

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 01/01/2009 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 BECKMAN COULTER, INC. PENSION PLAN	1b Three-digit plan number (PN) ▶	010	
	1c Effective date of plan	07/27/1989	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BECKMAN COULTER, INC. 250 S. KRAEMER BLVD BREA, CA 92821	2b Employer Identification Number (EIN)	95-1040600	
	2c Sponsor's telephone number	714-993-5321	
	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	CLAUDIA FERGUSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	CLAUDIA FERGUSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BECKMAN COULTER, INC. 250 S. KRAEMER BLVD BREA, CA 92821	3b Administrator's EIN 95-1040600 3c Administrator's telephone number 714-993-5321
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
5 Total number of participants at the beginning of the plan year	5 8834
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 3720
b Retired or separated participants receiving benefits.....	6b 2251
c Other retired or separated participants entitled to future benefits.....	6c 2367
d Subtotal. Add lines 6a , 6b , and 6c	6d 8338
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 217
f Total. Add lines 6d and 6e	6f 8555
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 81
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 1G	
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
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)

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</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 01/01/2009 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 BECKMAN COULTER, INC. PENSION PLAN	B Three-digit plan number (PN) 010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BECKMAN COULTER, INC.	D Employer Identification Number (EIN) 95-1040600

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	479570786
b Actuarial value	2b	527527865
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 2443	221046193
b For terminated vested participants	3b 2195	75562496
c For active participants:		
(1) Non-vested benefits	3c(1)	1700413
(2) Vested benefits	3c(2)	209392810
(3) Total active	3c(3) 4224	211093223
d Total	3d 8862	507701912
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	8.27 %
6 Target normal cost	6	17042428

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.

<div>SIGN HERE</div>	<div>10/04/2010</div> <div>Signature of actuary</div> <div>CRAIG S. GALANTER</div> <div>Type or print name of actuary</div> <div>BUCK CONSULTANTS, LLC</div> <div>Firm name</div> <div>50 FREMONT, 12TH FLOOR SAN FRANCISCO, CA 94105-2742</div> <div>Address of the firm</div>	<div>Date</div> <div>08-04559</div> <div>Most recent enrollment number</div> <div>415-617-3819</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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)	133591791	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	15154228	0
9	Amount remaining (Item 7 minus item 8).....	118437563	0
10	Interest on item 9 using prior year's actual return of <u>-26.82</u> %	-31764954	
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>6.03</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).....	86672609	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	86.83 %
15	Adjusted funding target attainment percentage.....	15	103.90 %
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	111.40 %
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
05/07/2009	24000000				
12/04/2009	50000000				
Totals ►			18(b)	74000000	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 69813838
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 60
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	17042428
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	17042428
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	5681739	0
36 Additional cash requirement (item 34 minus item 35).....	36	11360689
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	69813838
38 Interest-adjusted excess contributions for current year (see instructions).....	38	58453149
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 01/01/2009 and ending 12/31/2009		
A Name of plan BECKMAN COULTER, INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 BECKMAN COULTER, INC.		D Employer Identification Number (EIN) 95-1040600

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FRANK RUSSELL

91-1116938

(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	2367839	Yes ☒ No ☐	Yes ☐ No ☒	4646	Yes ☐ No ☒

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

BUCK CONSULTANTS, LLC

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	160100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON GLOBAL SECURITIES

25-0659306

(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	134932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE HORWATH LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HR OUTSOURCING

20-1932099

(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?
99	NONE	837988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENT CONSULTING, INC.

03-0543928

(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	347701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</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>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BECKMAN COULTER, INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 010
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BECKMAN COULTER, INC.		D Employer Identification Number (EIN) 95-1040600
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL ALL INT MKT FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL		
c EIN-PN 91-1117282-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94434968
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL EQUITY I FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL		
c EIN-PN 91-1117282-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141019863
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL LARGE CAP STRUCTURED		
b Name of sponsor of entity listed in (a): FRANK RUSSELL		
c EIN-PN 91-1117282-032	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77042397
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL REAL ESTATE EQUITY		
b Name of sponsor of entity listed in (a): FRANK RUSSELL		
c EIN-PN 91-1117282-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25341078
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL SMALL CAP FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL		
c EIN-PN 91-1117282-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26089941
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL MULTI MGR BD FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL		
c EIN-PN 91-1117282-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189659960
a Name of MTIA, CCT, PSA, or 103-12 IE: TBC INC. POOLED EMP DAILY VAR RT		
b Name of sponsor of entity listed in (a): MELLON BANK, N.A.		
c EIN-PN 04-6388516-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2759796
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2009 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: **RUSSELL DIVERSIFIED ALT FUND****b** Name of sponsor of entity listed in (a): **FRANK RUSSELL**

c EIN-PN 98-0421615-000	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4017003
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FRANK RUSSELL SHT TRM INVST FUND****b** Name of sponsor of entity listed in (a): **FRANK RUSSELL**

c EIN-PN 91-1117282-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TBC INC POOLED EMP DAILY LEH****b** Name of sponsor of entity listed in (a): **MELLON BANK, N.A.**

c EIN-PN 04-6388516-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

SCHEDULE H (Form 5500) 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 01/01/2009 and ending 12/31/2009		
A Name of plan BECKMAN COULTER, INC. PENSION PLAN	B Three-digit plan number (PN) ►	010
C Plan sponsor's name as shown on line 2a of Form 5500 BECKMAN COULTER, INC.	D Employer Identification Number (EIN) 95-1040600	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	20232	190
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	25123604	28709154
(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)	438281707	556348105
(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)	10904072	4017003
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	474329615	589074452

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	193229	674867
k Total liabilities (add all amounts in lines 1g through 1j)	1k	193229	674867

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	474136386	588399585
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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)	74000000	
(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)		74000000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	73039	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73039

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1388165	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		1388165
(6) Net investment gain (loss) from common/collective trusts	2b(6)		89354319
(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)		-1788389
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		156334
d Total income. Add all income amounts in column (b) and enter total.....	2d		163183468

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	44504903	
(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)		44504903
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)	195100	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2850472	
(4) Other	2i(4)	1369794	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4415366
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		48920269

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		114263199
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: CROWE HORWATH LLP

(2) EIN: 35-0921680

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	
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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

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 01/01/2009 and ending 12/31/2009

A Name of plan <u>BECKMAN COULTER, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BECKMAN COULTER, INC.</u>	D Employer Identification Number (EIN) <u>95-1040600</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>13-5160382</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>125</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.
----------------	---

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 100%

- 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):

REPORT OF INDEPENDENT AUDITORS

Benefits and Finance Administration Committee
Beckman Coulter, Inc. Pension Plan
Brea, California

We were engaged to audit the financial statements and supplemental schedules of the Beckman Coulter, Inc. Pension Plan as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying contents page. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Crowe Horwath LLP

Crowe Horwath LLP

Oak Brook, Illinois
October 7, 2010

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

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

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

OMB No. 1210-0110

2009**This Form Is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning

and ending

▶ 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

Beckman Coulter, Inc. Pension Plan

B Three-digit
plan number (PN) ▶

010

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

Beckman Coulter, Inc.

D Employer Identification Number (EIN)

95-1040600

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 1 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 479,570,787**b** Actuarial value..... **2b** 527,527,865**3** Funding target/participant count breakdown**a** For retired participants and beneficiaries receiving payment..... **3a** (1) Number of participants 2,443 (2) Funding Target 221,046,193**b** For terminated vested participants..... **3b** 2,195 75,562,496**c** For active participants:(1) Non-vested benefits..... **3c(1)** 1,700,413(2) Vested benefits..... **3c(2)** 209,392,810(3) Total active..... **3c(3)** 4,224 211,093,223**d** Total..... **3d** 8,862 507,701,912**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** 8.27 %**6** Target normal cost..... **6** 17,042,428**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***Craig S. Galanter*

Signature of actuary

10/04/2010

Date

Craig S. Galanter

08-04559

Type or print name of actuary

Buck Consultants, LLC

Most recent enrollment number

(415) 617-3819

Firm name

50 Fremont, 12th Floor

Telephone number (including area code)

San Francisco

CA 94105-2742

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)	133,591,791	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	15,154,228	0
9 Amount remaining (Item 7 minus item 8).....	118,437,563	0
10 Interest on item 9 using prior year's actual return of <u>(26.82)</u> %	(31,764,954)	
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>6.03</u> %		
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)	86,672,609	0

Part III Funding percentages

14	Funding target attainment percentage.....	14	86.83 %
15	Adjusted funding target attainment percentage.....	15	103.90 %
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	111.40 %
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
05/07/2009		24,000,000					
12/04/2009		50,000,000					
			Totals ►	18(b)	74,000,000	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	69,813,838

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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 60
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	17,042,428
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	17,042,428
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	5,681,739	0
36 Additional cash requirement (item 34 minus item 35)	36	11,360,689
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	69,813,838
38 Interest-adjusted excess contributions for current year (see instructions)	38	58,453,149
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

SB Actuary Signature
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Attachment to 2009
Form 5500
EIN: 95-1040600
PN: 010

Beckman Coulter, Inc. Pension Plan

Calculation of the assumed retirement age

(a) Age	(b) Probability of Retiring	(c) Accumulated Probability of not Retiring	(a)*(b)*(c) Weighted Retirement Age
50	0.0400	1.0000	2.0000
51	0.0400	0.9600	1.9584
52	0.0400	0.9216	1.9169
53	0.0400	0.8847	1.8756
54	0.0400	0.8493	1.8346
55	0.0500	0.8154	2.2423
56	0.0600	0.7746	2.6027
57	0.0700	0.7281	2.9052
58	0.0800	0.6772	3.1420
59	0.0900	0.6230	3.3081
60	0.1000	0.5669	3.4015
61	0.1500	0.5102	4.6686
62	0.2000	0.4337	5.3778
63	0.1500	0.3470	3.2787
64	0.1500	0.2949	2.8311
65	1.0000	0.2507	<u>16.2938</u>
			59.6373

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Effective Date:	July 27, 1989.
Effective Date of Most Recent Plan Amendment:	January 1, 2007.
Plan Year:	January 1 to December 31
Employee Contributions:	None.
Employer Contributions:	Entire cost of the Plan.
Eligibility for Coverage:	Each employee is eligible for coverage on the first day of the month after completing one year of service. Employees who are not age 40 or older with 5 or more years of benefits service as of December 31, 2006 will have benefits frozen as of December 31, 2006. Employees hired after January 1, 2007 are not eligible.
Retirement Dates:	
Normal Retirement Date:	The first day of the month coincident with or next following the date the Participant attains age 65 and completes 1 year of participation. A Participant may work beyond their Normal Retirement Date, accruing additional retirement benefits for the periods of service after their Normal Retirement Date.
Early Retirement Date:	The first day of any month coincident with or next following the completion of five years of service.
Disability Retirement Date:	The date the participant elects, not later than the Normal Retirement Date, provided the Participant has completed at least five years of vesting service and is determined by the Social Security Administration to have been permanently and totally disabled under the Social Security Act.
Forms of Benefit Payments:	
Normal:	A monthly retirement income payable for life.
Automatic Forms:	Unless otherwise elected, married participants will receive a reduced monthly joint and 50% to surviving spouse annuity.

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Forms of Benefit Payments,
continued:

Optional Forms:

If elected by the Participant, the benefit, in an actuarially equivalent amount, may be paid in the form of:

- (a) a life annuity
- (b) a joint and 50%, 66-2/3%, 75% or 100% survivor annuity
- (c) a 5, 10, 15 or 20 year certain and life annuity
- (d) a Social Security Level Income option
- (e) a Cash Refund annuity
- (f) a lump sum

A lump sum is mandatory if the present value of the normal retirement benefit is under \$5,000. This amount changed to \$1,000 effective February 28, 2005.

Final Average Earnings:

The annual average of a Participant's highest 60 consecutive months of earnings.

Final Average Compensation:

The average of a Participant's three final years of earnings, up to the maximum Social Security wage base each year.

Normal or Deferred Retirement Benefit:

1.2% of the final average earnings plus 0.8% of the excess of final average earnings over the Social Security wage base multiplied by years of service.

Minimum Normal or Deferred Retirement Benefit:

\$200 per month for participants who were both an employee and participant continuously during the 2001 Plan Year.

Early Retirement Benefit:

An amount based upon a Participant's final average earnings and service as of their early commencement date with the following reduction percentages applied to the benefit formula:

No reduction for each year between ages 65 and 62,
4% for each year between ages 62 and 59, plus
6% for each year between ages 59 and 50, plus
2% for each year between ages 50 and 40, plus
1% for each year between ages 40 and 37, plus
1/2% for each year between ages 37 and 29, plus
1/4% for each year below 29.

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Disability Benefit:

The early retirement benefit payable based on final average earnings and Social Security wage base at the time of disablement.

If eligible, a Participant will continue to earn benefit service during disability until the earlier of age 65, the date they elect to receive a benefit from the Plan, or the date the disability ends. The benefit will then be calculated based upon final average earnings at the time the Participant became disabled and total benefit service, including the benefit service earned while disabled.

Grandfathered Normal or Deferred Retirement Benefit:

For a participant who was an employee as of June 30, 2000 and July 1, 2000, the greater of (A) and (B):

- (A) 1.7% of the final average earnings multiplied by years of service to a maximum of 35 years, plus 0.5% of final average earnings for each year of service above 35, less 0.65% (0.50% if over age 55 with 20 or more years of service) of the lesser of Covered Compensation and final average compensation for each year of service up to 35 years.
- (B) 1.15% of final average earnings up to \$30,000 annually plus 1.6% of final average earnings between \$30,000 and \$50,000 annually, multiplied by years of service to a maximum of 25 years.

Grandfathered participants accrued benefits under the above formulas until December 31, 2005.

Grandfathered Early Retirement Benefit:

For a participant who was an employee as of June 30, 2000 and July 1, 2000, an amount based upon a Participant's final average earnings and service as of the earlier of their early commencement date and December 31, 2005, with the following reduction percentages applied to the grandfathered benefit formula:

- (a) Basic Benefit Reduction Factor
Reduction factor applied to basic benefit derived from final average earnings:
5% for each year between ages 65 and 55, plus
2-2/9% for each year between ages 55 and 50, plus
3-1/3% for each year between ages 50 and 45, plus
1-2/3% for each year between ages 45 and 40, plus
1% for each year between ages 40 and 35, plus
1/2% for each year below 35.

If age 55 or over, the reduction is lessened by 1-1/2% for each year of service over 20 with a maximum of 10 years ("addback"). The reduction factor cannot be less than zero.

Summary of Plan Provisions

(b) Basic Benefit Reduction Factor
Reduction factor applied to basic benefit derived from final average earnings:

If age 55 or over, the reduction is lessened by 1-1/2% for each year of service over 20 with a maximum of 10 years ("addback"). The reduction factor cannot be less than zero.

Percentage applied to the lesser of Covered Compensation and final average compensation between ages 55 and 65 depends on the Early Retirement Reduction Factor in effect at early retirement. Percentages below age 55 are the actuarial equivalent of the age 55 percentage.

<u>Age</u>	<u>ERF Less Than 100%</u>	<u>ERF = 100%</u>
65	0.650%	0.500%
64	0.600	0.500
63	0.550	0.500
62	0.500	0.500
61	0.475	0.475
60	0.450	0.450
59	0.425	0.425
58	0.400	0.400
57	0.375	0.375
56	0.340	0.340
55	0.300	0.300

For a participant who was an employee as of June 30, 2000 and July 1, 2000, the grandfathered early retirement benefit payable based on final average earnings, Covered Compensation, final average compensation at the earlier of time of disablement or December 31, 2005.

If eligible, benefit service will continue until the earlier of age 65, the date they elect to receive a benefit from the Plan, the date the disability ends, or December 31, 2005.

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Death Benefit Before Retirement:

A Beneficiary will be eligible to receive a lump sum benefit equal to the actuarial equivalent value of the participant's normal retirement benefit at the time of death. A Beneficiary can choose to receive the lump sum benefit as an immediate annuity payable for their life.

A Surviving Spouse will be eligible to elect to receive a lump sum benefit as described above or a monthly benefit equal to what the Surviving Spouse would have received under the contingent beneficiary option with 50% continuation of benefits. The benefit is determined based on the pension earned at the time of death and is payable to the surviving spouse on the first day of the month following the month the Participant would have been eligible for early retirement benefits had the Participant terminated on the date of their death.

For Participants who were not employees as of November 17, 2000, a death benefit is payable only to a Surviving Spouse in the form of a monthly benefit as described above.

Death Benefit After Retirement:

As provided under the elected form of payment of retirement benefit.

Vesting:

A Participant will be 100% vested in their accrued retirement benefit provided they have completed five or more years of service or are age 65 or older and have completed one year of participation.

Beckman Coulter, Inc. Pension Plan
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Funding Interest Rate

Current Year:	Full IRS Yield Curve applicable 2 months prior to the valuation date	
	Effective Interest Rate	8.27%
Prior Year:	First Segment Rate	5.31%
	Second Segment Rate	5.92%
	Third Segment Rate	6.43%
	Effective Interest Rate	6.03%

Expected Earnings Rate on Assets (for Valuation Assets)

The expected return on plan assets is 8.25% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2008 measurement period:	6.69%
2007 measurement period:	6.43%

Lump Sum Payments

Current Year:	Full IRS Yield Curve applicable 2 months prior to the valuation date	
	Effective Interest Rate	8.27%
Prior Year:	First Segment Rate	5.31%
	Second Segment Rate	5.92%
	Third Segment Rate	6.43%

FAS 35 Discount Rate

Current Year:	8.25%
Prior Year:	8.00%

PBGC Variable Premium Interest Rate

Current Year:	Full IRS Yield Curve applicable 2 months prior to the valuation date	
	Effective Interest Rate	8.27%
Prior Year:	First Segment Rate	4.93%
	Second Segment Rate	6.13%
	Third Segment Rate	6.69%

Salary Increase Assumption

3.50% per annum, compounded annually

Social Security Wage Base Increases

3.00% per annum, compounded annually

Beckman Coulter, Inc. Pension Plan
Statement of Actuarial Assumptions/Methods

Non-economic Assumptions

Expenses

Expected administrative expenses were added to Target Normal Cost.

Normal Retirement Age

Age 62 for current active participants and terminated vested participants on or after 7/1/2000. The later of age 65 and completion of 1 year of participation for terminated vested participants before 7/1/2000.

Benefit Form Election

Form of payment elections:

Optional Form	Active Terminating	Active Retiring	Terminated Vested
100% J&S	5%	5%	15%
50% J&S	5%	5%	15%
SS Level Income*	0%	5%/0%	0%
Life Annuity*	10%	15%/20%	70%
Lump Sum	80%	70%	0%

SS Level Income option is only available between ages 50 and 61. Life Annuity is assumed for those not meeting the age requirement for SS Level Income.

Marital Percentage

If no specific marital status data is available, 80% of male participants and 50% of female participants are assumed to be married. If no specific date of birth is available for spouses, female spouses are assumed to be three years younger than males.

Mortality

	Current Year	Prior Year
Annuitant	RP-2000 Healthy Annuitant Table projected to 2016	RP-2000 Healthy Annuitant Table projected to 2015
Non-annuitant	RP-2000 Employees Table projected to 2024	RP-2000 Employees Table projected to 2023

Mortality for Lump Sum Payments

Current Year: 2009 Applicable Mortality Table under IRS Section 417(e)(3)
Prior Year: 2008 Applicable Mortality Table under IRS Section 417(e)(3)

Disability Rates

None.

Beckman Coulter, Inc. Pension Plan
Statement of Actuarial Assumptions/Methods

Non-economic Assumptions

Retirement Rates

Plan participants are assumed to retire according to the following schedule which results in an average age at retirement of approximately 60 years:

Age	Rate
50	4%
51	4%
52	4%
53	4%
54	4%
55	5%
56	6%
57	7%
58	8%
59	9%
60	10%
61	15%
62	20%
63	15%
64	15%
65	100%

Withdrawal Rates

Rates of withdrawal are assumed which are intended to reflect recent Plan experience and anticipated future experience. Rates are select and ultimate depending on age and years of service.

The percent of employees expected to terminate during the first six years of service depends on length of service:

Years of Service	Percentage of Participants Terminating Within One Year
0 – 2	20%
2 – 4	15%
4 – 6	10%

The percent of employees expected to terminate after six years of service depends on attained age only:

Attained Age	Percentage of Participants Terminating Within One Year After Age Shown
Under 30	10%
30 – 39	7.5%
40 – 49	5%
Over 49	0%

Beckman Coulter, Inc. Pension Plan
Statement of Actuarial Assumptions/Methods

Methods

Actuarial Cost Method

For minimum required and maximum contribution purposes:

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, including the effect of expected compensation increases during the year.

Asset Valuation Method

For minimum required and maximum contribution purposes:

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, are included in the valuation assets.

PBGC Variable Premium Method

The premium funding target method is the Alternative Premium Funding Target which uses the vested funding target to determine the PBGC variable rate premium, effective with the 2009 plan year.

Beckman Coulter, Inc. Pension Plan

- The assumed interest rate for funding purposes was changed from the segment rates with no look back for 2008 to the full IRS Yield Curve applicable 2 months prior to the valuation date for 2009 in accordance with Section 430 and Plan Sponsor election.
- The asset valuation method used was changed from market value to a smoothed value that spreads asset gains and losses over two years in accordance with Plan Sponsor election.

SB Actuary Signature
Schedule SB, Line 26 – Schedule of Active Participant Data

Attachment to 2009
Form 5500
EIN: 95-1040600
PN: 010

Beckman Coulter, Inc. Pension Plan

Active Participation as of January 1, 2009

Years of Credited Service

Attained Age	<1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	TOTALS
Under 25	0	14	2	0	0	0	0	0	0	0	16
AVG PAY	0	N/A	N/A	0	0	0	0	0	0	0	N/A
25 - 29	0	116	71	0	0	0	0	0	0	0	187
AVG PAY	0	53,151	50,228	0	0	0	0	0	0	0	52,042
30 - 34	0	157	162	21	2	0	0	0	0	0	342
AVG PAY	0	71,359	65,884	71,727	N/A	0	0	0	0	0	68,698
35 - 39	0	153	186	64	17	0	0	0	0	0	420
AVG PAY	0	77,324	77,509	85,599	N/A	0	0	0	0	0	78,352
40 - 44	0	152	207	103	66	25	1	0	0	0	554
AVG PAY	0	75,089	78,397	86,871	81,011	71,788	N/A	0	0	0	79,096
45 - 49	0	137	229	140	92	60	81	8	0	0	753
AVG PAY	0	75,364	74,734	95,970	91,484	88,956	80,999	N/A	0	0	82,701
50 - 54	0	122	184	156	96	93	151	80	9	0	891
AVG PAY	0	79,602	70,401	89,047	96,234	99,442	90,741	77,847	N/A	0	84,866
55 - 59	0	81	131	108	52	57	104	66	26	0	625
AVG PAY	0	78,629	86,415	88,392	86,189	89,485	97,297	85,730	55,417	0	86,458
60 - 64	0	34	57	50	32	38	65	41	29	8	354
AVG PAY	0	64,885	67,917	80,605	84,707	80,725	90,005	1,998	84,268	N/A	81,815
65 - 69	0	3	8	19	8	6	10	7	6	1	68
AVG PAY	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	73,136
70 & up	0	2	3	4	3	0	2	0	0	0	14
AVG PAY	0	N/A	N/A	N/A	N/A	0	N/A	0	0	0	N/A
TOTALS	0	971	1,240	665	368	285	414	202	70	9	4,224
AVG PAY	0	71,916	73,302	87,681	87,758	89,409	90,323	84,147	72,586	N/A	81,262

Actuarial Exhibits – Funding

2.3 Funding Shortfall and Shortfall Amortization Base

Plan Year	2009	2008
Valuation Date	January 1, 2009	January 1, 2008
A. Funding Target	\$ 507,701,912	\$ 628,557,395
B. Valuation Assets (Minimum Required Contribution)	\$ 527,527,865	\$ 700,228,175
C. Credit balances		
1. Carryover Balance	\$ 86,672,609	\$ 133,591,791
2. Prefunding Balance ⁽¹⁾	<u>0</u>	<u>0</u>
3. Total	\$ 86,672,609	\$ 133,591,791
D. Funding Shortfall [A. - (B. - C.3.), not less than \$0]	\$ 66,846,656	\$ 61,921,011
E. Funding Target Attainment Percentage for shortfall exemption [(B. - C.3.)/A.] if not exempt; [B./A.] if exempt	103.91%	111.40%
F. Threshold for shortfall exemption ⁽²⁾	94.00%	92.00%
G. Outstanding balance of previously established Shortfall Amortization Bases	\$ 0	\$ 0
H. Shortfall Amortization Base [\$0 if F. < E., otherwise, F. x A. - (B. - C.3.) - G.]	\$ 0	\$ 0

2.4 Shortfall Amortization Summary

Date Established	Initial Amount	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2009
January 1, 2009	\$ 0	N/A	\$ 0	\$ 0
Total charge/(credit)	\$ 0		\$ 0	\$ 0

⁽¹⁾ The PFB is not subtracted from the assets if the plan sponsor has not elected to apply the PFB towards the minimum contribution.

⁽²⁾ The threshold is normally 100%. However, plans not subject to the additional funding charge in 2007 are exempt from establishing a Shortfall Amortization Base if the applicable FTAP is at least 92% for 2008; 94% for 2009; 96% for 2010; 100% thereafter.

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2009

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
BNY Mellon, N.A.	TBC Inc. Pooled EMP Daily Var RT	\$ 45,755,046	\$ -	\$ 45,755,046	\$ 45,755,046	\$ -
BNY Mellon, N.A.	TBC Inc. Pooled EMP Daily Var RT	-	45,883,750	45,833,750	45,833,750	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	47,279,494	-	47,279,494	47,279,494	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	14,839,058	15,458,453	15,458,453	(619,395)
	Cash	5,191,489	-	5,191,489	5,191,489	-
	Cash	-	22,527,229	22,527,229	22,527,229	-

SB Actuary Signature
Schedule SB, Line 15 – Adjusted Funding Target Attainment Percentage

Attachment to 2009
Form 5500
EIN: 95-1040600
PN: 010

Beckman Coulter, Inc. Pension Plan

The AFTAP reported on this year's Schedule SB was truncated to the lowest 0.01% as required by the instructions. However, the plan's actual AFTAP was 103.91% as calculated by rounding to the nearest 0.01% in accordance with final regulation 1.436-1(g)(6) Example 3(ii).

SB Actuary Signature
Schedule SB, Line 21b – Discount Rate Applicable Month

Attachment to 2009
Form 5500
EIN: 95-1040600
PN: 010

Beckman Coulter, Inc. Pension Plan

The discount rate is full yield curve with a 2 month lookback. Line 21b is left blank because EFAST2 generates an error when 2 appears in line 21b and Full Yield Curve is check in line 21a.

BECKMAN COULTER, INC. PENSION PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**
December 31, 2009 and 2008

BECKMAN COULTER, INC. PENSION PLAN
Brea, California

FINANCIAL STATEMENTS
December 31, 2009 and 2008

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All other schedules are omitted as they are not required or not applicable based upon disclosure requirements of the Employee Retirement Income Security Act of 1974 and regulations issued by the Department of Labor.

REPORT OF INDEPENDENT AUDITORS

Benefits and Finance Administration Committee
Beckman Coulter, Inc. Pension Plan
Brea, California

We were engaged to audit the financial statements and supplemental schedules of the Beckman Coulter, Inc. Pension Plan as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying contents page. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Crowe Horwath LLP

Crowe Horwath LLP

Oak Brook, Illinois
October 7, 2010

BECKMAN COULTER, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments – at estimated fair values (Notes 2 and 3):		
Investments in collective trusts	\$556,348,104	\$438,281,707
Partnerships and 103-12 investment entities	<u>32,726,158</u>	<u>36,027,676</u>
Total investments	589,074,262	474,309,383
 Investment income receivable	 <u>190</u>	 <u>20,232</u>
Total assets	589,074,452	474,329,615
 LIABILITIES		
Accrued investment management and trustee fees	<u>674,867</u>	<u>193,229</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$588,399,585</u></u>	 <u><u>\$474,136,386</u></u>

See accompanying notes to financial statements.

BECKMAN COULTER, INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions:		
Contributions	\$ 74,000,000	\$ 8,247,362
Dividends and interest	73,039	154,067
Net appreciation in fair value of investments	<u>89,110,429</u>	<u>-</u>
Total investment income	<u>89,183,468</u>	<u>154,067</u>
Total additions	163,183,468	8,401,429
Deductions:		
Net depreciation in fair value of investments	-	187,987,265
Benefit payments	44,504,903	42,707,635
Trustee (investment-related) and PBGC fees	<u>4,415,366</u>	<u>3,052,521</u>
Total deductions	<u>48,920,369</u>	<u>233,747,421</u>
Net increase (decrease) in net assets	114,263,199	(225,345,992)
Net assets available for benefits – beginning of year	<u>474,136,386</u>	<u>699,482,378</u>
Net assets available for benefits – end of year	<u>\$588,399,585</u>	<u>\$474,136,386</u>

See accompanying notes to financial statements.

BECKMAN COULTER, INC. PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2008

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$222,451,334
Other participants	<u>300,465,031</u>
Total vested benefits	522,916,365

Nonvested benefits	<u>1,595,773</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$524,512,138</u></u>
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See accompanying notes to financial statements.

BECKMAN COULTER, INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2008

Actuarial present value of accumulated plan benefits – beginning of year	\$517,151,834
Increase (decrease) during the year attributable to:	
Benefits accumulated and other (experience gains and losses)	(5,969,556)
Interest	39,696,705
Change in actuarial assumptions	16,340,790
Benefits paid	<u>(42,707,635)</u>
Net increase	<u>7,360,304</u>
Actuarial present value of accumulated plan benefits – end of year	<u><u>\$524,512,138</u></u>

See accompanying notes to financial statements.

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 - DESCRIPTION AND FORMATION OF THE PLAN

The Beckman Coulter, Inc. Pension Plan (the Plan) is a defined-benefit pension plan established for the benefit of eligible employees of Beckman Coulter, Inc. (the Company or Beckman Coulter). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following summary description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Eligibility: Beckman Coulter employees, not including certain employees of Coulter Corp. (acquired/merged entities which had separate benefit plans), who have completed 365 days of service for the Company are eligible for participation in the Plan.

Effective January 1, 2007, the Plan became frozen for participants under age 40 or with less than 5 years of benefit service as of December 31, 2006. Employees affected by the plan freeze began participation in a replacement defined contribution plan beginning January 1, 2007. All employees hired on or after January 1, 2007 are eligible to participate in a different replacement defined contribution plan.

Vesting: A participant becomes 100% vested upon completion of five years of service or upon completion of one year of service and attainment of age 65 or older. Participants may elect monthly or lump-sum benefits.

Benefits: Vested employees will receive a retirement benefit calculated, in part, based on the annual average of their 60 highest consecutive months of earnings, multiplied by years of service and adjusted for certain other factors.

The gross monthly payment will be reduced by 2% to 6% for each year under age 62, based on the Plan's early retirement factors.

Unless an employee elects to receive pension benefits in the form of a joint and survivor annuity or other form of payment that provides potential survivor benefits, payments will terminate upon death. Under the joint and survivor election, the retiree will receive a reduced monthly payment. Upon the retiree's death, the surviving spouse or the designated beneficiary will, depending on the election, receive 50%, 66 2/3%, 75%, or 100% of this reduced amount each month until death.

Funding Policy: For each Plan year, the Company contributes an amount that will be no less than the minimum contribution required by ERISA and the PBGC, and no more than the maximum tax-deductible contribution for the tax year. The amount is adjusted for interest reflecting the timing of contributions. At December 31, 2009 and 2008, the minimum funding requirements of ERISA and the PBGC had been met.

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1 - DESCRIPTION AND FORMATION OF THE PLAN (Continued)

Plan Termination: While the Company has not expressed any intent to terminate the Plan, it may do so at any time, subject to the provisions of ERISA. In the event that the Company chooses to terminate the Plan:

- a. The Plan provides that the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan as prescribed by ERISA, generally in the following order:
 - Certain pension benefits for former employees or their beneficiaries who were in pay status three years prior to Plan termination and for employees who could have been in pay status three years prior to Plan termination, if they had retired prior to that time.
 - Other vested benefits insured by the Pension Benefit Guaranty Corporation (the PBGC), as discussed below.
 - Other nonforfeitable benefits in accordance with priorities set forth in the Plan.
 - All other benefits.
 - Excess assets, if any, would revert to the Company.
- b. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. ERISA provides that such benefits are payable, up to specified limitations, to participants by the PBGC. These limitations include a statutory ceiling, which is adjusted periodically, on the amount of monthly benefit that the PBGC guarantees. This ceiling is actuarially determined, primarily based on the date of Plan termination, the participant's age, and the form of benefit chosen.
- c. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor, Beckman Coulter, Inc., and the level of benefits guaranteed by the PBGC.

Commitments and Contingencies: The Plan has unfunded commitments of \$20,710,000 and \$22,343,948 for investments in limited partnerships at December 31, 2009 and December 31, 2008, respectively. The commitments begin maturing during 2018 and end during 2021.

Administrative Expenses: Certain administrative expenses are paid in whole or in part by the Plan. Any expenses not paid by the Plan are paid by the Company. There were no expenses related to the Plan paid for by the Company for the years ended December 31, 2009 and 2008, respectively.

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their highest 60 consecutive months of earnings and the number of years of eligibility.

Accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable due to retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Company's actuary, Buck Consultants, LLC, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, termination, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2008 and 2007 were: (a) life expectancy of annuity participants using the RP-2000 combined table with projection to the valuation date using scale AA; (b) mortality tables for lump sums using the 2009 and 2008 Applicable Mortality Tables under IRS Section 417(e)(3) as of December 31, 2008, and 2007 (c) average investment returns of 8.25% and 8% as of December 31, 2008 and 2007; and (d) retirement rates according to the following schedule, which results in an average retirement age of approximately 60:

<u>Age</u>	<u>Rate</u>
50-54	4%
55	5%
56	6%
57	7%
58	8%
59	9%
60	10%
61	15%
62	20%
63-64	15%
65	100%

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Contributions: Contributions are accrued consistent with the funding policy under the requirements of ERISA and the PGBC (see actuarial present value of accumulated plan benefits above and funding policy in Note 1).

Benefit Payments: Benefits are recorded when paid.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimize the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Collective trusts: The fair values of participation units held in collective trusts are based on their net asset values, as reported by the managers of the collective trusts and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date (level 2 inputs). The investment objective of the international equity fund is to provide long-term growth by investing primarily in international equity securities and to achieve above average results over a market cycle. The investment objective of domestic equity funds is to provide long-term growth of capital by investing primarily in domestic equity securities and to achieve above average results over a market cycle. The investment objective of the domestic commercial real estate fund is to provide long-term growth by investing primarily in commercial real estate domiciled in the United States and to achieve above average results over a market cycle. The investment objective of the mortgage-backed securities fund is to provide long-term growth by investing primarily in mortgage-backed securities and to achieve above average results over a market cycle. The investment objective of the money market instruments fund is to provide long-term growth by investing primarily in investment grade money market instruments and to achieve above average results over a market cycle. Each of the above collective trusts provides for daily redemptions by the Plan with no advance notice requirements.

Partnerships: The fair values of ownership interests in limited partnerships are generally based on the valuations provided by the general partners or managers of such investments. The investment objective of the domestic real estate partnership is to provide long-term growth by acquiring commercial real estate assets domiciled in the United States and to achieve above average results over a market cycle. The investment objective of the domestic private equity partnership is to provide long-term growth by investing in a diversified portfolio of private equity investments and to achieve above average results over a market cycle. Each of the above partnerships are required to be held until the commitment period expires beginning in 2018 and ending in 2021.

103-12 investment entities: The 103-12 investment entities represent investments in hedge funds. The 103-12 investment entities are reported at fair value, generally at an amount equal to the net asset value of the entity's investment in the underlying funds as determined by the underlying funds' general partners or managers (level 3 inputs). The objective of the international equity 103-12 investment is to achieve long term capital appreciation with limited net asset value volatility by investing the assets of the investment in investment funds pursuing a diverse range of investment strategies outside of the United States. The above 103-12 investment entity provides for daily redemptions by the Plan with no advance notice requirements.

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

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at December 31, 2009 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Collective trusts</u>			
International Equity Fund	\$ -	\$ 94,434,968	\$ -
Domestic Equity Fund	-	244,152,201	-
Domestic Commercial Real Estate Fund	-	25,341,078	-
Mortgage-Backed Securities Fund	-	189,659,960	-
Money Market Instruments Fund	-	2,759,796	-
U.S. Treasury Bills Fund	-	102	-
<u>Partnerships</u>			
Domestic Real Estate	-	-	1,482,100
Domestic Private Equity	-	-	27,227,054
<u>103-12 investment entities</u>			
International Equity	-	-	4,017,003

Fair Value Measurements at December 31, 2008 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments	\$ -	\$ 438,281,707	\$ 36,027,676

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the year ended December 31, 2009 and 2008, including the reporting classifications for the applicable gains and losses included in the statement of changes in net assets available for benefits:

	<u>Fair Value Measurements Using Significant Unobservable Inputs (Level 3)</u>
Beginning balance, January 1, 2008	\$ 54,099,471
Total realized and unrealized gains or losses Included in change in net assets available for benefits:	
Net realized and unrealized depreciation	(11,302,530)
Purchases, sales, issuances and settlements (net)	<u>(6,769,265)</u>
Ending balance, December 31, 2008	<u>\$ 36,027,676</u>
Total 2009 realized and unrealized gains or losses Included in change in net assets available for benefits:	
Realized appreciation	5,753,934
Unrealized depreciation	(6,056,773)
2009 Purchases, sales, issuances and settlements (net)	<u>(2,998,680)</u>
Ending balance, December 31, 2009	<u>\$ 32,726,157</u>

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain report amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits and the fair values of investments.

Risks and Uncertainties: The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate, market, liquidity and credit. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

NOTE 3 - INVESTMENTS – UNAUDITED INFORMATION

Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, holds investment assets and executes transactions therein, and substantially all information pertaining to investments included in the financial statements has been certified by them, with the exception of information pertaining to the fair values and net appreciation/depreciation of the Plan's investments in the partnerships, 103-12 entities and the Frank Russell Real Estate Equity Fund. The fair values at December 31, 2009 and 2008 not certified for the partnerships and 103-12 entities totaled \$32,726,157 and \$36,027,676, respectively. The fair value of the Frank Russell Real Estate Equity Fund at December 31, 2009 and 2008 totaled \$25,341,078 and \$38,951,965, respectively. The net depreciation from the years ended December 31, 2009 and 2008 that was not certified for the Frank Russell Real Estate Equity Fund amounted to \$302,839 and \$7,493,731, respectively. The 2009 and 2008 net appreciation (depreciation) applicable to the Plan's investments in partnerships and 103-12 investment entities that has not been certified are disclosed in a table below. The investment information that has been certified by the trustee has not been audited by independent accountants.

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets available for benefits:

	<u>2009</u>	<u>2008</u>
Investments at fair value:		
Frank Russell All Int'l Mkts Fund	\$ 94,434,968	\$ 68,197,610
Frank Russell Equity I Fund	141,019,863	100,407,692
Frank Russell LG Cap Structure Equity Fund	77,042,397	59,492,423
Frank Russell Multi Manager Bond Fund	189,659,960	132,408,597
Frank Russell Real Estate Equity Fund	25,341,078**	38,951,965

**These amounts do not exceed 5% of net Plan assets but are presented for comparative purposes only.

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 3 - INVESTMENTS – UNAUDITED INFORMATION (Continued)

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2009</u>	<u>2008</u>
Investments at estimated fair value		
Partnerships	\$ 1,388,165	\$ (1,395,825)
103-12 investment entities	(1,788,389)	(9,854,952)
Investments in collective trusts	89,354,319	(176,890,724)
Other	<u>156,334</u>	<u>154,236</u>
Net appreciation (depreciation) in fair value	<u>\$ 89,110,429</u>	<u>\$(187,987,265)</u>

During 2009 and 2008, the Plan earned interest and dividend income of \$73,039 and \$154,067, respectively.

NOTE 4 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter, dated August 28, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code, and that the related trust was tax exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain Plan investments are shares of collective trusts and 103-12 investment entities managed by affiliates of Bank of New York Mellon/BNY Mellon, N.A., Russell Institutional Services, Inc., and Pantheon Ventures, a subsidiary of Russell Institutional Services, Inc. Bank of New York Mellon/BNY Mellon, N.A. is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Russell Institutional Services, Inc. is the investment advisor for the Plan, and therefore, transactions with Russell Institutional Services, Inc. and Pantheon Ventures qualify as party-in-interest transactions. Party-in-interest fees paid by the Plan include administrative, investment advisory, and trustee fees. Trustee fees paid by the Plan to Bank of New York Mellon/BNY Mellon, N.A. were approximately \$135,000 and \$141,000 for the years ended December 31, 2009 and 2008, respectively. Investment advisor fees paid to Russell Institutional Services, Inc. were approximately \$1,940,000 and \$1,750,000 for the years ended December 31, 2009 and 2008, respectively.

BECKMAN COULTER, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 6 – SUBSEQUENT EVENTS - UNAUDITED

Plan management has evaluated subsequent events for recognition and disclosure through October 7, 2010, which is the date the financial statements were available to be issued. Subsequent to the December 31, 2008 date of the Plan's Statement of Accumulated Plan Benefits, certain actuarial assumptions were changed to reflect recent experience and to determine the actuarial present value of accumulated plan benefits as of December 31, 2009, the plan's next actuarial valuation date. The actuarial present value of accumulated plan benefits as of December 31, 2009 was determined by the actuary to be approximately \$542,156,588. The significant actuarial assumption changes subsequent to December 31, 2008 are as follows: (a) life expectancy of annuity participants using the annual updated RP-2000 combined tables with projections to the valuation date using scale AA; (b) mortality tables for lump sums using the 2010 Applicable Mortality Table under IRS Section 417(e)(3); (c) and an increase in the expected retirements rates of participants ages 50 and older. The changes in actuarial assumptions as of December 31, 2009 resulted in a decrease in the actuarial present value of accumulated plan benefits of \$15,857,040.

SUPPLEMENTAL SCHEDULES

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

<u>(a)</u>	<u>(b)</u> Identity of Issuer, Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	<u>(d)</u> Cost	<u>(e)</u> Current Value
		<u>Collective Trusts:</u>		
*	Russell Trust Company	Frank Russell All Int'l Mkts Fund	\$ 108,944,859	\$ 94,434,968
*	Russell Trust Company	Frank Russell Equity I Fund	109,338,478	141,019,863
*	Russell Trust Company	Frank Russell LG Cap Structure Equity Fund	60,157,332	77,042,397
*	Russell Trust Company	Frank Russell Real Estate Equity Fund	24,158,952	25,341,078
*	Russell Trust Company	Frank Russell Small Cap Fund	22,589,855	26,089,941
*	Russell Trust Company	Frank Russell Multi Manager Bond Fund	170,216,372	189,659,960
*	Russell Trust Company	Frank Russell Short-term Investment Fund	102	102
*	BNY Mellon, N.A.	TBC Inc Pooled Emp Daily Var RT Fund	<u>2,759,796</u>	<u>2,759,796</u>
			498,165,746	556,348,105
		<u>Partnerships:</u>		
	KBS	Koll Bren Fund VI LP	1,783,691	1,482,100
*	Pantheon Ventures	Pantheon USA Fund VI LP	21,789,478	19,787,965
*	Pantheon Ventures	Pantheon USA Fund VIII LP	1,400,000	1,194,007
*	Pantheon Ventures	Pantheon Global Secondary Fund III B LP	<u>7,286,036</u>	<u>6,245,082</u>
			32,259,205	28,709,154
		<u>103-12 Investment Entities:</u>		
*	Russell Institutional Services, Inc.	Russell Diversified Alternatives Fund	<u>6,523,728</u>	<u>4,017,003</u>
			<u>6,523,728</u>	<u>4,017,003</u>
			<u>\$ 536,948,679</u>	<u>\$ 589,074,262</u>

* Represents party-in-interest

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2009

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Party <u>Involved</u>	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
BNY Mellon, N.A.	TBC Inc. Pooled EMP Daily Var RT	\$ 45,755,046	\$ -	\$ 45,755,046	\$ 45,755,046	\$ -
BNY Mellon, N.A.	TBC Inc. Pooled EMP Daily Var RT	-	45,883,750	45,833,750	45,833,750	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	47,279,494	-	47,279,494	47,279,494	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	14,839,058	15,458,453	15,458,453	(619,395)
	Cash	5,191,489	-	5,191,489	5,191,489	-
	Cash	-	22,527,229	22,527,229	22,527,229	-

SUPPLEMENTAL SCHEDULES

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

<u>(a)</u>	<u>(b)</u> Identity of Issuer, Borrower, Lessor, or Similar Party	<u>(c)</u> Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	<u>(d)</u> Cost	<u>(e)</u> Current Value
		<u>Collective Trusts:</u>		
*	Russell Trust Company	Frank Russell All Int'l Mkts Fund	\$ 108,944,859	\$ 94,434,968
*	Russell Trust Company	Frank Russell Equity I Fund	109,338,478	141,019,863
*	Russell Trust Company	Frank Russell LG Cap Structure Equity Fund	60,157,332	77,042,397
*	Russell Trust Company	Frank Russell Real Estate Equity Fund	24,158,952	25,341,078
*	Russell Trust Company	Frank Russell Small Cap Fund	22,589,855	26,089,941
*	Russell Trust Company	Frank Russell Multi Manager Bond Fund	170,216,372	189,659,960
*	Russell Trust Company	Frank Russell Short-term Investment Fund	102	102
*	BNY Mellon, N.A.	TBC Inc Pooled Emp Daily Var RT Fund	<u>2,759,796</u>	<u>2,759,796</u>
			498,165,746	556,348,105
		<u>Partnerships:</u>		
	KBS	Koll Bren Fund VI LP	1,783,691	1,482,100
*	Pantheon Ventures	Pantheon USA Fund VI LP	21,789,478	19,787,965
*	Pantheon Ventures	Pantheon USA Fund VIII LP	1,400,000	1,194,007
*	Pantheon Ventures	Pantheon Global Secondary Fund III B LP	<u>7,286,036</u>	<u>6,245,082</u>
			32,259,205	28,709,154
		<u>103-12 Investment Entities:</u>		
*	Russell Institutional Services, Inc.	Russell Diversified Alternatives Fund	<u>6,523,728</u>	<u>4,017,003</u>
			<u>6,523,728</u>	<u>4,017,003</u>
			<u>\$ 536,948,679</u>	<u>\$ 589,074,262</u>

* Represents party-in-interest

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2009

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Party <u>Involved</u>	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
BNY Mellon, N.A.	TBC Inc. Pooled EMP Daily Var RT	\$ 45,755,046	\$ -	\$ 45,755,046	\$ 45,755,046	\$ -
BNY Mellon, N.A.	TBC Inc. Pooled EMP Daily Var RT	-	45,883,750	45,833,750	45,833,750	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	47,279,494	-	47,279,494	47,279,494	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	14,839,058	15,458,453	15,458,453	(619,395)
	Cash	5,191,489	-	5,191,489	5,191,489	-
	Cash	-	22,527,229	22,527,229	22,527,229	-