

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 6047(e), 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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 08/01/1953
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) APPLIED BIOSYSTEMS, INC. 5791 VAN ALLEN WAY CARLSBAD, CA 92008	2b Employer Identification Number (EIN) 06-1534213 2c Sponsor's telephone number 760-476-6332 2d Business code (see instructions) 334500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	DIANE OLIVO
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") APPLIED BIOSYSTEMS, INC. 5791 VAN ALLEN WAY CARLSBAD, CA 92008	3b Administrator's EIN 06-1534213 3c Administrator's telephone number 760-476-6332
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	9814
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	605
b Retired or separated participants receiving benefits.....	6b	3982
c Other retired or separated participants entitled to future benefits.....	6c	4396
d Subtotal. Add lines 6a , 6b , and 6c	6d	8983
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	783
f Total. Add lines 6d and 6e	6f	9766
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☒ G (Financial Transaction Schedules)
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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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

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

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

A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>APPLIED BIOSYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>06-1534213</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>530032395</u>
b	Actuarial value 2b <u>583035685</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>4635</u> <u>351095742</u>
b	For terminated vested participants 3b <u>4515</u> <u>182455618</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>3101571</u>
(2)	Vested benefits 3c(2) <u>35555330</u>
(3)	Total active 3c(3) <u>664</u> <u>38656901</u>
d	Total 3d <u>9814</u> <u>572208261</u>
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.69</u> %
6	Target normal cost 6 <u>500000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/08/2010</u>
Signature of actuary	Date
<u>JOE BARRERA</u>	<u>08-06379</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>949-222-1304</u>
Firm name	Telephone number (including area code)
<u>4695 MACARTHUR COURT</u> <u>SUITE 600</u> <u>NEWPORT BEACH, CA 92660-1882</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	51751324	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	51751324	0
10	Interest on item 9 using prior year's actual return of <u>-11.00</u> %	-5692646	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>4.98</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	46058678	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	93.84 %
15	Adjusted funding target attainment percentage.....	15	101.89 %
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	98.54 %
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
12/28/2009	1500000	0			
			Totals ►	18(b)	1500000
				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 contribution 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	1452854
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 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	(4) 4th
0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) 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 contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	500000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
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 (item 31 + item 32a + item 32b – item 33).....	34	500000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	500000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1452854
38 Interest-adjusted excess contributions for current year (see instructions).....	38	952854
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009		
A Name of plan THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED BIOSYSTEMS, INC.	D Employer Identification Number (EIN) 06-1534213	

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
THE NORTHERN TRUST COMPANY
36-2723087

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

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

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	264080	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILCHESTER INTL INVESTOR INC.

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	82122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOSTON COMPANY ASSET MANAGEMENT

04-3404987

(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?
28	NONE	67281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TURNER INVESTMENT PARTNERS

23-2587824

(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?
28	NONE	54904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	93030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDERSON ASSET MANAGEMENT

13-4169008

(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?
28	NONE	47648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBORAH MCCARTHY

APPLIED BIOSYSTEMS
488 MAIN AVENUE
NORWALK, CT 06851

(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?
17	NONE	48476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONDRIAN INVESTMENT PARTNERS

98-0017968

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	35299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANCE BERNSTEIN L.P.

13-4064930

(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?
28	NONE	30463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYSTEMATIC FINANCIAL MANAGEMENT

22-3367558

(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?
28	NONE	29148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

04-2927339

(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?
17	NONE	45180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENO GRAPHIC SERVICES INC.

06-1275080

(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?
36	NONE	15459	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IKON

23-0334400

(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?
36	NONE	12199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER GLOBAL INVESTMENTS

30-0282430

(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?
51	FIDUCIARY	93667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER GLOBAL INVESTMENTS

30-0282430

(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?
52	FIDUCIARY	0	Yes ☒ No ☐	Yes ☐ No ☒	433214	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:	DAVID C. NEARPASS	b EIN:	13-3954297
c Position:	ENROLLED ACTUARY		
d Address:	BUCK CONSULTANTS, LLC 1800 M STREET, N.W., SUITE 700 WASHINGTON, DC 20036-5802	e Telephone:	202-296-7264
Explanation: THE ENROLEED ACTUARY WAS TERMINATED SINCE THE PLAN SPONSOR CONTRACTED WITH A DIFFERENT ACTUARIAL FIRM. THERE ARE NO INTENS IN DISPUTE.			

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

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

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>APPLIED BIOSYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>06-1534213</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LARGE CAP CORE PASSIVE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>		
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>174234787</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE OPPORTUNISTIC FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>		
c EIN-PN <u>03-0566615-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>149586161</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-US CORE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>		
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>108701045</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PASSIVE FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>		
c EIN-PN <u>03-0566612-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63637994</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SMALL/MID CAP GROWTH EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>		
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22598391</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SMALL/MID CAP VALUE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>		
c EIN-PN <u>03-0566616-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22222960</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT TERM INV FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>36-6036794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7255420</u>

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

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

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

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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009	
<div>A Name of plan: THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</div>	<div>B Three-digit plan number (PN) ► 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED BIOSYSTEMS, INC.</div>	<div>D Employer Identification Number (EIN): 06-1534213</div>

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
--------	--

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	KEY PLASTICS INCORPORATED 21333 HAGGERTY ROAD SUITE 200 NOVI, MI 48375	MADE ON 8/21/1997 AT 10.25% MATURED 3/15/2007 COMPANY GUARANTEED

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

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	NATIONAL RESTAURANT ENTERPRISES 2215 ENTERPRISE DRIVE SUITE 1502 WESTCHESTER, IL 60154	INVESTMENT MADE ON 1/8/2002 AT 10.75% MATURES 12/31/2040

		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
134375	0	0	0	134375	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	NATIONAL RESTAURANT ENTERPRISES 2215 ENTERPRISE DRIVE SUITE 1502 WESTCHESTER, IL 60154	INVESTMENT MADE ON 1/8/2002 AT 13% MATURES 12/31/2040

		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
125000	0	0	0	125000	0

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

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

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

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

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

Part II Schedule of Leases in Default or Classified as Uncollectible

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

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

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

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

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

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

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

Part III Nonexempt Transactions

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

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

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions 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 transactions 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 transactions 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 transactions 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 transactions 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 transactions 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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPLIED BIOSYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>06-1534213</u>	

Part I	Asset and Liability Statement
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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	<u>16505</u>	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>6540442</u>	<u>24349</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>521849</u>	
(2) U.S. Government securities.....	1c(2)	<u>3135456</u>	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	<u>2868483</u>	
(B) All other.....	1c(3)(B)	<u>1098707</u>	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	<u>68199531</u>	
(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)	<u>284840846</u>	<u>548236758</u>
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	<u>29007777</u>	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>118309725</u>	<u>37726869</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	<u>21364335</u>	<u>180730</u>

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	535903656	586168706

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	6803961	274967
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6803961	274967

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	529099695	585893739
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1500000	
(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)		1500000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-3	
(B) U.S. Government securities	2b(1)(B)	19755	
(C) Corporate debt instruments	2b(1)(C)	62144	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	210743	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		292639

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	215816	
(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)		215816

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	136438506	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	122052640	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		14385866

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		46263212
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		4600256
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		10929172
c Other income.....	2c		-110878
d Total income. Add all income amounts in column (b) and enter total.....	2d		78076083

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20035793	
(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)		20035793
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	427704	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	485712	
(4) Other	2i(4)	332830	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1246246
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		21282039

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		56794044
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	X		509375
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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 section 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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPLIED BIOSYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>06-1534213</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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	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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 60% Investment-Grade Debt: 37% High-Yield Debt: 0% Real Estate: 0% Other: 3%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5%	10,000	500	27,500
56	5%	9,500	475	26,600
57	5%	9,025	451	25,707
58	5%	8,574	429	24,882
59	5%	8,145	407	24,013
60	10%	7,738	774	46,440
61	10%	6,964	696	42,456
62	20%	6,268	1,254	77,748
63	10%	5,014	501	31,563
64	10%	4,513	451	28,864
65	100%	4,062	4,062	264,030
Total			10,000	619,803
Average				61.98

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

Discount rate sponsor elections	
Segment rates or full yield curve	Segment
Look-back months	0
1st 5 years	5.21%
Next 15 years	6.74%
Over 20 years	6.84%
Mortality sponsor elections	
Fixed Benefit	2009 PPA separate static and non-annuitant mortality tables.
Variable Benefit ¹	2009 PPA separate static and non-annuitant mortality tables.
417(e) lump sums	Not applicable
Other economic assumptions	
Salary increases	Not applicable
Flat-dollar benefit increases	Not applicable
Social Security wage base	Not applicable
Unit value increase	The Unit Value is assumed to grow at a rate equal to the PPA segment rates less a reduction of expected mortality losses (A49 Mortality Table compared to the 2009 PPA Mortality Tables).
Expected investment return	8.00% per year for years 2007 through 2009, limited to the applicable 3rd segment rate ²
Expenses	\$1,000,000 added to current year normal cost (\$500,000 for the 2009 short plan year).
Demographic assumptions	
Withdrawal	See table of sample rates.
Disability incidence	None

¹ The variable benefit is adjusted to reflect the demographic loss due to annuity table A49 – see table of sample rates.

² Expected investment return for the variable benefits is the expected increase in the Unit Value.

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

Retirement age	Attained age	Retirement Rates
	55	5%
	56	5%
	57	5%
	58	5%
	59	5%
	60	10%
	61	10%
	62	20%
	63	10%
	64	10%
	65 and above	100%
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	Actual data	Actual data
▪ Spouse age difference	2 years younger	3 years older
Form of payment	Life Annuity	

Table of sample rates

Attained age	Percentage		
	Ultimate Withdrawal Rate	A49 Mortality Rates	
		Male	Female
20	9.90%	0.06%	0.04%
25	8.90%	0.08%	0.05%
30	7.90%	0.10%	0.07%
35	6.90%	0.14%	0.09%
40	5.90%	0.20%	0.14%
45	4.90%	0.36%	0.20%
50	3.90%	0.66%	0.31%
55	2.90%	1.06%	0.47%
60	1.15%	1.57%	0.75%
65	0.00%	2.31%	1.24%
70	0.00%	3.51%	2.10%
75	0.00%	5.45%	3.58%

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

Actuarial Methods

Asset methods

We used financial data submitted by the company as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Variable benefit valuation

As a result of the July 1, 2008 plan amendment to include a floor benefit for participants with variable benefits equal to the value of the benefit they would have received had they elected the fixed benefit throughout their career, the following changes were made:

- Prior to reflecting the impact of mortality gains and losses, the Unit Value was assumed to grow at segment rates compared to a 3.5% assumption in prior years.
- The discount rate was changed from 3.5% to the PPA segment rates.

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

- The Unit Value is also expected to be impacted by future mortality gains and losses. Expected mortality losses due to the mortality used to determine the Variable Benefit (A49 Mortality Tables) are included in the projection of Variable Benefits.
- Prior to reflecting the impact of the floor benefit, the above noted changes had minimal impact on the liabilities, however, these changes were necessary in order to compare the variable benefit against the floor benefit.

Plan sponsor elections

Mortality

- Static annuitant and non-annuitant tables

Funding interest rate

- Segment rates
- No look-back
- No phase-in

Valuation of lump sums based on IRS Section 417(e) assumptions

- Not applicable

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of the future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The Plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

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

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount."

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	July 31, 1953, as amended effective December 31, 2009.
Plan Year	The Plan Year is the calendar year. Prior to January 1, 2010, the plan year was the 12-month period beginning on each July 1. There was an 11-month Plan Year from August 1, 1992 through June 30, 1993. From August 1, 1988 through July 31, 1992 the Plan Year was August 1 through July 31. Prior to August 1, 1988, the Plan Year was July 31 to July 30.
Eligibility	Employees hired after July 1999 are not covered by the Plan. Effective August 1, 1991 each employee of the company becomes a participant on the first admission date (i.e., the first day of any payroll period) coinciding with or next following the date on which he is hired.
Employee Contributions	<p>The plan does not require participant contributions.</p> <p>Prior to July 31, 1984 each participant contributed 2% of compensation to the plan. If the employee elected to participate in the variable annuity portion of the plan, $\frac{1}{2}$ of the contribution was allocated to the Fixed Benefit fund and $\frac{1}{2}$ to the Variable Annuity fund. Otherwise, the total contribution was allocated to the Fixed Benefit fund.</p> <p>Fixed Benefit fund contributions are credited with interest at $5\frac{1}{4}\%$ per annum from August 1, 1972 and are credited with interest at 120% of Applicable Federal Midterm Rates from August 1, 1988.</p>
Continuous Service to September 30, 1995	Continuous Service to September 30, 1995 is measured in elapsed time from the period of employment since the last day of hire, but not before July 31, 1984 for employees who participate on or after July 31, 1984.
Continuous Service since October 1, 1995	<p>Continuous service from (a) October 1, 1995, for an employee employed on that date or (b) the first day of the month coincident with or next following an employee's hire date for an employee not employed on October 1, 1995, and ending on the first day of the month coincident with or next following the employee's termination date.</p> <p>For purposes of benefit service, measurement ends at the earlier of the employee's termination date and June 30, 2004.</p>
Vesting Service	Continuous service plus any period of severance of a duration of less than twelve months.
Years of Service	Sum of continuous service to September 30, 1995 and continuous service on or after October 1, 1995.

Schedule SB, Part V — Summary of Plan Provisions

Final Average Monthly Compensation	Highest average monthly compensation over 36 months after September 30, 1995 out of the last 120 months. If the participant has less than 36 months after September 30, 1995, the average is taken over all months after September 30, 1995 prior to the earlier of the termination of employment and June 30, 2004.
Covered Compensation	Average of the taxable wage bases in effect for the Plan Year in which the participant terminates during the 35-year period ending in the year which the participant attains social security retirement age.
Qualified Compensation	Payments accrued for a Fiscal year paid from the Contingent Compensation and Incentive Compensation Plan.
Final Average Qualified Compensation	Highest average Qualified Compensation over 3 consecutive Fiscal Years commencing after June 30, 1995 out of the 10 Fiscal years prior to the earlier of termination of employment and June 30, 2004.
Qualified Years of Service	Continuous service from the later of July 1, 1995 or the first day of a Fiscal Year in which an employee participates in the Contingent Compensation or Incentive Compensation Plan until the first day of the month coincident with or next following the earlier of termination of employment and June 30, 2004.
Normal Retirement	
Eligibility	<p>Attainment of age 65 and completion of 5 years of continuous service.</p> <p>A participant who was employed prior to August 1, 1989, is eligible to retire and receive normal retirement benefit on or after attainment of age 65, regardless of service.</p>
Benefit	<p>The Plan was amended effective June 30, 1999 to freeze benefit accruals effective June 30, 2004.</p> <p>The annual retirement benefit is equal to the sum (1) and (2) where:</p> <p>(1) For service on or after October 1, 1995; the sum of (a), (b) and (c) where:</p> <p style="padding-left: 40px;">(a) 1.4% of final average monthly compensation,</p> <p style="padding-left: 80px;">plus</p> <p style="padding-left: 40px;">0.5% of final average monthly compensation in excess of monthly covered compensation</p> <p style="padding-left: 40px;">The sum multiplied by</p>

Schedule SB, Part V — Summary of Plan Provisions

Years of service at earlier of termination date and June 30, 2004 not greater than 35, minus any years of service not in excess of 35 included in (2) below.

- (b) 1.7% of final average monthly compensation

multiplied by

years of service at earlier of termination date and June 30, 2004 in excess of 35 not including years of service in excess of 35 included in (2) below.

- (c) 1.5% of final average qualified compensation

multiplied by

qualified years of service at earlier of termination date and June 30, 2004.

- (2) For service prior to October 1, 1995; the sum of the benefit accrued to July 31, 1989 under the prior formula plus, with respect to each year of service after July 31, 1989, a benefit provided by (a), (b), (c) or (d) below.

- (a) If an employee participated in the Fixed Benefit only and had less than 35 years vesting service:

1.4% of compensation

plus

0.5% of compensation in excess of covered compensation

- (b) If an employee participated in the Fixed Benefit only and had over 35 years of vesting service:

1.7% of compensation

- (c) 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

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to the participant at retirement by the Variable Annuity unit value as of the most recent valuation date preceding the date of retirement. 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.

- (d) 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.

Early Retirement

Eligibility

Attainment of age 55 and completion of 5 years of continuous service.

A participant who was employed prior to August 1, 1989 is eligible to retire and receive an early retirement benefit on or after attainment of age 60 with no service requirement.

Benefit

Accrued benefit as of the earlier of June 30, 2004 and the participant's early retirement date, reduced by $\frac{1}{4}$ of 1% for each month early retirement precedes normal retirement for participants who worked at least 1 hour on or after July 1, 1999, otherwise reduced by $\frac{1}{4}$ of 1% for the first 60 months and $\frac{1}{2}$ of 1% for each additional month by which early retirement precedes normal retirement.

Postponed Retirement

A participant who continued active employment with the company beyond normal retirement date is eligible for postponed retirement benefits. The benefit is the amount the participant accrues under the terms of the plan to his actual retirement date based on compensation and service to that date, no later than June 30, 2004.

Disability Retirement

Eligibility

A participant is eligible for disability retirement benefits if he is totally and permanently disabled so as to be unable thereby to engage in any employment.

Benefit

Immediate benefit equal to the accrued retirement benefit reduced as provided in early retirement for the months between ages 55 and 65 and further reduced on an actuarial basis for the period in excess of 120 months by which disability benefits commencement precedes normal retirement.

In lieu of an immediate benefit the participant, at his option,

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to the participant at retirement by the Variable Annuity unit value as of the most recent valuation date preceding the date of retirement. 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.

- (d) 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.

Early Retirement**Eligibility**

Attainment of age 55 and completion of 5 years of continuous service.

A participant who was employed prior to August 1, 1989 is eligible to retire and receive an early retirement benefit on or after attainment of age 60 with no service requirement.

Benefit

Accrued benefit as of the earlier of June 30, 2004 and the participant's early retirement date, reduced by $\frac{1}{4}$ of 1% for each month early retirement precedes normal retirement for participants who worked at least 1 hour on or after July 1, 1999, otherwise reduced by $\frac{1}{4}$ of 1% for the first 60 months and $\frac{1}{2}$ of 1% for each additional month by which early retirement precedes normal retirement.

Postponed Retirement

A participant who continued active employment with the company beyond normal retirement date is eligible for postponed retirement benefits. The benefit is the amount the participant accrues under the terms of the plan to his actual retirement date based on compensation and service to that date, no later than June 30, 2004.

Disability Retirement**Eligibility**

A participant is eligible for disability retirement benefits if he is totally and permanently disabled so as to be unable thereby to engage in any employment.

Benefit

Immediate benefit equal to the accrued retirement benefit reduced as provided in early retirement for the months between ages 55 and 65 and further reduced on an actuarial basis for the period in excess of 120 months by which disability benefits commencement precedes normal retirement.

In lieu of an immediate benefit the participant, at his option,

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may continue to accrue future benefits under the plan based on his salary at date of disability to his normal retirement date, at which time he would be entitled to receive the then accrued normal retirement benefit. Benefit accruals cease after June 30, 2004.

Vested Benefit

Eligibility	Completion of 5 years of continuous service.
Benefit	Accrued benefit at earlier of date of termination of employment and June 30, 2004, payable at age 65. A terminated vested participant may elect to have monthly benefits commence on the first day of any month following attainment of age 55. The vested retirement benefit, for a participant electing early commencement of benefits, will be reduced based on <i>true actuarial reduction factors</i> to adjust for the early commencement of benefits.

Termination of Employment	A participant who terminates employment prior to 5 years of continuous service is not eligible for a plan benefit other than a return of his contributions to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from his contributions to the Variable Annuity fund, if applicable.
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Death Benefit

Eligibility	Death of a participant after completing 5 years of continuous service. Benefit payable to surviving spouse.
Benefit	<p>If the participant's death occurs after qualifying for an early retirement pension, the surviving spouse is entitled to a pension benefit equal to 50% of the pension the participant would have received if he had received if he had retired on the day before his death and elected a 50% joint and survivor option.</p> <p>If the participant's death occurs before qualifying for an early retirement pension, the surviving spouse is entitled to a pension benefit equal to 50% of the participant's vested pension as of the date of death reduced for early commencement to the earliest retirement age at which the participant is eligible for benefits and reduced to the election of a 50% joint and survivor option. In this event the benefit payable to the surviving spouse will commence on the date the participant would have attained age 55.</p> <p>An active participant who is eligible for early retirement benefits may elect to provide the surviving spouse death benefit coverage under a 100% joint and survivor benefit option. If this increase in coverage is elected all benefits payable under the plan are reduced by 0.03% for each</p>

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	<p>month the increased surviving spouse death coverage is in effect.</p> <p>In no event will the death benefit paid be less than the participant's contribution to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from the participant's contributions to the Variable Annuity fund.</p> <p>In the event of death after retirement, unless an optional form of benefit is in effect to the contrary, any excess of the participant's contributions over the retirement benefits paid is payable.</p>
Normal Form of Benefit Payment	<p>Life Annuity.</p> <p>A married participant will be deemed to have elected to receive benefits under the 50% joint and survivor option, with his spouse as contingent annuitant, unless an alternative election is made.</p>
Optional Benefits	<p>Optional benefits may be elected as follows:</p> <ul style="list-style-type: none"> (a) Joint and survivor options with 100%, 75%, 66-2/3%, 50% or 33-1/3% of reduced annual retirement benefit being paid to the contingent annuitant; (b) 5 or 10-year certain with life options, (c) Social Security Adjustment option excluding benefits attributable to the participant's Accumulated Variable Annuity Units. <p>Any form of benefit payment other than a qualified joint and survivor annuity must be approved by the participant's spouse and the spouse's approval must be notarized.</p>
Changes Since the Prior Measurement Date	<p>The minimum floor benefit for participants with variable benefits was added.</p> <p>Maximum compensation and maximum benefits were updated from 2009 to 2010.</p>

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Effective Date	July 31, 1953, as amended effective December 31, 2009.
Plan Year	The Plan Year is the calendar year. Prior to January 1, 2010, the plan year was the 12-month period beginning on each July 1. There was an 11-month Plan Year from August 1, 1992 through June 30, 1993. From August 1, 1988 through July 31, 1992 the Plan Year was August 1 through July 31. Prior to August 1, 1988, the Plan Year was July 31 to July 30.
Eligibility	Employees hired after July 1999 are not covered by the Plan. Effective August 1, 1991 each employee of the company becomes a participant on the first admission date (i.e., the first day of any payroll period) coinciding with or next following the date on which he is hired.
Employee Contributions	<p>The plan does not require participant contributions.</p> <p>Prior to July 31, 1984 each participant contributed 2% of compensation to the plan. If the employee elected to participate in the variable annuity portion of the plan, $\frac{1}{2}$ of the contribution was allocated to the Fixed Benefit fund and $\frac{1}{2}$ to the Variable Annuity fund. Otherwise, the total contribution was allocated to the Fixed Benefit fund.</p> <p>Fixed Benefit fund contributions are credited with interest at $5\frac{1}{4}\%$ per annum from August 1, 1972 and are credited with interest at 120% of Applicable Federal Midterm Rates from August 1, 1988.</p>
Continuous Service to September 30, 1995	Continuous Service to September 30, 1995 is measured in elapsed time from the period of employment since the last day of hire, but not before July 31, 1984 for employees who participate on or after July 31, 1984.
Continuous Service since October 1, 1995	<p>Continuous service from (a) October 1, 1995, for an employee employed on that date or (b) the first day of the month coincident with or next following an employee's hire date for an employee not employed on October 1, 1995, and ending on the first day of the month coincident with or next following the employee's termination date.</p> <p>For purposes of benefit service, measurement ends at the earlier of the employee's termination date and June 30, 2004.</p>
Vesting Service	Continuous service plus any period of severance of a duration of less than twelve months.
Years of Service	Sum of continuous service to September 30, 1995 and continuous service on or after October 1, 1995.

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may continue to accrue future benefits under the plan based on his salary at date of disability to his normal retirement date, at which time he would be entitled to receive the then accrued normal retirement benefit. Benefit accruals cease after June 30, 2004.

Vested Benefit

Eligibility	Completion of 5 years of continuous service.
Benefit	Accrued benefit at earlier of date of termination of employment and June 30, 2004, payable at age 65. A terminated vested participant may elect to have monthly benefits commence on the first day of any month following attainment of age 55. The vested retirement benefit, for a participant electing early commencement of benefits, will be reduced based on <i>true actuarial reduction factors</i> to adjust for the early commencement of benefits.

Termination of Employment	A participant who terminates employment prior to 5 years of continuous service is not eligible for a plan benefit other than a return of his contributions to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from his contributions to the Variable Annuity fund, if applicable.
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Death Benefit

Eligibility	Death of a participant after completing 5 years of continuous service. Benefit payable to surviving spouse.
Benefit	<p>If the participant's death occurs after qualifying for an early retirement pension, the surviving spouse is entitled to a pension benefit equal to 50% of the pension the participant would have received if he had received if he had retired on the day before his death and elected a 50% joint and survivor option.</p> <p>If the participant's death occurs before qualifying for an early retirement pension, the surviving spouse is entitled to a pension benefit equal to 50% of the participant's vested pension as of the date of death reduced for early commencement to the earliest retirement age at which the participant is eligible for benefits and reduced to the election of a 50% joint and survivor option. In this event the benefit payable to the surviving spouse will commence on the date the participant would have attained age 55.</p> <p>An active participant who is eligible for early retirement benefits may elect to provide the surviving spouse death benefit coverage under a 100% joint and survivor benefit option. If this increase in coverage is elected all benefits payable under the plan are reduced by 0.03% for each</p>

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	<p>month the increased surviving spouse death coverage is in effect.</p> <p>In no event will the death benefit paid be less than the participant's contribution to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from the participant's contributions to the Variable Annuity fund.</p> <p>In the event of death after retirement, unless an optional form of benefit is in effect to the contrary, any excess of the participant's contributions over the retirement benefits paid is payable.</p>
Normal Form of Benefit Payment	<p>Life Annuity.</p> <p>A married participant will be deemed to have elected to receive benefits under the 50% joint and survivor option, with his spouse as contingent annuitant, unless an alternative election is made.</p>
Optional Benefits	<p>Optional benefits may be elected as follows:</p> <ul style="list-style-type: none"> (a) Joint and survivor options with 100%, 75%, 66-2/3%, 50% or 33-1/3% of reduced annual retirement benefit being paid to the contingent annuitant; (b) 5 or 10-year certain with life options, (c) Social Security Adjustment option excluding benefits attributable to the participant's Accumulated Variable Annuity Units. <p>Any form of benefit payment other than a qualified joint and survivor annuity must be approved by the participant's spouse and the spouse's approval must be notarized.</p>
Changes Since the Prior Measurement Date	<p>The minimum floor benefit for participants with variable benefits was added.</p> <p>Maximum compensation and maximum benefits were updated from 2009 to 2010.</p>

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	July 31, 1953, as amended effective December 31, 2009.
Plan Year	The Plan Year is the calendar year. Prior to January 1, 2010, the plan year was the 12-month period beginning on each July 1. There was an 11-month Plan Year from August 1, 1992 through June 30, 1993. From August 1, 1988 through July 31, 1992 the Plan Year was August 1 through July 31. Prior to August 1, 1988, the Plan Year was July 31 to July 30.
Eligibility	Employees hired after July 1999 are not covered by the Plan. Effective August 1, 1991 each employee of the company becomes a participant on the first admission date (i.e., the first day of any payroll period) coinciding with or next following the date on which he is hired.
Employee Contributions	<p>The plan does not require participant contributions.</p> <p>Prior to July 31, 1984 each participant contributed 2% of compensation to the plan. If the employee elected to participate in the variable annuity portion of the plan, $\frac{1}{2}$ of the contribution was allocated to the Fixed Benefit fund and $\frac{1}{2}$ to the Variable Annuity fund. Otherwise, the total contribution was allocated to the Fixed Benefit fund.</p> <p>Fixed Benefit fund contributions are credited with interest at 5 $\frac{1}{4}$ % per annum from August 1, 1972 and are credited with interest at 120% of Applicable Federal Midterm Rates from August 1, 1988.</p>
Continuous Service to September 30, 1995	Continuous Service to September 30, 1995 is measured in elapsed time from the period of employment since the last day of hire, but not before July 31, 1984 for employees who participate on or after July 31, 1984.
Continuous Service since October 1, 1995	<p>Continuous service from (a) October 1, 1995, for an employee employed on that date or (b) the first day of the month coincident with or next following an employee's hire date for an employee not employed on October 1, 1995, and ending on the first day of the month coincident with or next following the employee's termination date.</p> <p>For purposes of benefit service, measurement ends at the earlier of the employee's termination date and June 30, 2004.</p>
Vesting Service	Continuous service plus any period of severance of a duration of less than twelve months.
Years of Service	Sum of continuous service to September 30, 1995 and continuous service on or after October 1, 1995.

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Final Average Monthly Compensation	Highest average monthly compensation over 36 months after September 30, 1995 out of the last 120 months. If the participant has less than 36 months after September 30, 1995, the average is taken over all months after September 30, 1995 prior to the earlier of the termination of employment and June 30, 2004.
Covered Compensation	Average of the taxable wage bases in effect for the Plan Year in which the participant terminates during the 35-year period ending in the year which the participant attains social security retirement age.
Qualified Compensation	Payments accrued for a Fiscal year paid from the Contingent Compensation and Incentive Compensation Plan.
Final Average Qualified Compensation	Highest average Qualified Compensation over 3 consecutive Fiscal Years commencing after June 30, 1995 out of the 10 Fiscal years prior to the earlier of termination of employment and June 30, 2004.
Qualified Years of Service	Continuous service from the later of July 1, 1995 or the first day of a Fiscal Year in which an employee participates in the Contingent Compensation or Incentive Compensation Plan until the first day of the month coincident with or next following the earlier of termination of employment and June 30, 2004.
Normal Retirement	
Eligibility	<p>Attainment of age 65 and completion of 5 years of continuous service.</p> <p>A participant who was employed prior to August 1, 1989, is eligible to retire and receive normal retirement benefit on or after attainment of age 65, regardless of service.</p>
Benefit	<p>The Plan was amended effective June 30, 1999 to freeze benefit accruals effective June 30, 2004.</p> <p>The annual retirement benefit is equal to the sum (1) and (2) where:</p> <p>(1) For service on or after October 1, 1995; the sum of (a), (b) and (c) where:</p> <p style="padding-left: 40px;">(a) 1.4% of final average monthly compensation,</p> <p style="padding-left: 80px;">plus</p> <p style="padding-left: 40px;">0.5% of final average monthly compensation in excess of monthly covered compensation</p> <p style="padding-left: 40px;">The sum multiplied by</p>

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Years of service at earlier of termination date and June 30, 2004 not greater than 35, minus any years of service not in excess of 35 included in (2) below.

- (b) 1.7% of final average monthly compensation

multiplied by

years of service at earlier of termination date and June 30, 2004 in excess of 35 not including years of service in excess of 35 included in (2) below.

- (c) 1.5% of final average qualified compensation

multiplied by

qualified years of service at earlier of termination date and June 30, 2004.

- (2) For service prior to October 1, 1995; the sum of the benefit accrued to July 31, 1989 under the prior formula plus, with respect to each year of service after July 31, 1989, a benefit provided by (a), (b), (c) or (d) below.

- (a) If an employee participated in the Fixed Benefit only and had less than 35 years vesting service:

1.4% of compensation

plus

0.5% of compensation in excess of covered compensation

- (b) If an employee participated in the Fixed Benefit only and had over 35 years of vesting service:

1.7% of compensation

- (c) 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

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to the participant at retirement by the Variable Annuity unit value as of the most recent valuation date preceding the date of retirement. 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.

- (d) 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.

Early Retirement**Eligibility**

Attainment of age 55 and completion of 5 years of continuous service.

A participant who was employed prior to August 1, 1989 is eligible to retire and receive an early retirement benefit on or after attainment of age 60 with no service requirement.

Benefit

Accrued benefit as of the earlier of June 30, 2004 and the participant's early retirement date, reduced by $\frac{1}{4}$ of 1% for each month early retirement precedes normal retirement for participants who worked at least 1 hour on or after July 1, 1999, otherwise reduced by $\frac{1}{4}$ of 1% for the first 60 months and $\frac{1}{2}$ of 1% for each additional month by which early retirement precedes normal retirement.

Postponed Retirement

A participant who continued active employment with the company beyond normal retirement date is eligible for postponed retirement benefits. The benefit is the amount the participant accrues under the terms of the plan to his actual retirement date based on compensation and service to that date, no later than June 30, 2004.

Disability Retirement**Eligibility**

A participant is eligible for disability retirement benefits if he is totally and permanently disabled so as to be unable thereby to engage in any employment.

Benefit

Immediate benefit equal to the accrued retirement benefit reduced as provided in early retirement for the months between ages 55 and 65 and further reduced on an actuarial basis for the period in excess of 120 months by which disability benefits commencement precedes normal retirement.

In lieu of an immediate benefit the participant, at his option,

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may continue to accrue future benefits under the plan based on his salary at date of disability to his normal retirement date, at which time he would be entitled to receive the then accrued normal retirement benefit. Benefit accruals cease after June 30, 2004.

Vested Benefit

Eligibility	Completion of 5 years of continuous service.
Benefit	Accrued benefit at earlier of date of termination of employment and June 30, 2004, payable at age 65. A terminated vested participant may elect to have monthly benefits commence on the first day of any month following attainment of age 55. The vested retirement benefit, for a participant electing early commencement of benefits, will be reduced based on <i>true actuarial reduction factors</i> to adjust for the early commencement of benefits.

Termination of Employment	A participant who terminates employment prior to 5 years of continuous service is not eligible for a plan benefit other than a return of his contributions to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from his contributions to the Variable Annuity fund, if applicable.
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Death Benefit

Eligibility	Death of a participant after completing 5 years of continuous service. Benefit payable to surviving spouse.
Benefit	<p>If the participant's death occurs after qualifying for an early retirement pension, the surviving spouse is entitled to a pension benefit equal to 50% of the pension the participant would have received if he had received if he had retired on the day before his death and elected a 50% joint and survivor option.</p> <p>If the participant's death occurs before qualifying for an early retirement pension, the surviving spouse is entitled to a pension benefit equal to 50% of the participant's vested pension as of the date of death reduced for early commencement to the earliest retirement age at which the participant is eligible for benefits and reduced to the election of a 50% joint and survivor option. In this event the benefit payable to the surviving spouse will commence on the date the participant would have attained age 55.</p> <p>An active participant who is eligible for early retirement benefits may elect to provide the surviving spouse death benefit coverage under a 100% joint and survivor benefit option. If this increase in coverage is elected all benefits payable under the plan are reduced by 0.03% for each</p>

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	<p>month the increased surviving spouse death coverage is in effect.</p> <p>In no event will the death benefit paid be less than the participant's contribution to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from the participant's contributions to the Variable Annuity fund.</p> <p>In the event of death after retirement, unless an optional form of benefit is in effect to the contrary, any excess of the participant's contributions over the retirement benefits paid is payable.</p>
Normal Form of Benefit Payment	<p>Life Annuity.</p> <p>A married participant will be deemed to have elected to receive benefits under the 50% joint and survivor option, with his spouse as contingent annuitant, unless an alternative election is made.</p>
Optional Benefits	<p>Optional benefits may be elected as follows:</p> <ul style="list-style-type: none"> (a) Joint and survivor options with 100%, 75%, 66-2/3%, 50% or 33-1/3% of reduced annual retirement benefit being paid to the contingent annuitant; (b) 5 or 10-year certain with life options, (c) Social Security Adjustment option excluding benefits attributable to the participant's Accumulated Variable Annuity Units. <p>Any form of benefit payment other than a qualified joint and survivor annuity must be approved by the participant's spouse and the spouse's approval must be notarized.</p>
Changes Since the Prior Measurement Date	<p>The minimum floor benefit for participants with variable benefits was added.</p> <p>Maximum compensation and maximum benefits were updated from 2009 to 2010.</p>

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Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation:

- **Plan amendments:** Amendments adopted after the valuation date or effective after current plan year are excluded from the valuation.
- **Late Retirement Increases:** Consistent with the methods used by the prior actuary, Buck Consultants, this valuation does not include late retirement increases for current active participants and deferred vested participants over the normal retirement age.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Significant events

To the best of our knowledge, no events occurred during the year that would significantly affect the valuation results.

Schedule SB, Line 24 — Change in Actuarial Assumptions

An expense assumption of \$1,000,000 was added (\$500,000 for the 2009 short plan year).

This change was made to better reflect anticipated plan experience.

Schedule SB, Line 25 — Change in Method

The asset valuation method was changed from the market value of assets to the average of the market value of assets as of the valuation date and the prior two years (adjusted for cash flow and expected earnings to the end of the year). This change qualifies for automatic IRS approval.

This is the first year that Mercer has performed the actuarial valuation for this plan. Last year's valuation was completed by Buck Consultants. This change qualifies for automatic IRS approval.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of service								
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
< 25									
25 - 29		1							
30 - 34		17							
35 - 39	2	67	3						
40 - 44	1	78	25	15					
45 - 49	3	80	34	33	4				
50 - 54	3	55	34	57	10	4			
55 - 59	1	25	17	28	4	2			
60 - 64	1	19	9	11	4	4	2		
65 - 69		5	1	3					
70+				1	1				

The total count included in the above chart is 664. Since the plan was frozen as of June 30, 2004, the years of service shown are the years of service accrued until the plan freeze date.

Average pay is not shown because there are fewer than 1,000 active members.

**THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009**

<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,</u>	<u>COST</u>	<u>CURRENT VALUE</u>
CF MELLON EB DAILY OPENING AGGREGATE BD INDEX FD		90,900,279.22	110,803,632.32
MFO PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL		70,130,610.38	60,384,660.23
CF MELLON EB LARGE CAP VALUE STK INDEX FD		52,978,696.58	51,022,889.27
CF MELLON EB GLOBAL ALPHA FD II		48,053,872.96	45,564,624.35
BLUE ROCK MARKET NEUTRAL FUND, LLC		28,000,000.00	36,067,347.00
CF SILCHESTER INTL INVS INTL VALUE EQUITY GROUP TR		35,611,513.98	29,007,776.84
CF TBC EMERGING MARKETS EQTY POOLED FD		9,967,445.00	22,598,659.76
CF SANDERSON INTL VALUE GROUP TR		15,970,230.70	21,973,865.20
MFO ARTISAN MID CAP FD INSTL CL SH		22,001,161.25	21,857,717.31
CF MELLON GLOBAL FUNDS EB GLOBAL ALPHA IFUND		18,554,942.23	18,535,686.05
NTGI COLTV GOVT STIF REGI STERED		14,341,485.53	14,341,485.53
Pending foreign exchange purchases: British pound sterling		4,095,576.95	4,599,550.88
APPLE INC		791,810.95	1,599,488.90
NORDIC INVEST BANK 1.7% BDS 27/04/2017 JPY		1,361,439.45	1,573,612.48
INTERNATIONAL BUSINESS MACHS CORP COM		1,376,621.22	1,568,388.40
ITALY(REP OF) 2.75% BTP 15/06/10 EUR1000		1,639,229.32	1,568,228.12
GILEAD SCIENCES INC		828,700.74	1,498,411.60
LANDWIRT RENTENBK 1.375%SR EMTN 4/13 JPY'302'		1,112,459.06	1,462,973.52
US OF AMER TREAS NOTES 1.75 DUE 01-31-2014 REG		1,486,821.43	1,457,820.00
DEV BK OF JAPAN 1.4% GTD BDS 20/06/12 JPY		1,327,553.56	1,430,522.88
QUALCOMM INC COM		1,222,494.98	1,351,932.00
PEPSICO INC COM		1,630,618.32	1,280,568.00
GOOGLE INC CL A CL A		1,607,633.26	1,256,338.20
BELGIUM(KINGDOM) 3.75% OLO 28/09/15 EUR '46'		1,124,955.53	1,220,709.23
ITALY(REP OF) 4% BTP 01/02/37 EUR1000		1,264,125.52	1,169,627.10
ABBOTT LAB COM		1,087,976.37	1,079,097.60
AMAZON COM INC COM		736,797.13	930,299.20
CVS CAREMARK CORP COM STK		1,082,062.98	925,823.50
ADR PETROLEO BRASILEIRO SA PETROBRAS SPONSORED ADR		646,532.56	872,054.40
ADR CHINA MOBILE LTD		768,874.09	866,884.80
KOHL'S CORP COM		910,153.06	856,710.00
POLAND(REP OF) 5.75% BDS 23/09/22 PLN1000		866,422.97	836,062.03
WEATHERFORD INTL LTD		432,205.67	833,647.20
DT POSTBANK AG 1.75% EMTN 7/10/2009 JPY		737,612.21	831,134.37
OCCIDENTAL PETROLEUM CORP		623,683.30	818,018.30
EURO INV BANK 1.4% BDS 20/06/17 JPY100000		808,462.42	808,213.71
Pending foreign exchange purchases: Euro		774,867.07	806,360.43
EXPRESS SCRIPTS INC COM		715,736.87	800,250.00
TRANSOCEAN LTD		724,720.43	797,874.60
MEXICO(UTD MEX ST) 8% BDS 17/12/15 MXN100		871,039.40	785,102.41
ITALY(REP OF) 4.75% BDS 1/2/13 EUR1000		794,021.15	778,310.54
Pending trade sales: United States dollar		772,239.76	772,239.76
POLAND(REP OF) 5% BDS 24/10/13 PLN1000		690,429.71	765,252.67
DIGITAL RLTY TR INC COM		731,811.71	747,472.50

**THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009**

<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,</u> <u>COST</u>	<u>CURRENT VALUE</u>
VISA INC COM CL A STK	637,013.19	741,516.60
GOLDMAN SACHS GROUP INC COM	394,799.37	722,456.00
BLACKROCK INC COM STK	532,356.78	720,976.20
* LIFE TECHNOLOGIES CORP COM STK	630,055.05	718,418.40
US OF AMER TREAS NOTES 3.75 DUE 11-15-2018 REG	743,437.39	691,743.60
COLGATE-PALMOLIVE CO COM	631,023.68	674,859.60
MORGAN STANLEY COM STK USD0.01	588,069.23	660,006.50
JAPAN FIN CORP ME 2% GTD 09/05/16 JPY1000000	615,988.78	656,868.94
LAM RESH CORP COM	773,186.19	653,120.00
ITALY(REP OF) 6.5% BTP 1/11/2027 EUR0.01	628,592.73	647,963.45
T ROWE PRICE GROUP INC	526,753.72	642,551.40
APPLIED MATERIALS INC COM	1,048,474.02	636,479.40
CAMERON INTL CORP COM STK	522,429.09	633,071.00
MONSANTO CO NEW COM	477,327.87	627,429.60
BEST BUY INC COM STK	616,629.55	621,909.30
SCHWAB CHARLES CORP COM NEW	627,946.10	618,635.80
AUSTRALIA(CMNWLTH) 5.75% BDS 15/05/21 AUD1000	608,868.10	612,788.92
EURO INV BANK 1.9% BDS 26/01/2026 JPY	484,450.22	598,196.61
PNC FINANCIAL SERVICES GROUP COM STK	675,233.03	595,733.50
AUSTRALIA(CMNWLTH) 5.25% BDS 15/03/19 AUD'220	581,432.35	587,023.78
ARCHER-DANIELS-MIDLAND CO COM	560,574.82	583,804.00
CORNING INC COM	528,887.75	582,656.80
BROADCOM CORP CL A	617,645.25	572,649.00
ALCOA INC COM STK	474,789.23	567,840.10
ITALY(REPUBLIC OF) BDS 3.7% 14/11/2016	481,015.16	548,453.13
ADR TEVA PHARMACEUTICAL INDS	493,658.08	546,687.20
UNITED STATES TREAS NTS DTD 00092 4.125%DUE 05-15-2015 REG	564,856.49	533,281.00
AUSTRALIA(CMNWLTH) 6.25% BDS 15/04/15 AUD	523,282.59	532,670.88
PULTE HOMES INC COM	720,706.78	523,265.80
N V R INC COM	576,806.61	512,437.80
ST JUDE MED INC COM	445,318.03	507,996.00
CABLEVISION NY GROUP CL A COM	660,198.77	505,436.40
MEXICO(UTD MEX ST) 8% BDS 07/12/2023 MXN'M20'	524,577.93	458,819.76
PETROHAWK ENERGY CORP COM	305,412.81	457,819.00
KREDITANST FUR WIE 5.25% BDS 4/7/2012 EUR1000	260,945.45	456,074.05
USD - United States dollar	454,521.84	454,521.84
NORTHEAST UTILITIES COM	406,746.95	448,431.00
POLAND(REP OF) 5.25% BDS 25/10/17 PLN1000	437,975.90	448,155.07
LOWES COS INC COM	455,697.06	446,041.80
MASTERCARD INC CL A	452,944.61	441,698.40
SOUTHWESTERN ENERGY CO COM	307,148.01	436,285.50
POTASH CORP SASK INC COM	478,931.49	429,891.00
ADR ASML HOLDING NV NY REGISTERED SHS	407,378.35	424,773.00
AUSTRALIA(CMNWLTH) 5.75% BDS 15/04/12 AUD1000	402,107.63	419,191.42

THE EMPLOYEE PENSION PLAN OF**APPLIED BIOSYSTEMS, INC.****SUPPLEMENTAL SCHEDULE****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****AT JUNE 30, 2009**

DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,			
<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>COST</u>	<u>CURRENT VALUE</u>	
NTELOS HLDGS CORP COM	510,283.98	412,608.00	
POLAND(REP OF) 5.625% SNR EMTN 06/18 EUR	367,440.09	410,538.98	
CMS ENERGY CORP COM	387,992.86	405,284.00	
FIRST SOLAR INC COM	520,579.18	393,951.60	
ENBRIDGE INC COM	444,737.58	386,197.60	
ADR CHINA UNICOM HONG KONG LTD SPONSOREDADR	259,234.86	377,121.80	
INTERCONTINENTALEXCHANGE INC COM	187,310.67	373,564.80	
SYSCO CORP COM	384,224.25	371,819.20	
GENERAL CABLE CORP DEL NEW COM	338,460.33	370,163.00	
BANK AMER CORP 5.65% DUE 05-01-2018	407,806.50	362,288.71	
WYNN RESORTS LTD COM	348,901.07	360,766.00	
ARCH CAPITAL GROUP COM STK	384,751.88	357,338.00	
AQUA AMER INC COM	350,033.03	356,926.00	
WHITING PETE CORP NEW COM STK	376,450.46	356,874.00	
DAVITA INC COM	361,246.80	356,606.60	
LLOYDS TSB BANK 5.625%-FRN MTN 03/2018 EUR	407,430.27	356,000.21	
NOBLE CORPORATION (SWITZERLAND) COM USD0.10	461,024.25	353,925.00	
STATE STR CORP COM	265,639.39	349,280.00	
WESTERN UNION CO	314,434.36	347,352.00	
QUESTAR CORP COM	343,274.17	345,387.20	
INVESCO LTD COM STK USD0.10	359,475.37	345,262.50	
OMNICARE INC COM	328,095.39	334,880.00	
TELEFONICA SA 5.877% DUE 07-15-2019	324,690.50	329,917.76	
UNUM GROUP	345,618.79	328,302.00	
CELANESE CORP DEL COM SER A STK	206,907.76	325,375.00	
HUDSON CITY BANCORP INC COM STK	307,656.53	324,276.00	
MSCI INC CL A CL A	313,889.93	323,341.20	
1ST NIAGARA FINL GROUP INC NEW COM	370,202.89	323,186.00	
WARNACO GROUP INC COM NEW COM NEW	303,540.49	320,760.00	
AVON PRODUCTS INC COM USD0.25	295,292.84	319,156.40	
YUM BRANDS INC COM	263,239.80	311,729.00	
C H ROBINSON WORLDWIDE INC COM NEW COM NEW	286,407.82	309,771.00	
AES CORP COM	239,948.09	307,665.00	
DENMARK(KINGDOM) 2.75% SNR BDS 15/11/11 USD	296,577.00	306,510.00	
E.ON INTERNATIONAL 5.8% BDS 30/04/18 USDREGS	255,280.85	303,458.90	
CUMMINS INC	239,356.11	299,637.10	
HSBC HLDGS 6.25% SUB MTN 19/03/18 EUR	309,489.58	296,270.83	
ROBERT HALF INTL INC COM	333,812.66	295,722.40	
WHOLE FOODS MKT INC COM	277,754.61	294,759.40	
F5 NETWORKS INC COM STK	270,844.74	294,706.80	
ADOBE SYS INC COM	424,663.35	290,924.00	
ALLERGAN INC COM	251,226.22	290,713.80	
FOOT LOCKER INC COM	294,162.33	290,019.00	
ADR HONDA MOTOR CO. LTD AMER DEPOSITARY SHARES REPRESENTING 10 SHARES OF COMMON	310,462.76	288,206.10	

**THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009**

<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,</u>	<u>COST</u>	<u>CURRENT VALUE</u>
JUNIPER NETWORKS INC COM		189,757.26	284,616.00
UNITED STATES TREAS BDS DTD 00206 4.5% DUE 05-15-2038 REG		316,091.49	278,732.88
ING BANK NV 3.9% GTD BDS 03/14 USD'REGS		277,803.00	274,158.00
GUESS INC COM		400,771.11	273,268.00
HEALTH CARE REIT INC COM		320,289.59	272,800.00
PRUDENTIAL FINL INC COM		284,496.15	265,192.50
ALEXION PHARMACEUTICALS INC COM		222,513.96	263,990.40
THOMPSON CREEK METALS CO INC COM STK		243,048.86	261,632.00
SALESFORCE COM INC COM STK		196,943.58	259,556.00
COACH INC COM		255,911.58	257,779.20
STANDARD CHARTERED 5.875% SUB MTN 26/9/17 EUR		296,346.87	257,708.33
FREEPORT-MCMORAN COPPER & GOLD INC		219,627.84	255,561.00
SHAW COMMUNICATIONS INC CL B NON-VOTING PARTICIPATING SHARES		243,399.01	252,900.00
ALLEGHANY CORP DEL COM		239,213.50	244,171.00
#REORG/COOPER-ST OF INC CHANGE TO COOPERINDS PLC NEW IRELAND 2054511 9/8/09		272,061.32	242,500.50
ING BANK 6.125% 29/05/2023		292,741.82	236,374.59
SCHEIN HENRY INC COM		225,253.94	235,434.50
DR PEPPER SNAPPLE GROUP INC COM STK		227,544.32	235,209.00
FLUOR CORP NEW COM		230,596.13	233,369.50
TESCO 5.5% NTS 15/11/17 USD REGS		219,882.00	221,678.60
SPECTRA ENERGY CORP COM STK		189,088.73	221,652.00
XCEL ENERGY INC COM		228,421.08	217,238.00
BARRETT BILL CORP COM STK		251,565.75	212,815.00
MCGRAW HILL COMPANIES INC COM		192,237.25	209,264.50
SNAP-ON INC COM		227,054.80	206,928.00
MILLICOM INTERNATIONAL CELLULAR COM USD1.50 (POST-SUBD)		159,533.50	204,223.80
TEMPLE INLAND INC COM		179,840.52	203,360.00
DEUTSCHE TELEKOM I 8.75%-VAR GTD NTS 06/30 USD		192,185.00	202,283.00
INTUITIVE SURGICAL INC COM NEW STK		279,301.86	201,301.80
PROSPERITY BANCSHARES INC COM		178,763.01	199,861.00
STIFEL FINL CORP COM		187,837.80	199,573.50
SOLERA HLDGS INC COM		178,306.81	198,120.00
MARVELL TECH GROUP COM USD0.002		161,733.63	195,552.00
NV ENERGY INC COM		163,168.35	190,983.00
MOLSON COORS BREWING CO CL B CL B		188,748.96	186,252.00
KROGER CO COM		200,140.80	183,015.00
SIMON PROPERTY GROUP INC COM		177,488.33	181,318.00
&&& CAMBRIDGE INDUSTRIES, INC. LIQUIDATING TRUST		0.00	180,730.00
JOY GLOBAL INC COM		160,986.95	178,600.00
IRELAND(REP OF) 5% TSY BDS 18/4/2013 EUR		168,932.28	176,653.37
US TREAS NTS BILLS OF EXCHANGE 15/01/12 1.125 DUE 01-15-2012 REG		174,249.18	173,878.95
COLBS MCKINNON CORP N Y COM		254,929.91	172,040.00
ATMOS ENERGY CORP COM		185,642.44	167,768.00
WESTN DIGITAL CORP COM		127,110.52	166,950.00

THE EMPLOYEE PENSION PLAN OF**APPLIED BIOSYSTEMS, INC.****SUPPLEMENTAL SCHEDULE****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****AT JUNE 30, 2009**

<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,</u>	<u>COST</u>	<u>CURRENT VALUE</u>
MEN S WEARHOUSE INC COMMOM		174,780.31	166,866.00
SMITHFIELD FOODS INC COM		337,478.00	166,131.24
CIMAREX ENERGY CO COM		197,744.49	162,955.00
SCHOLASTIC CORP COM		138,823.62	162,278.00
SHOE CARNIVAL INC COM		294,177.70	162,248.00
ENERSYS COM		160,333.09	158,253.00
ASPEN INSURANCE HLDGS COM		166,066.99	157,497.00
INFORMATICA CORP COM		156,218.29	155,569.50
JONES APPAREL GROUP INC COM		180,042.84	154,512.00
PLATINUM UNDERWRITERS HLDGS INC COM USD0.01		163,001.05	154,386.00
TECH DATA CORP COM		134,763.14	153,737.00
RELIANCE STL & ALUM CO COM		88,566.48	153,560.00
UNVL CORP VA COM		195,138.67	152,306.00
COML METALS CO COM		53,720.75	152,285.00
QWEST COMMUNICATIONS INTL INC COM		158,904.59	149,815.00
SPX CORP COM		243,516.70	149,358.50
NRG ENERGY INC COM NEW		177,660.59	147,972.00
#REORG/PEROT SYS CORP CDT-CL A COM STK CASH MERGER EFF 11/3/09		121,649.29	144,733.00
LIFEPOINT HOSPS INC COM ISIN US53219L1098		211,010.50	139,125.00
LORILLARD INC COM STK		125,899.43	138,928.50
TELLABS INC COM		129,415.28	138,093.00
CROWN HLDGS INC COM		126,803.03	137,598.00
ROCKWOOD HLDGS INC COM		224,813.09	136,152.00
DARDEN RESTAURANTS INC COM		113,890.72	135,218.00
RUSH ENTERPRISES INC CL A CL A		183,979.36	135,140.00
STEINER LEISURE LTD COM STK USD0.01		142,445.24	135,095.25
ADR SILICONWARE PRECISION INDS LTD SPONSORED		104,158.84	134,540.00
RUDDICK CORP COM		163,617.31	133,551.00
TEREX CORP NEW COM		257,769.04	131,563.00
NEWFIELD EXPLORATION		138,471.31	130,680.00
DEAN FOODS CO NEW COM		141,303.03	130,492.00
KIRBY CORP COM		138,694.08	130,339.00
MOLINA HEALTHCARE INC COM		155,843.04	129,168.00
CTS CORP COM		242,173.69	128,380.00
KELLY SERVICES INC CL A COM		248,774.75	125,925.00
WASH FED INC COM		176,421.12	124,800.00
PC CONNECTION INC COM		249,132.70	124,425.00
INVACARE CORP COM		112,746.90	123,550.00
COMMScope INC COM		99,590.17	123,422.00
ANIXTER INTL INC COM		136,270.18	120,288.00
SIGNET JEWELERS LTD ORD USD0.18		101,611.80	120,235.50
KINDRED HEALTHCARE INC COM STK		103,713.68	119,989.00
GARDNER DENVER INC COM		115,113.55	118,299.00
EL PASO CORP COM		115,509.54	118,144.00

THE EMPLOYEE PENSION PLAN OF**APPLIED BIOSYSTEMS, INC.****SUPPLEMENTAL SCHEDULE****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****AT JUNE 30, 2009**

<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,</u>		<u>COST</u>	<u>CURRENT VALUE</u>
BRIGGS & STRATTON CORP CAP			247,595.04	117,392.00
DEL MONTE FOODS CO COM			108,084.85	116,312.00
NATIONAL RETAIL PPTYS INC COM STK			131,199.06	116,245.00
STANDARD LIFE 6.375%-FRN 12/07/22 EUR			155,211.15	116,083.22
FRONTIER OIL CORP COM			104,115.49	115,368.00
TTM TECHNOLOGIES INC COM			152,095.12	114,624.00
ZURICH FIN USA INC 4.5% 15/06/2025			134,593.31	114,544.19
MUELLER INDS INC COM			157,462.61	114,400.00
KAMAN CORP COM			190,887.04	113,560.00
TANGER FACTORY OUTLET CTRS INC COM			125,899.06	113,505.00
HAWAIIAN ELEC INDS INC COM			114,429.13	113,407.00
UNVL HEALTH SERVICES INC CL B COM			104,068.75	112,355.00
CLOROX CO COM			111,188.60	111,660.00
AMERIGROUP CORP COM			111,723.15	110,085.00
WHITNEY HLDG CORP COM			218,591.02	109,920.00
HLTH MGMT ASSOC INC NEW CL A COM			123,910.41	109,668.00
NCR CORP COM			82,339.60	108,836.00
SVB FINL GROUP COM			83,424.71	106,838.50
DENBURY RES INC HLDG CO COM NEW			68,979.00	106,056.00
CON-WAY INC COM STK			133,423.35	105,930.00
WESCO INTL INC COM			75,724.65	105,168.00
REINSURANCE GROUP AMER INC COM NEW STK			107,812.62	104,730.00
ARROW ELECTR INC COM			85,126.23	104,076.00
VALASSIS COMMUNICATIONS INC COM			146,624.58	102,648.00
NOBLE ENERGY INC COM			105,983.43	102,018.10
CONVERGYS CORP DE COM			150,895.04	101,152.00
WET SEAL INC CL A CL A			91,481.57	101,003.00
WALTER ENERGY INC			151,790.03	99,660.00
WYNDHAM WORLDWIDE CORP COM STK			96,865.61	98,778.00
SCHWEITZER-MAUDUIT INTL INC COM			92,603.59	98,636.25
ANALOG DEVICES INC COM			96,525.88	97,881.00
MYERS INDS INC COM			162,451.65	97,344.00
OIL STS INTL INC COM ISIN US6780261052			137,024.14	96,840.00
GENTIVA HEALTH SVCS INC COM			112,081.94	95,468.00
FORTUNE BRANDS INC COM STK			111,464.94	93,798.00
CONMED CORP COM			116,564.38	93,120.00
NACCO IND INC CL A COM			175,173.25	91,904.00
MID-AMER APT CMNTYS INC COM			149,638.95	91,775.00
REGAL BELOIT CORP COM			113,810.62	91,356.00
INSIGHT ENTERPRISES INC COM			132,815.90	89,838.00
COLLECTIVE BRANDS INC COM STK			54,992.72	88,877.00
HERTZ GLOBAL HLDGS INC COM			89,313.78	88,689.00
KS CY SOUTHN			171,064.32	88,605.00
ROYAL CARIBBEAN CRUISES COM STK			99,762.77	87,333.00

THE EMPLOYEE PENSION PLAN OF**APPLIED BIOSYSTEMS, INC.****SUPPLEMENTAL SCHEDULE****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****AT JUNE 30, 2009**

DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,			
<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>COST</u>	<u>CURRENT VALUE</u>	
SANDISK CORP COM	57,045.33	86,671.00	
COCA COLA ENTERPRISES INC COM	61,607.15	86,580.00	
PARTNERRE HLDG LTD COM STK	70,460.26	84,435.00	
SYNOPSYS INC COM	86,842.78	83,893.00	
FLEXTRONICS INTL LTD COM STK	55,109.33	82,200.00	
CHECK PT SOFTWARE TECHNOLOGIES ORDILS.01	79,949.14	82,145.00	
CYTEC IND COM	240,709.05	81,928.00	
CALLAWAY GOLF CO COM	190,758.66	81,627.00	
QUANEX BLDG PRODS CORP COM STK	101,306.40	80,784.00	
POLYONE CORP COM	217,955.50	80,487.00	
COVENTRY HEALTH CARE INC COM	60,985.18	80,453.00	
STANCORP FINL GROUP INC COM	60,998.13	80,304.00	
DIME CMNTY BANCSHARES INC COM	79,296.66	79,257.00	
HOME PROPS INC COM	115,557.30	78,430.00	
GROUP 1 AUTOMOTIVE INC COM	73,444.80	78,060.00	
SKILLED HEALTHCARE GROUP INC CL A COM STK USD1	117,167.83	78,000.00	
BOB EVANS FARMS INC COM	54,254.50	77,598.00	
BROOKFIELD PPTYS CORP COM	50,722.86	76,512.00	
BSTN PPTYS INC	79,561.30	76,320.00	
SKYWORKS SOLUTIONS INC COM	75,739.90	76,284.00	
TERADYNE INC COM	94,087.42	75,974.50	
PAR PHARMACEUTICAL COS INC COM	88,085.83	74,235.00	
GOVERNMENT PPTYS INCOME TR COM SHS BEN INT COM SHS BEN INT	67,336.56	73,908.00	
ARCH CHEMICALS INC COM	113,516.40	73,770.00	
AUTONATION INC DEL COM	71,150.10	72,870.00	
WEBSTER FNCL CORP WATERBURY CONN COM	349,997.03	72,450.00	
SUNSTONE HOTEL INVS INC NEW COM	148,907.14	71,936.10	
SEMTECH CORP COM	68,907.66	71,595.00	
OLYMPIC STL INC COM	59,016.16	70,963.00	
CITY NATL CORP COM	67,773.00	69,977.00	
ADR ACERGY S A SPONSORED ADR	60,029.86	69,864.00	
AVNET INC COM	56,323.17	69,399.00	
PORTLAND GEN ELEC CO COM NEW STK\	88,480.00	68,180.00	
AMKOR TECHNOLOGY INC COM	131,851.26	68,112.00	
EUR - Euro	67,327.20	67,327.20	
HANGER ORTHOPEDIC GROUP INC COM NEW	57,069.32	66,591.00	
BANK AMER FDG CORP 7.625% DUE 06-01-2019	65,532.35	65,289.97	
SMITH A O CORP COM	57,236.60	65,140.00	
F N B CORP PA COM	59,185.34	64,066.50	
BENCHMARK ELECTRS INC COM	60,099.39	63,360.00	
SCHOOL SPECIALTY INC WI COM	57,912.03	62,651.00	
ETHAN ALLEN INTERIORS INC COM	63,726.60	62,160.00	
ROWAN COMPANIES INC COM	69,648.08	60,858.00	
PROVIDENT FINL SVCS INC COM	89,382.47	60,060.00	

**THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009**

<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,</u>	<u>COST</u>	<u>CURRENT VALUE</u>
TRUSTMARK CORP COM		90,851.19	59,892.00
UTD STATIONERS INC COM		57,725.03	59,296.00
AVX CORP COM		54,056.98	58,587.00
PSS WORLD MED INC COM		40,922.40	55,530.00
BOYD GAMING CORP COM		73,229.61	54,612.50
THOR INDS INC COM STK		86,753.67	53,273.00
ALASKA AIR GROUP INC COM		82,644.51	52,954.00
INNOPHOS HLDGS INC COM STK		51,112.49	52,359.00
OMEGA PROTEIN CORP COM		185,100.82	51,968.00
BROWN SHOE CO INC COM		53,602.01	48,508.00
TAUBMAN CTRS INC COM		94,356.00	48,348.00
AUTOLIV INC COM STK		23,120.16	46,032.00
SKYWEST INC COM		105,711.44	38,760.00
BRISTOW GROUP INC COM		28,470.52	38,519.00
AMTRUST FINL SVCS INC COM		30,593.70	34,200.00
LYDALL INC COM		126,276.85	34,000.00
ARKANSAS BEST CORP DEL COM		36,914.19	31,620.00
DIAMONDROCK HOSPITALITY CO COM STK		13,254.50	30,674.00
CHILDRENS PL RETAIL STORES INC COM		22,231.09	28,412.25
ASTORIA FINL CORP COM		71,001.40	25,740.00
BRANDYWINE RLTY TR SH BEN INT NEW REIT		22,070.10	22,350.00
SYNOVUS FINL CORP COM		65,280.09	17,940.00
JPY - Japanese yen		15,453.18	15,453.18
EUR - Euro		1,050.80	1,050.80
CF MELLON TEMP INVT FD		3.78	3.78
AUD - Australian dollar		0.59	0.59
ARCHIBALD CANDY CORP COM		1,515.00	0.24
USD - United States dollar		0.00	0.00
MXN - Mexican peso		0.00	0.00
KEY PLASTICS SER B 10.25 SR SUB NT DUE 03-15-2007/02 BD IN DEFAULT		250,000.00	0.00
PVTPL NATL RESTAURANT ENTERPRISES HLDGS INC UNIT 05-15-2008/01 REG IN DEFAULT		125,000.00	0.00
PVTPL NATL RESTAURANT ENTERPRISES HLDGS SR NT 10.75 12-31-40/01 REG BD IN DFLT		134,375.00	0.00
PVTPL GT GROUP TELECOM IN WTS 144AISIN US 3623591019		11,000.00	0.00
DIVA SYS CORP SER D CONV PFD		148,720.00	0.00
NORTHERN TRUST CORP COM		0.00	0.00
VS HLDGS INC COM		253,120.93	0.00
PLN - Polish zloty		0.00	0.00
MXN - Mexican peso		-0.07	-0.07
Pending trade purchases: United States dollar		-617,478.08	-617,478.08
Pending foreign exchange sales: British pound sterling		-774,867.07	-851,402.72
Pending foreign exchange sales: Euro		-4,095,576.95	-4,402,379.40

* Represents a party-in-interest as defined by ERISA.

**THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.**

SUPPLEMENTAL SCHEDULE

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR
ENDED JUNE 30, 2009**

DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE,		COST OF	PROCEEDS OF
<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE</u>	<u>ACQUISITIONS</u>	<u>DISPOSITIONS</u>
None			

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
AT JUNE 30, 2009

<u>IDENTITY OF PARTY INVOLVED</u>	<u>DESCRIPTION OF ASSET</u>	<u>NUMBER OF</u> <u>TRANSACTIONS</u>	<u>PURCHASE</u> <u>PRICE</u>	<u>SELLING</u> <u>PRICE</u>	<u>LEASE</u> <u>RENTAL</u>	<u>EXPENSE</u> <u>INCURRED WITH</u> <u>TRANSACTION</u>	<u>COST</u> <u>OF ASSET</u>	<u>CURRENT VALUE</u> <u>OF ASSET ON</u> <u>TRANSACTION DATE</u>	<u>NET GAIN/</u> <u>LOSS</u>
MELLON CAPITAL MANAGEMENT	CF MELLON EMPLOYEE BENEFIT DAILY OPENING AGGREGATE BOND INDEX FUND	1	879				879	879	-
		3		41,000,000			34,844,792	41,000,000	6,155,209
THE NORTHERN TRUST COMPANY	NTGI COLTV GOVERNMENT SHORT TERM INVESTMENT FUND	486	142,101,956				142,101,956	142,101,956	-
		384		132,965,658			132,965,658	132,965,658	-

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED JUNE 30, 2009

<u>IDENTITY OF PARTY INVOLVED</u>	<u>DESCRIPTION OF ASSET</u>	<u>NUMBER OF TRANSACTIONS</u>	<u>PURCHASE PRICE</u>	<u>SELLING PRICE</u>	<u>LEASE RENTAL</u>	<u>EXPENSE INCURRED WITH TRANSACTION</u>	<u>COST OF ASSET</u>	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u>	<u>NET GAIN/ (LOSS)</u>
SERIES NON-SECURITY TRANSACTIONS:									
THE NORTHERN TRUST COMPANY LONDON	INTEREST BEARING CASH IN VARIOUS CURRENCIES	94	109,068,054				109,068,054	108,767,394	(300,660)
THE NORTHERN TRUST COMPANY LONDON	INTEREST BEARING CASH IN VARIOUS CURRENCIES	94		(107,211,510)			(109,068,054)	(107,211,510)	1,856,545

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

► 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 THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF APPLIED BIOSYSTEMS, INC.	D Employer Identification Number (EIN) 06-1534213	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		530,032,395
b Actuarial value.....	2b		583,035,685
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	4,635	351,095,742
b For terminated vested participants	3b	4,515	182,455,618
c For active participants:			
(1) Non-vested benefits.....	3c(1)		3,101,571
(2) Vested benefits.....	3c(2)		35,555,330
(3) Total active	3c(3)	664	38,656,901
d Total.....	3d	9,814	572,208,261
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.69 %	
6 Target normal cost.....	6	500,000	

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	JOE BARRERA <i>JB</i> Signature of actuary JOE BARRERA Type or print name of actuary MERCER Firm name 4695 MACARTHUR COURT SUITE 600 NEWPORT BEACH CA 92660-1882 Address of the firm	<div style="font-size: 1.5em;">10/8/2010</div> Date 08-06379 Most recent enrollment number (949) 222-1304 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	51,751,324	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	51,751,324	0
10 Interest on item 9 using prior year's actual return of <u>(11.00)</u> %	(5,692,646)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>4.98</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	46,058,678	0

Part III Funding percentages

14 Funding target attainment percentage	14	93.84 %
15 Adjusted funding target attainment percentage	15	101.89 %
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	98.54 %
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
12/28/2009	1,500,000	0			
Totals ▶			18(b)	1,500,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,452,854

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.21 %2nd segment:
6.74 %3rd segment:
6.84 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) 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 contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

500,000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

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 (item 31 + item 32a + item 32b - item 33)**34**

500,000

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)**36**

500,000

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)**37**

1,452,854

38 Interest-adjusted excess contributions for current year (see instructions)**38**

952,854

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

0