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

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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERSHAM BIOSCIENCES CORP RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1998

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
AMERSHAM BIOSCIENCES CORP.

101 CARNEGIE CENTER
PRINCETON, NJ 08540

2b Employer Identification Number (EIN)
36-2656030

2c Sponsor's telephone number
609-514-6000

2d Business code (see instructions)
325410

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.	10/15/2010	DENISE FAGGELLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	DENISE FAGGELLA
	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")
JOINT QUAL RET PLANS COMMITTEE AMERSHAM BIOSCIENCES CORP

101 CARNEGIE CENTER
PRINCETON, NJ 08540

3b Administrator's EIN
36-2656030

3c Administrator's telephone number
609-514-6000

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**	1182
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**	405
b	Retired or separated participants receiving benefits	**6b**	85
c	Other retired or separated participants entitled to future benefits	**6c**	691
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1181
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1181
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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
AMERSHAM BIOSCIENCES CORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2656030

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	35022361
b	Actuarial value	**2b**	38524597

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	70	6912918
b	For terminated vested participants	**3b**	678	15421875
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		602259
	(2) Vested benefits	**3c(2)**		12190011
	(3) Total active	**3c(3)**	434	12792270
d	Total	**3d**	1182	35127063

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**	7.98 %
6	Target normal cost	**6**	0

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 10/07/2010
ROBERT W. BERNSEE	08-02764
Type or print name of actuary	Most recent enrollment number
HEWITT ASSOCIATES LLC	847-295-5000
Firm name	Telephone number (including area code)
100 HALF DAY ROAD LINCOLNSHIRE, IL 60069-3258	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	8033812	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	8033812	0
10	Interest on item 9 using prior year's actual return of -27.93 %	-2243844	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		2315739
	b Interest on (a) using prior year's effective rate of 6.24 %		144502
	c Total available at beginning of current plan year to add to prefunding balance		2460241
	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)	5789968	0

Part III Funding percentages

14	Funding target attainment percentage	14	93.18 %
15	Adjusted funding target attainment percentage	15	109.67 %
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	103.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2010	350000				
			Totals ► 18(b)	350000	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	307206

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [X] 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** 0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 0

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

36 Additional cash requirement (item 34 minus item 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 307206

38 Interest-adjusted excess contributions for current year (see instructions)..... **38** 307206

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
AMERSHAM BIOSCIENCES CORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERSHAM BIOSCIENCES CORP.

D Employer Identification Number (EIN)
36-2656030

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: NYCOMED AMERSHAM MASTER TRUST

b Name of sponsor of entity listed in (a): AMERSHAM HEALTH INC

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)
36-7255737-001	M	42016610

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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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
AMERSHAM BIOSCIENCES CORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERSHAM BIOSCIENCES CORP.

D Employer Identification Number (EIN)
36-2656030

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)	2564943	350000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	32562119	42016610
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	35127062	42366610
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	35127062	42366610

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	350000	
	(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)		350000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		7799094
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8149094
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	909546	
(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)		909546
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		909546
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7239548
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: KPMG, LLP **(2)** EIN: 13-5565207

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.)	4a		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.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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
AMERSHAM BIOSCIENCES CORP RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERSHAM BIOSCIENCES CORP.

D Employer Identification Number (EIN)
36-2656030

Part I Distributions

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

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

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

EIN(s): 36-3046063

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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

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**

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):

---

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: 66% Investment-Grade Debt: 24% High-Yield Debt: 2% Real Estate: 6% Other: 2%

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):

KPMG

AMERSHAM BIOSCIENCES CORP RETIREMENT PLAN

Financial Statements

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

AMERSHAM BIOSCIENCES CORP
RETIREMENT PLAN

Financial Statements

December 31, 2009 and 2008

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KPMG LLP
345 Park Avenue
New York, NY 10154

Independent Auditors' Report

The Participants and Plan Administrator
Amersham Biosciences Corp Retirement Plan:

We were engaged to audit the financial statements of the Amersham Biosciences Corp Retirement Plan (the Plan) as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements 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 investment information summarized in note 3 and 4, which was derived from information certified by The Northern Trust Company, the trustee of the Plan, except for comparing the derived information with the related information included in the financial statements. 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 taken as a whole. The form and content of the information included in the financial statements, 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.

KPMG LLP

October 12, 2010

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

AMERSHAM BIOSCIENCES CORP
RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Investments at fair value as certified by trustee:		
Plan interest in Nycomed Amersham Master Trust (note 3 and 4)	$ 42,016,610	32,562,119
Employer contributions receivable	350,000	2,564,943
Net assets available for plan benefits	$ 42,366,610	35,127,062

See accompanying notes to financial statements.

AMERSHAM BIOSCIENCES CORP
RETIREMENT PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Years ended December 31, 2009 and 2008

	2009	2008
Additions to (deductions from) net assets attributed to:		
Plan interest in Nycomed Amersham Master Trust investment income (loss) as certified by trustee (note 3)	$ 7,799,094	(12,059,006)
Employer contributions	350,000	2,564,943
Benefits paid to participants	(909,546)	(782,504)
Net increase (decrease)	7,239,548	(10,276,567)
Net assets available for plan benefits at:		
Beginning of year	35,127,062	45,403,629
End of year	$ 42,366,610	35,127,062

See accompanying notes to financial statements.

AMERSHAM BIOSCIENCES CORP
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of the Plan

The following description of the Amersham Biosciences Corp Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

(a) General

Amersham Biosciences Corp is a wholly owned subsidiary of Amersham Pharmacia Biotech Ltd., which is owned by Amersham plc (formerly Nycomed Amersham plc). On April 8, 2004, General Electric Capital Corporation whose ultimate parent is General Electric Company (GE) acquired Amersham plc. The Plan was established on July 1, 1998, as a defined benefit pension plan covering all employees of Amersham Biosciences Inc. and its affiliates, as defined, (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Prior to 11/28/04 all employees of the Company who have attained 21 years of age and are credited with one year of service, as defined, were eligible to participate in the Plan. Included among employees covered by the Plan as of July 1, 1998 were former employees of Pharmacia Biotech Inc. and Amersham Life Sciences, Inc. who were employees of the Company on July 1, 1997.

The Company and The Northern Trust Company (the Trustee) entered into a defined benefit plan master trust agreement, effective February 1, 1999 creating a master trust (the Master Trust) for the Plan, the Amersham Health Retirement Plan and the Amersham Health Puerto Rico, Inc. Pension Plan.

On November 28, 2004 accruals in the plan ceased. At that time, employees began accruing benefits under the GE pension plan. The pay and service amounts used to calculate benefits were frozen on that date resulting in accrued benefits that will not change over time. However, participants will still be able to become eligible for early retirement as they continue to work for GE.

(b) Vesting

Participants with five years of vesting service, as defined by the Plan, or who have reached age 65 are 100% vested and are entitled to pension benefits upon retirement. All participants, regardless of service level were fully vested in their accrued benefits as of the freeze date.

(c) Pension Benefits

The Plan provides for normal retirement benefits upon reaching age 65 calculated up to November 28, 2004. Normal retirement benefits under the Plan for all participants are determined based on the sum of 1.25% of the participant's final average monthly compensation (highest average monthly compensation, as defined in the Plan document, multiplied by years of service, as defined (not to exceed 35) and 0.40% of final average monthly compensation in excess of covered compensation, as defined, multiplied by years of credited service, as defined. In addition, retirement benefits for certain participants who had met defined age and service requirements prior to July 1, 1998, are determined based on various other formulas, as defined. Benefit amounts were frozen as of

November 28, 2004 using salary and service levels through that date. Vested participants may elect early retirement between the ages of 55 and 65. However, benefits will be reduced by a percentage for each month that the retirement benefit starting date precedes age 65. The Plan also has provisions for disability and death benefits. Participants may elect to receive their pension benefits in various annuity forms.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting.

(b) Use of Estimates

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

(c) Investment Valuation and Income Recognition

The following are the investment valuation and income recognition policies of the Master Trust.

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements.

Purchase and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

(d) Payment of Benefits

Benefit payments to participants are recorded when paid.

(e) Administrative Expenses

Administrative expenses are generally paid by the Company. Certain expenses, such as investment management fees were paid by the Master Trust or Plan as allowed, per the Master Trust and Plan documents.

(f) New Accounting Pronouncements

In June 2009, the FASB issued guidance under ASC 105, Generally Accepted Accounting Principles, which was formerly referred to as FASB Statement of Financial Accounting Standards No. 168, *FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles – A Replacement of FASB Statement No. 162*. This guidance establishes the FASB Accounting Standards Codification (the "Codification") as the source of authoritative U.S. generally accepted accounting principles ("GAAP") for nongovernmental entities. The Codification

supersedes all existing non-Securities and Exchange Commission ("SEC") accounting and reporting standards. Rules and interpretive releases of the SEC under authority of federal security laws remain authoritative GAAP for SEC registrants. This guidance and the Codification are effective for financial statements issued for annual periods ending after September 15, 2009.The Codification did not change existing GAAP.

In April 2009, the Financial Accounting Standards Board ("FASB") issued guidance under Accounting Standards Codification ("ASC") 820 Fair Value Measurements and Disclosures, which was formerly referred to as *FSP FAS 157-4, Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*. This guidance addresses the factors that determine whether there has been a significant decrease in the volume and level of activity for an asset or liability when compared to the normal market activity. Under this guidance, if the reporting entity has determined that the volume and level of activity has significantly decreased and transactions are not orderly, further analysis is required and significant adjustments to the quoted prices or transactions may be needed. This guidance was effective for annual reporting periods ending after June 15, 2009 and the adoption did not have a material impact on the Plan's financial net assets available for benefits or changes in net assets available for plan benefits. The adoption of this guidance is reflected, where applicable, throughout these financial statements.

In May 2009, the FASB issued a new standard on subsequent events, which establishes general standards of accounting for and disclosure of events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date, that is, whether date represents the date the financial statements were issued or were available to be issued. In 2009, the Plan Sponsor adopted this standard.

In September 2009, the FASB issued ASC Update 2009-12, *Fair Value Measurements and Disclosures (Topic 820) – Investment in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*. This update provides guidance on estimating the fair value of a company's investments in investment companies when the investment does not have a readily determinable fair value. It permits the use of the investment's net asset value as a practical expedient to determine fair value. This guidance also required additional disclosure of the attributes of these investments such as: (i) the nature of any restrictions on the reporting entity's ability to redeem its investment; (ii) unfunded commitments; and (iii) investment strategies of the investees. This guidance is effective for periods ending after December 15, 2009. The adoption did not have a material impact on the Plan's net assets available for benefits or changes in net assets available for plan benefits and all applicable disclosures are included in these financial statements.

In January 2010, the FASB issued ASC Update 2010-06, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) disclosure, on a gross basis, of purchases, sales, issuances, and net settlements within Level 3; (iii) disclosures by class of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value

measurements. This guidance is effective for reporting periods beginning after December 15, 2009, except for the Level 3 disclosure requirements, which will be effective for fiscal years beginning after December 15, 2010. The adoption of this guidance is reflected, where applicable, throughout the notes of the financial statements.

(3) Information Certified by The Northern Trust Company (unaudited)

The information presented in this note and the "Fair Value Measurements" note (note 4) below was derived from information that was certified as complete and accurate by The Northern Trust Company, the Trustee and was not subject to auditing procedures by the Plan's Independent Auditor as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Effective February 1, 1999, the Company formed the Nycomed Amersham Master Trust in accordance with a Master Trust agreement with The Northern Trust Company.

Use of a master trust permits the commingling of various investments that fund company-sponsored defined benefit plans for investment and administrative purposes. Although assets are commingled in the master trust, the trustee maintains records for the purpose of allocating contributions and changes in net assets of the master trust to participating plans based upon each plan's proportionate interest in the master trust.

		2009	2008
Investments at fair value:			
Common and collective trusts - U.S equity	$	101,963,705	72,060,413
Mutual fund - non U.S. equity		27,957,443	19,808,215
Mutual fund - fixed income		41,893,108	35,950,011
Real estate investment trust fund		6,616,289	8,510,853
Common stock		3	33
Total Master Trust investments		178,430,548	136,329,525
Accrued investment income		527,324	3,080,775
Due to broker for securities purchased		(451,330)	(2,978,151)
Net assets of the Master Trust	$	178,506,542	136,432,149
Plan's investment in the Master Trust	$	42,016,610	32,562,119
Plan's percentage ownership interest in the Master Trust		24%	24%

Net investment income of the Master Trust for the years ended December 31, 2009 and 2008 is as follows:

		2009	2008
Net appreciation (depreciation) in the fair value of investments:			
Common and collective trusts - U.S equity	$	22,046,101	(39,615,766)
Mutual fund - non U.S. equity		7,129,623	(12,393,266)
Mutual fund - fixed income		2,878,549	(1,366,969)
Real estate investment trust fund		(2,387,593)	(1,284,047)
Common stock		33,977	70,951
		29,700,657	(54,589,097)
Fees and expenses		(144,917)	(183,178)
Interest		472,590	359,693
Dividends		2,874,495	3,321,046
Total investment income (loss) of the Master Trust	$	32,902,825	(51,091,536)
Plan's interest in investment income (loss) of the Master Trust	$	7,799,094	(12,059,006)

(4) Fair Value Measurements (unaudited)

The Plan adopted ASC 820, Fair Value Measurements and Disclosures for all financial instruments accounted for at fair value on a recurring basis. ASC 820 establishes a new framework for measuring fair value and expands related disclosures. Broadly, the ASC 820 framework requires fair value to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. ASC 820 establishes a three-level valuation hierarchy based upon observable and nonobservable inputs.

For financial assets and liabilities, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction with a market participant at the measurement date. In the absence of active markets for the identical assets and liabilities, such measurements involve developing assumptions based on market observable data and, in the absence of such data, internal information that is consistent with what market participants would use in a hypothetical transaction that occurs at the measurement date.

Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect market assumptions. Preference is given to observable inputs. These two types of inputs create the following fair value hierarchy:

Level 1 – Quoted prices for identical investments in active markets.

Level 2 – Quoted prices for similar investments in active markets; quoted prices for identical or similar investments in markets that are not active; and model-derived valuations whose significant value drivers are observable.

Level 3 – Significant inputs to the valuation model are unobservable.

The Master Trust maintains policies and procedures to value investments using the best and most relevant data available. The following section describes the valuation methodologies used to measure investments at fair value.

When available, quoted market prices are used to determine the fair value of investment securities, and they are included in Level 1. Level 1 investments primarily include mutual funds and common stock.

When quoted market prices are unobservable, quotes from independent pricing vendors are used based on recent trading activity and other relevant information including market interest rate curves, referenced credit spreads and estimated prepayment rates where applicable. These investments are included in Level 2. The Master Trust's ownership in the collective fund is carried at fair value based on the investment's net asset value per unit and included in Level 2.

In infrequent circumstances, the pricing vendors may provide valuations that are based on significant unobservable inputs, and in those circumstances the Master Trust classifies the investment securities in Level 3. Level 3 investments primarily include real estate investment trust fund. The Master Trust owns limited partnership interests in the real estate investment trust fund and is valued at estimated fair value as determined by the investment manager based on the fair values of the underlying investments in the portfolio.

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

The following table presents the investments measured at fair value on a recurring basis at December 31, 2009:

	Level 1	Level 2	Level 3	Total
		(In thousands)		
Common and collective trusts - U.S equity	$ —	101,964	—	101,964
Mutual fund - non U.S. equity	27,958	—	—	27,958
Mutual fund - fixed income	41,893	—	—	41,893
Real estate investment trust fund	—	—	6,616	6,616
Common stock*	—	—	—	—
Total investments, at fair value	$ 69,851	101,964	6,616	178,431

* represents less than $500 and rounds to $0.

The following table presents the investments measured at fair value on a recurring basis at December 31, 2008:

	Level 1	Level 2	Level 3	Total
		(In thousands)		
Common and collective trusts - U.S equity	$ —	72,060	—	72,060
Mutual fund - non U.S. equity	19,808	—	—	19,808
Mutual fund - fixed income	35,950	—	—	35,950
Real estate investment trust fund	—	—	8,511	8,511
Common stock*	—	—	—	—
Total investments, at fair value	$ 55,758	72,060	8,511	136,329

* represents less than $500 and rounds to $0.

As discussed in Note 3, these tables were derived from information that was certified as complete and accurate by The Northern Trust Company, the Trustee of the Plan.

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the real estate investment trust fund year ended December 31, 2009 and 2008.

	2009 (In thousands)	2008 (In thousands)
Balance, beginning of year	$ 8,511	9,307
Realized gains (losses)	44	32
Unrealized gains (losses)	(2,432)	(1,316)
Purchases, sales, issuances, and settlements (net)	493	488
Balance, end of year	$ 6,616	8,511

Transfers in and out of Level 3 are considered to occur at the beginning of the period. There were no such transfers during 2009 and 2008.

(5) 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. The accumulated plan benefits for active employees are based on their average compensation during the three or five years, dependent on the participant's credited service and Plan entry prior to the freeze date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuarial firm determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discount for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

A summary of significant actuarial assumptions used in preparing the actuarial valuations as of December 31, 2008 is as follows:

Interest rate	8.00%
Mortality	RP-2000 Combined healthy mortality table
Actuarial funding method	Projected unit credit cost method

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

The actuarial present value of accumulated plan benefits as of December 31, 2008, as determined by the consulting actuary, Hewitt Associates LLC, are as follows:

Vested benefits:		
Participants currently receiving payments	$	7,069,905
Other participants		26,516,300
Total vested plan benefits		33,586,205
Nonvested benefits		725,010
Total actuarial present value of accumulated plan benefits	$	34,311,215

The changes in the actuarial present value of accumulated plan benefits, for the year ended December 31, 2008 are as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	$	30,911,540
Benefits paid		(782,504)
Increase of interest due to decrease in discount rate		2,442,225
Assumption changes		1,298,371
Expenses gains/ (losses)		441,583
Actuarial present value of accumulated plan benefits, at end of year	$	34,311,215

The assumption changes are due to a change in the discount rate from 6.25% to 6.00% as of 12/31/2008. Also, the mortality assumptions changed from the prior year.

(6) Risks and Uncertainties

The assets of the Master Trust are principally made up of investment funds. The funds invest in common stock, mutual funds, real estate, U.S. government and corporate securities, and money market funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

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

(7) Funding Policy

The Company contributes such amounts as are calculated on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to participants. Contributions are between the maximum tax deductible amount, which includes normal cost (actuarially computed based on the Projected Unit Credit Cost Method) in accordance with the applicable requirements of the Internal Revenue Code, and the minimum funding requirements of ERISA. The company contributed $350,000 and $2,564,943 for the years ended December 31, 2009 and 2008, respectively, and met the minimum funding requirement for both years.

The Pension Protection Act (PPA), as amended, required a change in method for determining contributions for the 2009 plan year. PPA mandates use of the accrued benefit funding method with liabilities valued using interest rates determined from a high quality corporate bond yield curve. The Company will continue to make future contributions to the Plan as required by ERISA.

(8) Plan Termination

The Company expects to continue the Plan and the corresponding trust indefinitely but reserves the right to terminate it in whole or in part at any time by resolution of the board of directors.

In the event of termination of the Plan, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide benefits in the following order:

Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination;

Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency), up to applicable limitations (discussed below).

All other vested benefits (that is, vested benefits not insured by the PBGC).

All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefits that PBGC guarantees. For Plan terminations occurring during 2010 that ceiling is $4,500 per month. The ceiling applies to those pensioners, who elect to receive their benefit in the form of a single life annuity and are at least 65 years old at the time of retirement or plan termination (whichever occurs later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceiling is actually adjusted downward.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

(9) Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 14, 2002 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provision of the IRC.

(10) Related Party Transactions (Parties-in-interest)

Plan investments within the Master Trust include certain units of common and collective trusts, which are managed by The Northern Trust Company. The Northern Trust Company is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

(11) Subsequent Events

Subsequent events after the balance sheet date through October 12, 2010, the date the financial statements were issued, have been evaluated in the preparation of these financial statements

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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: Amersham Biosciences Corp Retirement Plan

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN): 36-2656030

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	35,022,361
	b Actuarial value		**2b**	38,524,597
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	70	6,912,918
	b For terminated vested participants	**3b**	678	15,421,875
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		602,259
	(2) Vested benefits	**3c(2)**		12,190,011
	(3) Total active	**3c(3)**	434	12,792,270
	d Total	**3d**	1,182	35,127,063
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**	7.98 %
6	Target normal cost		**6**	0

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 Robert W. Bernsee — Signature of actuary

10/07/2010 — Date

Robert W. Bernsee — Type or print name of actuary

08-02764 — Most recent enrollment number

Hewitt Associates LLC — Firm name

(847)295-5000 — Telephone number (including area code)

100 Half Day Road

Lincolnshire IL 60069-3258 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	8,033,812	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	8,033,812	0
10	Interest on item 9 using prior year's actual return of (27.93)%	(2,243,844)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		2,315,739
	b Interest on (a) using prior year's effective rate of 6.24 %		144,502
	c Total available at beginning of current plan year to add to prefunding balance		2,460,241
	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)	5,789,968	0

Part III Funding percentages

14	Funding target attainment percentage	14	93.18 %
15	Adjusted funding target attainment percentage	15	109.67 %
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	103.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/13/2010	350,000				
			Totals ► 18(b)	350,000	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	307,206

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment [X] 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**: 0

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 0

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

36 Additional cash requirement (item 34 minus item 35) — **36**: 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 307,206

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 307,206

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 SB Attachment (Form 5500)—2009 Plan Year
Amersham Biosciences Corp Retirement Plan
EIN: 36-2656030 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
September 13, 2010	$ 350,000	7.98%	$ 307,206
Total Contribution	$ 350,000		$ 307,206

Schedule SB Attachment (Form 5500)—2009 Plan Year
Amersham Biosciences Corp Retirement Plan
EIN: 36-2656030 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
54.5	0.00%	1.0000	0.00
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	3.00%	0.8853	1.58
60.5	5.00%	0.8587	2.60
61.5	5.00%	0.8158	2.51
62.5	20.00%	0.7750	9.69
63.5	10.00%	0.6200	3.94
64.5	10.00%	0.5580	3.60
65	100.00%	0.5022	32.64
		Weighted Average	63.09

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

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $195,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Trustee Expenses Included in Target Normal Cost	$0.

Expected Return on Assets	
2007 Plan Year	6.09%
2008 Plan Year	6.43%
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Table 1
Retirement Rates

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	5.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65+	100.00%

Table 2—Page 1 of 4
Termination Rates—Male

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
15	40.00%	35.00%	30.00%	25.00%	19.00%
16	40.00%	35.00%	30.00%	25.00%	19.00%
17	40.00%	35.00%	30.00%	25.00%	19.00%
18	40.00%	35.00%	30.00%	25.00%	19.00%
19	40.00%	35.00%	30.00%	25.00%	19.00%
20	40.00%	35.00%	30.00%	25.00%	19.00%
21	40.00%	35.00%	30.00%	25.00%	16.80%
22	40.00%	35.00%	30.00%	25.00%	14.60%
23	40.00%	35.00%	30.00%	25.00%	13.20%
24	40.00%	35.00%	30.00%	25.00%	11.80%
25	40.00%	35.00%	30.00%	25.00%	10.40%
26	40.00%	35.00%	30.00%	25.00%	9.00%
27	40.00%	35.00%	30.00%	25.00%	7.60%
28	40.00%	35.00%	30.00%	25.00%	7.20%
29	40.00%	35.00%	30.00%	25.00%	6.80%
30	30.00%	30.00%	25.00%	20.00%	6.40%
31	30.00%	30.00%	25.00%	20.00%	6.00%
32	30.00%	30.00%	25.00%	20.00%	5.60%
33	30.00%	30.00%	25.00%	20.00%	5.40%
34	30.00%	30.00%	25.00%	20.00%	5.20%
35	30.00%	30.00%	25.00%	20.00%	5.00%
36	30.00%	30.00%	25.00%	20.00%	4.80%
37	30.00%	30.00%	25.00%	20.00%	4.60%
38	30.00%	30.00%	25.00%	20.00%	4.30%
39	30.00%	30.00%	25.00%	20.00%	4.10%
40	25.00%	25.00%	20.00%	15.00%	3.90%
41	25.00%	25.00%	20.00%	15.00%	3.70%
42	25.00%	25.00%	20.00%	15.00%	3.50%
43	25.00%	25.00%	20.00%	15.00%	3.30%
44	25.00%	25.00%	20.00%	15.00%	3.10%

Table 2—Page 2 of 4
Termination Rates—Male

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
45	20.00%	20.00%	15.00%	10.00%	2.80%
46	20.00%	20.00%	15.00%	10.00%	2.60%
47	20.00%	20.00%	15.00%	10.00%	2.40%
48	20.00%	20.00%	15.00%	10.00%	2.20%
49	20.00%	20.00%	15.00%	10.00%	1.90%
50	15.00%	15.00%	10.00%	5.00%	1.70%
51	15.00%	15.00%	10.00%	5.00%	1.40%
52	15.00%	15.00%	10.00%	5.00%	1.10%
53	15.00%	15.00%	10.00%	5.00%	0.90%
54	15.00%	15.00%	10.00%	5.00%	0.60%
55	10.00%	10.00%	5.00%	2.00%	0.30%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 2—Page 3 of 4
Termination Rates—Female

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
15	40.00%	35.00%	30.00%	25.00%	24.60%
16	40.00%	35.00%	30.00%	25.00%	24.60%
17	40.00%	35.00%	30.00%	25.00%	24.60%
18	40.00%	35.00%	30.00%	25.00%	24.60%
19	40.00%	35.00%	30.00%	25.00%	24.60%
20	40.00%	35.00%	30.00%	25.00%	24.60%
21	40.00%	35.00%	30.00%	25.00%	22.50%
22	40.00%	35.00%	30.00%	25.00%	20.40%
23	40.00%	35.00%	30.00%	25.00%	18.30%
24	40.00%	35.00%	30.00%	25.00%	16.20%
25	40.00%	35.00%	30.00%	25.00%	14.10%
26	40.00%	35.00%	30.00%	25.00%	12.00%
27	40.00%	35.00%	30.00%	25.00%	9.90%
28	40.00%	35.00%	30.00%	25.00%	9.60%
29	40.00%	35.00%	30.00%	25.00%	9.30%
30	30.00%	30.00%	25.00%	20.00%	9.00%
31	30.00%	30.00%	25.00%	20.00%	8.70%
32	30.00%	30.00%	25.00%	20.00%	8.30%
33	30.00%	30.00%	25.00%	20.00%	8.00%
34	30.00%	30.00%	25.00%	20.00%	7.70%
35	30.00%	30.00%	25.00%	20.00%	7.40%
36	30.00%	30.00%	25.00%	20.00%	7.10%
37	30.00%	30.00%	25.00%	20.00%	6.80%
38	30.00%	30.00%	25.00%	20.00%	6.50%
39	30.00%	30.00%	25.00%	20.00%	6.20%
40	25.00%	25.00%	20.00%	15.00%	5.90%
41	25.00%	25.00%	20.00%	15.00%	5.60%
42	25.00%	25.00%	20.00%	15.00%	5.20%
43	25.00%	25.00%	20.00%	15.00%	4.90%
44	25.00%	25.00%	20.00%	15.00%	4.60%

Table 2—Page 4 of 4
Termination Rates—Female

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
45	20.00%	20.00%	15.00%	10.00%	4.30%
46	20.00%	20.00%	15.00%	10.00%	3.90%
47	20.00%	20.00%	15.00%	10.00%	3.60%
48	20.00%	20.00%	15.00%	10.00%	3.30%
49	20.00%	20.00%	15.00%	10.00%	2.90%
50	15.00%	15.00%	10.00%	5.00%	2.50%
51	15.00%	15.00%	10.00%	5.00%	2.10%
52	15.00%	15.00%	10.00%	5.00%	1.70%
53	15.00%	15.00%	10.00%	5.00%	1.20%
54	15.00%	15.00%	10.00%	5.00%	0.80%
55	10.00%	10.00%	5.00%	2.00%	0.40%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	40	0.323%	0.485%
16	0.285%	0.428%	41	0.334%	0.501%
17	0.285%	0.428%	42	0.348%	0.522%
18	0.285%	0.428%	43	0.365%	0.548%
19	0.285%	0.428%	44	0.383%	0.575%
20	0.286%	0.429%	45	0.405%	0.608%
21	0.287%	0.431%	46	0.430%	0.645%
22	0.288%	0.432%	47	0.460%	0.690%
23	0.284%	0.426%	48	0.494%	0.741%
24	0.280%	0.420%	49	0.532%	0.798%
25	0.278%	0.417%	50	0.574%	0.861%
26	0.277%	0.416%	51	0.623%	0.935%
27	0.276%	0.414%	52	0.676%	1.014%
28	0.275%	0.413%	53	0.735%	1.103%
29	0.275%	0.413%	54	0.798%	1.197%
30	0.275%	0.413%	55	0.868%	1.302%
31	0.276%	0.414%	56	0.946%	1.419%
32	0.278%	0.417%	57	1.035%	1.553%
33	0.281%	0.422%	58	1.135%	1.703%
34	0.284%	0.426%	59	1.245%	1.868%
35	0.288%	0.432%	60	1.363%	2.045%
36	0.294%	0.441%	61	1.491%	2.237%
37	0.300%	0.450%	62	1.628%	2.442%
38	0.307%	0.461%	63	1.778%	2.667%
39	0.314%	0.471%	64	1.938%	2.907%
			65+	0.000%	0.000%

Schedule SB, Part V—Summary of Plan Provisions

Amersham Biosciences Corp adopted the Amersham Biosciences Corp Pension Plan as of July 1, 1998.

Plan Freeze

Effective November 28, 2004 the plan was frozen and all participants were fully vested in their accrued benefits based on pay and service up to the freeze date.

Participation

Employees of the Company become participants after completing one year of service and attaining age 21.

Former Amersham and Pharmacia participants became participants on July 1, 1998.

Normal Retirement Benefits

Eligibility

Age 65.

Benefit

The monthly normal retirement benefit is the greater of (1), (2), (3), or (4).

(1) All Participants:

(a) 1.25% of final average monthly compensation times years of credited service (maximum 35), plus

(b) 0.40% of final average compensation in excess of covered compensation multiplied by years of credited service (maximum 35).

(2) Former Amersham participants who were age 55 with ten years of service as of 12/31/1996:

2.00% of final average monthly compensation times years of credited service (maximum 30).

(3) Former Amersham participants who were age 55 with five years of service as of 12/31/1998:

1.67% of final average monthly compensation times years of credited service (maximum 35).

(4) Prior plan accrued benefit as of 6/30/1998.

Early Retirement Benefits

Eligibility	Participants who terminate employment after age 55 with five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement and reduced by 4/12% for each month by which payments precede age 62. The monthly benefit for former Amersham participants who are eligible to receive benefits under (2) above is reduced by 5/12% for each month payments precede age 65.

Deferred Vested Retirement Benefits

Eligibility	Five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65.

Automatic Preretirement Surviving Spouse Benefit

Eligibility	Five years of vesting service or attainment of age 65.
Benefit	One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and survivor annuity.

Normal Form of Benefit

For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.

Disability Benefits

Eligibility	Participation in long-term disability plan.
Benefit	Continued accrual of vesting and credited service.

Definitions

Monthly Compensation	Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, deferred compensation, car allowance, imputed income, retention bonuses, and perquisite pay, subject to the 401(a)(17) limits.

Final Average Compensation	Highest monthly average obtained when the sum of any 60 consecutive monthly compensation amounts during the participant's final 120 months of employment is divided by 60. If the participant has worked fewer than 60 months, the sum of his monthly compensation for his entire employment period is divided by the number of complete months for which he was compensated.
Credited Service	Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 Hours of Service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee worked beyond the 14th of the month. For former Amersham participants, service will include years of credited service that were credited on June 30, 1998 under the Amersham Pension Plan, provided that any Amersham participant not credited with a year of credited service under the Amersham Pension Plan for the period January 1, 1998 through June 30, 1998 will be credited with an additional year of credited service provided he is credited with at least 1,000 hours of service during 1998. For former Pharmacia participants, service will include years of credited service that were credited on June 30, 1998 under the Pharmacia U.S. Inc. Retirement Plan, provided that any Pharmacia participant who is not credited with a year of credited service under the Pharmacia U.S. Inc. Plan for the period from January 1, 1998 through June 30, 1998 will be credited with an additional year of credited service if he is credited with at least 1,000 hours of service during 1998.
Vesting Service	Service for the purpose of determining whether a participant has a nonforfeitable right to a benefit under the plan. One year of Vesting Service is credited for each plan year in which the employee completes 1,000 hours of service.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan
The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable lookback month.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Amersham Biosciences Corp Retirement Plan
EIN: 36-2656030 PN: 001

Schedule SB, line 25—Change in Funding Method

The implementation of PPA required certain changes to the methods used in the funding valuation:

- A change in the interest rate assumption from the January Segment rates of 5.31%, 5.92%, and 6.43% to the full yield curve with a two month lookback (October 2008 yield curve)
- A change in the asset valuation method from a Market Value method to the two-year 3-point smoothed value method as of January 1, 2009.
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

Note that these changes will affect the comparability of the funding valuation results for the 2009 plan year and the funding valuation results for prior plan years.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Amersham Biosciences Corp Retirement Plan
EIN: 36-2656030 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		4								
30-34		26	18	1						
35-39		37	23	1	1					
40-44		38	29	9	10	1				
45-49	1	33	26	18	14	4	2			
50-54	1	18	20	7	8	6		1		
55-59	2	17	7	4	12	1	1	1		
60-64		14	5		3		1	1	1	
65-69		2	3		1					
70+		1								

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Schedule SB Attachment (Form 5500)—2009 Plan Year
Amersham Biosciences Corp Retirement Plan
EIN: 36-2656030 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
September 13, 2010	$ 350,000	7.98%	$ 307,206
Total Contribution	$ 350,000		$ 307,206

Schedule SB Attachment (Form 5500)—2009 Plan Year
Amersham Biosciences Corp Retirement Plan
EIN: 36-2656030 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
54.5	0.00%	1.0000	0.00
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	3.00%	0.8853	1.58
60.5	5.00%	0.8587	2.60
61.5	5.00%	0.8158	2.51
62.5	20.00%	0.7750	9.69
63.5	10.00%	0.6200	3.94
64.5	10.00%	0.5580	3.60
65	100.00%	0.5022	32.64
		Weighted Average	63.09

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

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $195,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Trustee Expenses Included in Target Normal Cost	$0.

Expected Return on Assets	
2007 Plan Year	6.09%
2008 Plan Year	6.43%
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Table 1
Retirement Rates

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	5.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65+	100.00%

Table 2—Page 1 of 4
Termination Rates—Male

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
15	40.00%	35.00%	30.00%	25.00%	19.00%
16	40.00%	35.00%	30.00%	25.00%	19.00%
17	40.00%	35.00%	30.00%	25.00%	19.00%
18	40.00%	35.00%	30.00%	25.00%	19.00%
19	40.00%	35.00%	30.00%	25.00%	19.00%
20	40.00%	35.00%	30.00%	25.00%	19.00%
21	40.00%	35.00%	30.00%	25.00%	16.80%
22	40.00%	35.00%	30.00%	25.00%	14.60%
23	40.00%	35.00%	30.00%	25.00%	13.20%
24	40.00%	35.00%	30.00%	25.00%	11.80%
25	40.00%	35.00%	30.00%	25.00%	10.40%
26	40.00%	35.00%	30.00%	25.00%	9.00%
27	40.00%	35.00%	30.00%	25.00%	7.60%
28	40.00%	35.00%	30.00%	25.00%	7.20%
29	40.00%	35.00%	30.00%	25.00%	6.80%
30	30.00%	30.00%	25.00%	20.00%	6.40%
31	30.00%	30.00%	25.00%	20.00%	6.00%
32	30.00%	30.00%	25.00%	20.00%	5.60%
33	30.00%	30.00%	25.00%	20.00%	5.40%
34	30.00%	30.00%	25.00%	20.00%	5.20%
35	30.00%	30.00%	25.00%	20.00%	5.00%
36	30.00%	30.00%	25.00%	20.00%	4.80%
37	30.00%	30.00%	25.00%	20.00%	4.60%
38	30.00%	30.00%	25.00%	20.00%	4.30%
39	30.00%	30.00%	25.00%	20.00%	4.10%
40	25.00%	25.00%	20.00%	15.00%	3.90%
41	25.00%	25.00%	20.00%	15.00%	3.70%
42	25.00%	25.00%	20.00%	15.00%	3.50%
43	25.00%	25.00%	20.00%	15.00%	3.30%
44	25.00%	25.00%	20.00%	15.00%	3.10%

Table 2—Page 2 of 4
Termination Rates—Male

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
45	20.00%	20.00%	15.00%	10.00%	2.80%
46	20.00%	20.00%	15.00%	10.00%	2.60%
47	20.00%	20.00%	15.00%	10.00%	2.40%
48	20.00%	20.00%	15.00%	10.00%	2.20%
49	20.00%	20.00%	15.00%	10.00%	1.90%
50	15.00%	15.00%	10.00%	5.00%	1.70%
51	15.00%	15.00%	10.00%	5.00%	1.40%
52	15.00%	15.00%	10.00%	5.00%	1.10%
53	15.00%	15.00%	10.00%	5.00%	0.90%
54	15.00%	15.00%	10.00%	5.00%	0.60%
55	10.00%	10.00%	5.00%	2.00%	0.30%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 2—Page 3 of 4
Termination Rates—Female

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
15	40.00%	35.00%	30.00%	25.00%	24.60%
16	40.00%	35.00%	30.00%	25.00%	24.60%
17	40.00%	35.00%	30.00%	25.00%	24.60%
18	40.00%	35.00%	30.00%	25.00%	24.60%
19	40.00%	35.00%	30.00%	25.00%	24.60%
20	40.00%	35.00%	30.00%	25.00%	24.60%
21	40.00%	35.00%	30.00%	25.00%	22.50%
22	40.00%	35.00%	30.00%	25.00%	20.40%
23	40.00%	35.00%	30.00%	25.00%	18.30%
24	40.00%	35.00%	30.00%	25.00%	16.20%
25	40.00%	35.00%	30.00%	25.00%	14.10%
26	40.00%	35.00%	30.00%	25.00%	12.00%
27	40.00%	35.00%	30.00%	25.00%	9.90%
28	40.00%	35.00%	30.00%	25.00%	9.60%
29	40.00%	35.00%	30.00%	25.00%	9.30%
30	30.00%	30.00%	25.00%	20.00%	9.00%
31	30.00%	30.00%	25.00%	20.00%	8.70%
32	30.00%	30.00%	25.00%	20.00%	8.30%
33	30.00%	30.00%	25.00%	20.00%	8.00%
34	30.00%	30.00%	25.00%	20.00%	7.70%
35	30.00%	30.00%	25.00%	20.00%	7.40%
36	30.00%	30.00%	25.00%	20.00%	7.10%
37	30.00%	30.00%	25.00%	20.00%	6.80%
38	30.00%	30.00%	25.00%	20.00%	6.50%
39	30.00%	30.00%	25.00%	20.00%	6.20%
40	25.00%	25.00%	20.00%	15.00%	5.90%
41	25.00%	25.00%	20.00%	15.00%	5.60%
42	25.00%	25.00%	20.00%	15.00%	5.20%
43	25.00%	25.00%	20.00%	15.00%	4.90%
44	25.00%	25.00%	20.00%	15.00%	4.60%

Table 2—Page 4 of 4
Termination Rates—Female

	Years of Service				
Age	**0-2**	**3**	**4**	**5**	**6+**
45	20.00%	20.00%	15.00%	10.00%	4.30%
46	20.00%	20.00%	15.00%	10.00%	3.90%
47	20.00%	20.00%	15.00%	10.00%	3.60%
48	20.00%	20.00%	15.00%	10.00%	3.30%
49	20.00%	20.00%	15.00%	10.00%	2.90%
50	15.00%	15.00%	10.00%	5.00%	2.50%
51	15.00%	15.00%	10.00%	5.00%	2.10%
52	15.00%	15.00%	10.00%	5.00%	1.70%
53	15.00%	15.00%	10.00%	5.00%	1.20%
54	15.00%	15.00%	10.00%	5.00%	0.80%
55	10.00%	10.00%	5.00%	2.00%	0.40%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	40	0.323%	0.485%
16	0.285%	0.428%	41	0.334%	0.501%
17	0.285%	0.428%	42	0.348%	0.522%
18	0.285%	0.428%	43	0.365%	0.548%
19	0.285%	0.428%	44	0.383%	0.575%
20	0.286%	0.429%	45	0.405%	0.608%
21	0.287%	0.431%	46	0.430%	0.645%
22	0.288%	0.432%	47	0.460%	0.690%
23	0.284%	0.426%	48	0.494%	0.741%
24	0.280%	0.420%	49	0.532%	0.798%
25	0.278%	0.417%	50	0.574%	0.861%
26	0.277%	0.416%	51	0.623%	0.935%
27	0.276%	0.414%	52	0.676%	1.014%
28	0.275%	0.413%	53	0.735%	1.103%
29	0.275%	0.413%	54	0.798%	1.197%
30	0.275%	0.413%	55	0.868%	1.302%
31	0.276%	0.414%	56	0.946%	1.419%
32	0.278%	0.417%	57	1.035%	1.553%
33	0.281%	0.422%	58	1.135%	1.703%
34	0.284%	0.426%	59	1.245%	1.868%
35	0.288%	0.432%	60	1.363%	2.045%
36	0.294%	0.441%	61	1.491%	2.237%
37	0.300%	0.450%	62	1.628%	2.442%
38	0.307%	0.461%	63	1.778%	2.667%
39	0.314%	0.471%	64	1.938%	2.907%
			65+	0.000%	0.000%

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Amersham Biosciences Corp adopted the Amersham Biosciences Corp Pension Plan as of July 1, 1998.

Plan Freeze

Effective November 28, 2004 the plan was frozen and all participants were fully vested in their accrued benefits based on pay and service up to the freeze date.

Participation

Employees of the Company become participants after completing one year of service and attaining age 21.

Former Amersham and Pharmacia participants became participants on July 1, 1998.

Normal Retirement Benefits

Eligibility

Age 65.

Benefit

The monthly normal retirement benefit is the greater of (1), (2), (3), or (4).

(1) All Participants:

(a) 1.25% of final average monthly compensation times years of credited service (maximum 35), plus

(b) 0.40% of final average compensation in excess of covered compensation multiplied by years of credited service (maximum 35).

(2) Former Amersham participants who were age 55 with ten years of service as of 12/31/1996:

2.00% of final average monthly compensation times years of credited service (maximum 30).

(3) Former Amersham participants who were age 55 with five years of service as of 12/31/1998:

1.67% of final average monthly compensation times years of credited service (maximum 35).

(4) Prior plan accrued benefit as of 6/30/1998.

Early Retirement Benefits

Eligibility	Participants who terminate employment after age 55 with five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement and reduced by 4/12% for each month by which payments precede age 62. The monthly benefit for former Amersham participants who are eligible to receive benefits under (2) above is reduced by 5/12% for each month payments precede age 65.

Deferred Vested Retirement Benefits

Eligibility	Five years of vesting service.
Benefit	The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65.

Automatic Preretirement Surviving Spouse Benefit

Eligibility	Five years of vesting service or attainment of age 65.
Benefit	One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and survivor annuity.

Normal Form of Benefit

For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.

Disability Benefits

Eligibility	Participation in long-term disability plan.
Benefit	Continued accrual of vesting and credited service.

Definitions

Monthly Compensation	Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, deferred compensation, car allowance, imputed income, retention bonuses, and perquisite pay, subject to the 401(a)(17) limits.

Final Average Compensation	Highest monthly average obtained when the sum of any 60 consecutive monthly compensation amounts during the participant's final 120 months of employment is divided by 60. If the participant has worked fewer than 60 months, the sum of his monthly compensation for his entire employment period is divided by the number of complete months for which he was compensated.
Credited Service	Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 Hours of Service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee worked beyond the 14th of the month. For former Amersham participants, service will include years of credited service that were credited on June 30, 1998 under the Amersham Pension Plan, provided that any Amersham participant not credited with a year of credited service under the Amersham Pension Plan for the period January 1, 1998 through June 30, 1998 will be credited with an additional year of credited service provided he is credited with at least 1,000 hours of service during 1998. For former Pharmacia participants, service will include years of credited service that were credited on June 30, 1998 under the Pharmacia U.S. Inc. Retirement Plan, provided that any Pharmacia participant who is not credited with a year of credited service under the Pharmacia U.S. Inc. Plan for the period from January 1, 1998 through June 30, 1998 will be credited with an additional year of credited service if he is credited with at least 1,000 hours of service during 1998.
Vesting Service	Service for the purpose of determining whether a participant has a nonforfeitable right to a benefit under the plan. One year of Vesting Service is credited for each plan year in which the employee completes 1,000 hours of service.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan
The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable lookback month.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Amersham Biosciences Corp Retirement Plan
EIN: 36-2656030 PN: 001

Schedule SB, line 25—Change in Funding Method

The implementation of PPA required certain changes to the methods used in the funding valuation:

- A change in the interest rate assumption from the January Segment rates of 5.31%, 5.92%, and 6.43% to the full yield curve with a two month lookback (October 2008 yield curve)
- A change in the asset valuation method from a Market Value method to the two-year 3-point smoothed value method as of January 1, 2009.
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

Note that these changes will affect the comparability of the funding valuation results for the 2009 plan year and the funding valuation results for prior plan years.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Amersham Biosciences Corp Retirement Plan
EIN: 36-2656030 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		4								
30-34		26	18	1						
35-39		37	23	1	1					
40-44		38	29	9	10	1				
45-49	1	33	26	18	14	4	2			
50-54	1	18	20	7	8	6		1		
55-59	2	17	7	4	12	1	1	1		
60-64		14	5		3		1	1	1	
65-69		2	3		1					
70+		1								

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