security Covered Compensation for 1987,

(ii) 1.50% of three-year average compensation above Social Security Covered Compensation for 1987.

(b) For each year of service after December 31, 1986, the sum of (i), (ii), and (iii):

(i) 1.05% of compensation up to Social Security Covered Compensation for each year of benefit service up to 35,

(ii) 1.50% of compensation above Social Security Covered Compensation for each year of benefit service up to 35,

(iii) 1.40% of compensation for each year of benefit service over 35.

Early Retirement

The accrued normal retirement benefit, reduced for early commencement:

(a) If 30 years of service, 1/3% per month from age 62 for first 72 months, and 1/2% per month for next 12 months;

(b) If under 30 years of service, 1/3% per month from age 65.

Disability Retirement

The accrued normal retirement benefit, payable unreduced immediately

Deferred Vested Retirement

The accrued normal retirement benefit payable at age 65. If 10 years of service, may elect to commence as early as age 55, with benefit reduced by 5/9% per month for first 60 months, and 5/18% per month for next 60 months.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Career Average Plan—Apogent RSP (continued)

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit, increased/(decreased) 1/2% for each full year the spouse is older/(younger) than the participant. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit unreduced for early commencement.

Forms of Payment

The following optional forms of payment are available:

- Single life annuity (automatic form for unmarried participants)
- Reduced 10-year certain and continuous single life annuity
- Reduced 50%, 66-2/3%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)
- Lump sum if total value is \$5,000 or less (mandatory lump sum cashout if lump sum is \$1,000 or less)

Compensation

W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain expenses, allowances, reimbursements, awards, and other special payments

Employee Contributions

None

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Final Average Pay Plan—Chase Instruments

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Final Average Pay Plan—Chase Instruments (continued)

Amount of Pension

Normal Retirement

An annual pension payable monthly equal to the sum of (a) plus (b), multiplied by benefit service up to 25 years:

(a) 0.4% of five-year average compensation,

(b) 0.4% of five-year average compensation above \$9,600

Early Retirement

The accrued normal retirement benefit, reduced actuarially from age 65 for early commencement and payable at any age.

Disability Retirement

The accrued normal retirement benefit, reduced actuarially from age 65 for early commencement and payable immediately.

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.

Forms of Payment

The following optional forms of payment are available:

Increased single life annuity

Unreduced 10-year certain and continuous single life annuity (automatic form for unmarried participants)

Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)

Lump sum

Compensation

W-2 compensation plus section 401(k) and 125 elective deferrals

Employee Contributions

None

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Final Average Pay Plan—Thermo Forma

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Final Average Pay Plan—Thermo Forma (continued)

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.

Forms of Payment

The following optional forms of payment are available:

- Single life annuity (automatic form for unmarried participants)
- Reduced 5, 10, or 15-year certain and continuous single life annuity
- Reduced 50%, 66-2/3%, 75%, or 100% joint and survivor annuity, where a non-spouse beneficiary may be named (50% is automatic form for married participants)
- Lump sum if total value is \$5,000 or less

Compensation

W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain allowances and income related to stock option/appreciation programs.

Accrued Benefit

Normal retirement benefit based on service projected to normal retirement age and Social Security benefit based on level future pay, such benefit multiplied by the ratio of (a) service at termination, over (b) service projected to normal retirement age.

Employee Contributions

None

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Final Average Pay Plan—Barnstead Union

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Final Average Pay Plan—Barnstead Union (continued)

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.

Forms of Payment

The following optional forms of payment are available:

- Single life annuity (automatic form for unmarried participants)
- Reduced 10-year certain and continuous single life annuity
- Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)
- Lump sum if total value is \$5,000 or less (mandatory lump sum cashout if lump sum is \$1,000 or less)

Compensation

W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain expenses, allowances, reimbursements, awards, and other special payments.

Employee Contributions

None

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Life Technologies Pension Plan

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

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

EIN: 04-2209186 PN: 100

Life Technologies Pension Plan (continued)

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he retired and elected a 50% joint and survivor benefit. Payable at participant's age 65 or, if 10 years of service, as early as participant's age 55 with benefit reduced for early commencement.

Forms of Payment

The following optional forms of payment are available:

- Single life annuity (automatic form for unmarried participants)
- Reduced 10-year certain and continuous single life annuity
- Reduced 50%, 75%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants)
- Lump sum if total value is \$5,000 or less

Compensation

W-2 compensation plus section 401(k) and 125 elective deferrals, excluding certain expenses, allowances, reimbursements, fringe benefits, and other special payments.

Employee Contributions

None

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Applied Biosystems Inc.

Effective Date July 31, 1953.

Participation in Plan Employees participate immediately upon date of employment. Effective July 1, 1999 the plan was closed to new hires, so employees hired after June 30, 1999 are not eligible.

Effective June 30, 2004, all benefit accruals were frozen.

Eligibility

Normal Retirement Age 65 with 5 years of service; age 65 if hired prior to August 1, 1989.

Early Retirement Age 55 with 5 years of service; age 60 if hired prior to August 1, 1989 and less than 5 years of service.

Disability Retirement Total and permanent disability as defined under the Federal Social Security Act, or the Company's long-term disability plan; payable immediately reduced.

Deferred Vested Retirement 5 years of service; payable as early as early retirement age reduced.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Applied Biosystems Inc. (continued)

Amount of Pension

Normal Retirement

Benefit accruals were frozen effective June 30, 2004.

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

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

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

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

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

(A) 1.4% of compensation, plus

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

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

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

EIN: 04-2209186 PN: 100

Applied Biosystems Inc. (continued)

(iii) If an employee participated in the Variable Annuity: The Fixed Benefit accrual is one half of what would have been the accrual if the employee participated in the Fixed Benefit only. The Variable Annuity portion is the benefit based upon the value at termination of the accumulated company and employee Variable Annuity units accrued at September 30, 1995. The annual Variable Annuity units credited on behalf of the participant is the amount necessary to provide an annual benefit at age 65 equal to the Fixed Benefit accrual assuming that the Variable Annuity unit value increases at 3 ½% per annum to retirement. The Variable Annuity benefit is determined by multiplying the number of Variable Annuity benefit units credited to the participant at retirement by the Variable Annuity unit value as of the most recent valuation date preceding the date of retirement. The actual Variable Annuity benefit during retirement will increase or decrease based on changes in the unit value net of the assumed 3 ½% growth. Effective July 1, 2008, the Variable Benefit paid to a retiree will not be less than the benefit the participant would have received as a Fixed Benefit had they not elected to participate in the Variable Benefit.

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

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

(a) Sum of:

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

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

EIN: 04-2209186 PN: 100

Applied Biosystems Inc. (continued)

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

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

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

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

Early Retirement

The accrued normal retirement benefit, reduced for early commencement:

- (a) If participant performs an hour of service after June 30, 1999, $\frac{1}{4}\%$ per month prior to normal retirement age;
- (b) If participant does not perform an hour of service after June 30, 1999, $\frac{1}{4}\%$ per month prior to normal retirement age for first 60 months, and $\frac{1}{2}\%$ per month for next 60 months.

Disability Retirement

The accrued normal retirement benefit, payable reduced immediately.

Deferred Vested Retirement

The accrued normal retirement benefit payable as early as age 55, reduced actuarially.

Preretirement Surviving Benefit

Benefit to qualifying spouse upon death of a participant with 5 years of service, equal to 50% of the deceased participant's accrued benefit, reduced for commencement prior to participant's normal retirement age (but not payable before the participant's early retirement age), and further reduced as if participant had elected a 50% joint and survivor annuity. An active participant may elect 100% joint and survivor form, in which case benefit is reduced 0.03% per month that the increased survivor benefit is in effect.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

EIN: 04-2209186 PN: 100

Applied Biosystems Inc. (continued)

Forms of Payment

The following optional forms of payment are available:

- Single life annuity (automatic form for unmarried participants)
- Reduced 5-year and 10-year certain and continuous single life annuity
- Reduced 33-1/3%, 50%, 66-2/3%, 75%, or 100% joint and survivor annuity with contingent annuitant (50% is automatic form for married participants)
- Social Security level income option (excluding Variable Annuity benefit) to Social Security normal retirement age
- Mandatory lump sum if total value is \$1,000 or less

Compensation

Including basic wage or salary, commissions, and section 401(k) and 125 elective deferrals; excluding bonus, overtime, severance pay, and other special payments.

Employee Contributions

None after July 31, 1984.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Difco

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.

Effective December 31, 2023, benefit accruals were frozen for all remaining participants

Normal Retirement

Eligibility

Age 65 with 3 years of pension service

Monthly Pension Benefit

Years of credited service multiplied by the following: Retirements Prior to May 1, 2008: Amount in effect as of retirement date:

Effective May 1, 2008: \$36

Effective May 1, 2013: \$37

Effective May 1, 2014: \$38

Effective May 1, 2015: \$39

Effective May 1, 2017: \$40

Early Retirement

Eligibility

Age 55 and 3 years of pension service

Monthly Pension Benefit

Accrued benefit deferred to age 65 of payable immediately but reduced 5/9% for each complete calendar month that benefits begin prior to normal retirement date.

An unreduced benefit is payable immediately for participants retiring on or after age 60 with 25 years of service.

Postponed Retirement

Eligibility

A participant may continue in active service after normal retirement date

Monthly Pension Benefit

Accrued benefit calculated using credited service and benefit rate in effect as of the late retirement date.

Vested Termination

Eligibility

Completion of 5 years of vesting service

Monthly Pension Benefit

Accrued benefit deferred to normal retirement date or a reduced benefit (5/9% for each completed calendar month prior to normal retirement date), payable on or after age 60.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

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Difco (continued)

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, survived until benefit commencement date and elected the 50% Joint & Survivor Annuity. Benefit commencement is the first day of the month following the later of date of death, the date employee would have attained age 55 or a later date as the spouse may elect.

Forms of Payment

Single life annuity (automatic form for unmarried participants)

50% Joint & Survivor annuity, actuarially equivalent to the single life amount (automatic form for married participants)

75% Joint & Survivor annuity

Lump sums for accrued benefits under \$1000.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Thermo Fisher Scientific Inc. Retirement Plan

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Difco (continued)

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.

Actuarial Equivalence

Interest: 6%

Mortality: UP-1984

For Lump Sums

Interest: The applicable interest rate permitted by IRC Section 417(e) in effect for the prior November preceeding the Plan Year that contains the distribution date.

Mortality: Applicable Mortality under IRC Section 417(e)(3).

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
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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, 2024. Asset information is based on information supplied by Thermo Fisher Scientific Inc.

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

Thermo Fisher Scientific Inc. Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024
(In thousands)

Identity of issue, borrower, lessor or similar party	Description of investments, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Collective Trust Funds			
AON Small & Mid Cap Equity Fund – Class I	U.S. Equity Fund*	10,571	17,484
AON Large Cap Equity Index Fund – Class I	U.S. Equity Fund*	39,569	73,397
AON Long Credit Bond Fund – Class I	Fixed Income Fund*	315,940	269,226
AON Intermediate Credit Bond Fund – Class I	Fixed Income Fund*	171,342	176,096
AON Multi-Asset Credit Fund – Class I	Fixed Income Fund*	10,702	12,950
AON Non-US Equity Fund – Class I	International Equity Fund*	64,636	88,700
AON US Long Government Bond Index Fund – Class I	Fixed Income Fund*	128,830	100,519
AON US Intermediate Government Bond Index Fund – Class I	Fixed Income Fund*	121,538	118,430
BNY Mellon Trust Department EB Temporary Investment Fund	Money Market Collective Trust*	22,470	22,470
	Total Collective Trust Funds	885,598	879,272
Pooled Separate Accounts			
The Principal Life Insurance Company	Bond and Mortgage Account*	10,044	14,822
			\$ 894,094
*Investments are a party-in-interest to the Plan			

Note: The above data are based on information that has been certified as complete and accurate by The Bank of New York Mellon, the trustee of the Plan, and The Principal Life Insurance Company, the custodian of the pooled separate accounts.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Thermo Fisher Scientific Inc. Retirement Plan
EIN: 04-2209186 PN: 100

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets assumption from 6.25%, limited to 5.74% for the 2023 Plan year, to 6.00%, limited to 5.59% for the 2024 Plan year.
- A change in the Cash Balance Interest Crediting Rate from 5.00 percent to 4.87 percent.
- An increase to the maximum retirement age for active participants and the maximum commencement age for terminated vested participants from 70 to 72.

These changes were made to better reflect anticipated plan experience. These assumption changes, when considered separately or in aggregate, did not reduce the funding shortfall more than the threshold stated in Internal Revenue Code Section 430(h)(5). Therefore, approval of the Commissioner is not required for these assumption changes.