

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan INVITROGEN 401(K) SAVINGS AND INVESTMENT PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 07/01/1976
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) INVITROGEN CORPORATION 5791 VAN ALLEN WAY CARLSBAD, CA 92008	2b Employer Identification Number (EIN) 33-0373077 2c Sponsor's telephone number 760-603-7200 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	DIANE OLIVO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") INVITROGEN CORPORATION 5791 VAN ALLEN WAY CARLSBAD, CA 92008	3b Administrator's EIN 33-0373077 3c Administrator's telephone number 760-603-7200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	4259
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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	5770
b Retired or separated participants receiving benefits.....	6b	79
c Other retired or separated participants entitled to future benefits.....	6c	4193
d Subtotal. Add lines 6a , 6b , and 6c	6d	10042
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	39
f Total. Add lines 6d and 6e	6f	10081
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	8620
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	89

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2O 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan INVITROGEN 401(K) SAVINGS AND INVESTMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 INVITROGEN CORPORATION		D Employer Identification Number (EIN) 33-0373077

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

FIDELITY INVESTMENTS INST. OPER. CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	41309	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AF GROWTH OF AMER R5 - AMER FUNDS 95-2566717	0.05%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GS GROWTH OPPS INST - GOLDMAN, SACH 13-5108880	0.10%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
HARTFORD DIV & GTH IA - HARTFORD IN 13-3317783	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ING GLOBAL REL EST I - PNC GLOBAL I 04-2871943	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IVK SMALL CAP VAL A - VAN KAMPEN IN PO BOX 219286 KANSAS, MO 64121	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS TWENTY T - JANUS SERVICE CORP 43-1804048	0.33%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
PERKINS MID CP VAL T - JANUS SERVIC 43-1804048	0.33%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ROYCE LOW PR STK SER - BOSTON FINAN 04-2526037	0.45%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
RS EMERGING MKTS A - BOSTON FINANCI 04-2526037	0.55%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPERATIONS CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
3RD AVE RE VALUE IS - PNC GLOBAL IN 04-2871943	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	ERNST & YOUNG	b EIN:	34-6565596
c Position:	AUDITOR		
d Address:	725 S. FIGUEROA STREET LOS ANGELES, CA 90017	e Telephone:	213-977-3182

Explanation: WITH THE MERGER OF THE EMPLOYEE 401(K) SAVINGS PLAN OF APPLIED BIOSYSTEMS INTO THIS PLAN THE DECISION WAS MADE TO RETAIN THE AUDITORS OF THE APPLIED BIOSYSTEM'S PLAN.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan INVITROGEN 401(K) SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 INVITROGEN CORPORATION	D Employer Identification Number (EIN) 33-0373077	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	81219	792064
(2) Participant contributions	1b(2)	1374	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	65460	0
(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)	2011614	7289356
(9) Value of interest in common/collective trusts.....	1c(9)	19112306	213790993
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	108632334	417656164
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	129064	27652

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	1129183	2480520
(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	131162554	642036749

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	131162554	642036749
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6623311	
(B) Participants	2a(1)(B)	18374582	
(C) Others (including rollovers)	2a(1)(C)	885669	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		25883562

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)	133739	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		133739

(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)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	177050	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	113243	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		63807

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1306201	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1306201
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1365842
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		38165017
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		66918168

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10214695	
(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)		10214695
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)	41309	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		41309
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10256004

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		56662164
l Transfers of assets:			
(1) To this plan.....	2l(1)		454212031
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY & PULLEN, LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>INVITROGEN 401(K) SAVINGS AND INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INVITROGEN CORPORATION</u>	D Employer Identification Number (EIN) <u>33-0373077</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3603776</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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): _____



Independent Auditor's Report

To the Plan Administrator of
Invitrogen 401(k) Savings and Investment Plan:

We were engaged to audit the Statement of Net Assets Available for Benefits of the Invitrogen 401(k) Savings and Investment Plan (the "Plan") as of December 31, 2009, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. Other auditors were engaged to audit the financial statements of the Plan for the year ended December 31, 2008, whose report dated October 9, 2009 disclaimed an opinion on the 2008 financial statements for the same reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the United States 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, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2009, and as of December 31, 2008.

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 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the investment information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1 to the financial statements, on December 21, 2009, the Board of Directors of Life Technologies Corporation (the "Plan Sponsor") approved the merger of the Plan with The Employee 401(k) Savings Plan of Applied Biosystems, Inc. and the renaming of the Plan to the Life Technologies Corporation 401(k) Savings and Investment Plan effective January 1, 2010. All Plan assets of The Employee 401(k) Savings Plan of Applied Biosystems, Inc. were transferred to the Invitrogen 401(k) Savings and Investment Plan on December 31, 2009.

McGladrey & Pullen, LLP

Stamford, Connecticut
October 11, 2010

Invitrogen 401(k) Savings and Investment Plan

Financial Statements and Supplemental Schedule

Year ended December 31, 2009

The Employee 401(k) Savings Plan of Invitrogen

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Invitrogen 401(k) Savings and Investment Plan

Statements of Net Assets Available for Benefits At December 31, 2009 and 2008

2

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, at fair value (Notes 3 and 4)	\$ <u>641,244,685</u>	\$ <u>131,079,961</u>
Receivables:		
Participant contributions	-	1,374
Employer contributions	<u>792,064</u>	<u>81,219</u>
Total receivables	<u>792,064</u>	<u>82,593</u>
Net assets available for benefits, reflecting investments at fair value	642,036,749	131,162,554
Adjustment from fair value to contract value for investment in common collective trusts that invest in fully benefit-responsive investment contracts (Note 3)	<u>(1,641,799)</u>	<u>1,030,956</u>
Net assets available for benefits	\$ <u>640,394,950</u>	\$ <u>132,193,510</u>

See accompanying Notes to Financial Statements.

Invitrogen 401(k) Savings and Investment Plan

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2009

3

Additions to net assets attributed to:

Investment income (Note 3):

Net appreciation in fair value of investments	\$ 35,736,715
Dividends and interest	<u>2,625,136</u>
Net investment gain	<u>38,361,851</u>

Contributions:

Participant.....	18,374,582
Employer	6,623,311
Participant rollovers.....	<u>885,669</u>
Total contributions	<u>25,883,562</u>

Deductions:

Benefits paid to participants.....	(10,214,695)
Administrative expenses	<u>(41,309)</u>
Total deductions	<u>(10,256,004)</u>

Net increase.....	53,989,409
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Net assets available for benefits:

Beginning of year.....	132,193,510
Transfers in from the Employee 401(k) Savings Plan of Applied Biosystems, Inc. (Notes 1 and 8).....	<u>454,212,031</u>
End of year.....	<u>\$ 640,394,950</u>

See accompanying Notes to Financial Statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Invitrogen 401(k) Savings and Investment Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of Life Technologies Corporation, formerly known as Invitrogen Corporation (the “Company”), except temporary employees or Post Doctoral Fellows, who are at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective June 16, 2008, the Plan was amended to implement automatic enrollment and default investment provisions for employees hired on or after July 1, 2008.

Plan merger and transfer of assets

On December 21, 2009, the Board of Directors of Life Technologies Corporation approved the merger of the Employee 401(k) Savings Plan of Applied Biosystems, Inc. (the “AB Plan”) into the Plan on December 31, 2009. Additionally, on January 1, 2010, the Plan was renamed the Life Technologies Corporation 401(k) Savings and Investment Plan. In connection with the plan merger, the AB Plan investments of \$454,212,031 were transferred to the Plan on December 31, 2009.

Contributions

Each year, participants may contribute from 1% to 75% of pretax annual compensation, as defined in the Plan document. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan, except for the fund which holds the Company’s common stock. The Company is required to make contributions equal to 50% of each participant’s elective contributions, up to 6% of annual compensation, as defined in the Plan. The Company also may elect to contribute a discretionary non-matching contribution for each Plan year; however, no such discretionary non-matching contributions were made in 2009. Company contributions are allocated to participants’ selected investment options except for the fund which holds the Company’s common stock. Contributions are subject to certain limitations.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant contributions or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. At any time, participants may transfer amounts between investment funds, except amounts may only be transferred out of the Company’s common stock account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company’s contribution portion of their accounts is based on years of service, as defined in the Plan document. A participant is 100% vested upon completion of five years of credited service. Effective January 1, 2010, employees vest in Company contributions at a rate of 50% per year, over two years.

Vesting for employees on disability continues through the disability period. Additionally, a participant shall be 100% vested if he is terminated as a result of the closing of the Company’s business operations in a geographic area and is not immediately reemployed by the Company.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Loans and Hardship Withdrawals to Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of (a) the balance of the participant's contributions, (b) \$15,000, (c) \$50,000 in the case of a loan used for the purchase of a primary residence, or (d) 50% of the sum of the participant's vested balance. The loans are collateralized by the balance of the participant's vested account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Participants may request a hardship withdrawal up to the lesser of (a) the amount needed to meet the immediate financial hardship or (b) the portion of their account balance which was contributed by the employee and earnings thereon. Six months must lapse after a hardship withdrawal before a participant can resume salary reduction contributions.

Payment of Benefits

Upon termination of service or due to death, disability and retirement, if vested benefits are \$5,000 or less, the participant will receive a lump-sum distribution. If vested benefits exceed \$5,000, the participant may choose to leave the benefits in the Plan or have the benefits dispersed through a lump-sum distribution.

Forfeited Accounts

At December 31, 2009 and 2008, forfeited non-vested accounts totaled approximately \$587,000 (\$323,000 for the Plan and \$264,000 for the AB Plan) and \$376,000, respectively. These accounts will be used to reduce future employer contributions. During 2009, forfeitures of \$457,000 were used to partially reduce employer contributions and administrative expenses.

Administrative Expenses

While some administrative expenses are paid by the Plan, most administrative expenses are paid by the Company, at its discretion. The expenses paid by the Plan include trustee fees and commissions. In addition, certain accounting and administrative functions of the Plan are performed by employees of the Company at no cost to the Plan. The administrative expenses paid by the Company during 2009 were insignificant.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements are presented on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under terms of the plan. The Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's 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 discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned. Net appreciation and depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Concentration of Credit Risk

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. The Plan's exposure to credit loss in the event of nonperformance of investments is limited to the carrying value of such instruments. The Plan's concentration of credit risk and market risk are dictated by the Plan's provisions as well as those of ERISA and the participants' investment preference. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

Recently issued accounting pronouncements

In June 2009, the Financial Accounting Standards Board (the "FASB") issued the "Accounting Standards Codification" (the "Codification"). The Codification became the single source of U.S. GAAP in the preparation of financial statements. The Codification was not meant to create new accounting and reporting guidance, but rather to simplify user access to all authoritative accounting guidance by reorganizing U.S. GAAP pronouncements into accounting topics within a consistent organizational structure. The Codification supersedes all existing accounting and reporting standards and is effective for financial statements issued for interim and annual periods ending after September 15, 2009.

In September 2009, the FASB issued an amendment "Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)" (ASU 2009-12), which provides guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using net asset value ("NAV") per share as a practical expedient, when the fair value is not readily determinable, unless it is probable the investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternative investments, regardless of whether the practical expedient was used. This amendment was effective for periods ending after December 15, 2009, with early adoption permitted. See Note 4 for our disclosures required by the adoption of this guidance.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

In May 2009, the FASB issued guidance related to subsequent events. The guidance sets forth: 1) the period after the statement of net assets available for benefits date during which management of a reporting entity shall evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements; and 2) the circumstances under which an entity shall recognize events or transactions occurring after the statement of net assets available for benefits date. Two types of subsequent events require consideration by management: (a) recognized subsequent events; and (b) non-recognized subsequent events. Recognized subsequent events consist of those events or transactions that provide additional evidence with respect to conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing financial statements. Non-recognized subsequent events consist of those events that provide evidence with respect to conditions that did not exist at the date of the statement of net assets available for benefits, but arose subsequent to that date. The adoption of this guidance required the Plan to make additional disclosures in its financial statements (Note 8).

New Accounting Standards to be Adopted

In January 2010, the FASB issued an amendment “Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements” (ASU 2010-06) which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these changes. The guidance is effective for periods beginning after December 15, 2009, except for the guidance related to Level 3 measurements, which is effective for periods beginning on or after December 15, 2010.

NOTE 3 – INFORMATION CERTIFIED AND PROVIDED BY FIDELITY MANAGEMENT TRUST COMPANY

The following is a summary of the investment information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included throughout the Plan’s financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate (except as noted). Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan’s independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following investments:

	December 31,	
	2009	2008
Common stock:		
Life Technologies common stock ⁽¹⁾	\$ 2,480,520	\$ -
Invitrogen common stock	-	1,129,183
Interest bearing cash		
Fidelity interest bearing cash ⁽¹⁾	-	65,460
Mutual funds:		
AF Balanced Fund A ⁽³⁾	-	8,101,267
AF Growth Fund America A ⁽³⁾	-	13,739,021
JH Rainier Growth A	-	40,488
ABF Small Cap Value Fund	-	2,225,421
Columbia Acorn USA Z	-	2,651,493
balace (carried forward)	\$ 2,480,520	\$ 27,952,333

**NOTE 3 – INFORMATION CERTIFIED AND PROVIDED BY FIDELITY MANAGEMENT TRUST COMPANY
(Continued)**

	December 31,	
	2009	2008
balance (brought forward)	\$ 2,480,520	\$ 27,952,333
Mutual funds (continued):		
Allianz NFJ Large Cap Val	-	4,016,259
GS Growth Opportunities ⁽³⁾	-	12,243,952
Spartan U.S. Equity Index Fund ⁽³⁾	-	15,253,694
Vanguard Wellington ⁽²⁾	69,664,961	-
Royce Low Priced Stock Service ⁽²⁾	46,640,520	-
Hartford Dividend & Growth IA ⁽²⁾	46,366,647	-
Fidelity Growth Company ^{(1) (2)}	40,122,452	-
PIMCO Total Return Instl ⁽²⁾	39,737,889	-
Perkins Mid Cap Value Investment ^{(2) (3)}	32,838,199	8,463,328
Fidelity Diversified International ⁽³⁾	21,670,144	15,308,316
AF Growth of America R5	21,255,217	-
Goldman Sachs Growth Opportunities Inst	20,838,152	-
Fidelity Freedom 2030 ⁽¹⁾	14,669,478	605,399
Fidelity Freedom 2020 ⁽¹⁾	10,922,395	358,701
Fidelity Freedom 2040 ⁽¹⁾	9,154,496	232,295
Fidelity Low Priced Stock ⁽¹⁾	8,065,615	5,654,972
Fidelity Freedom 2035 ⁽¹⁾	5,499,195	126,038
Fidelity Select Healthcare ⁽¹⁾	4,738,446	2,979,503
Fidelity Freedom 2010 ⁽¹⁾	4,359,506	126,796
Van Kampen Small Cap Value A	3,956,631	-
Fidelity Freedom 2025 ⁽¹⁾	3,334,348	208,710
Fidelity Freedom 2015 ⁽¹⁾	3,252,138	208,739
Fidelity Freedom Income ⁽¹⁾	2,761,074	84,206
RS Emerging Markets A	2,149,165	244,411
Fidelity Freedom 2045 ⁽¹⁾	1,752,194	46,180
Fidelity Freedom 2000 ⁽¹⁾	1,315,945	-
Fidelity Freedom 2050 ⁽¹⁾	1,089,531	33,847
Janus Twenty	1,020,333	777,721
Fidelity Freedom 2005 ⁽¹⁾	252,566	-
3 rd Ave Real Estate Val	228,927	46,482
Common collective trust funds:		
Fidelity Managed Income Portfolio ^{(1) (3)}	19,261,930	19,112,306
Fidelity U.S. Bond Index Fund ^{(1) (2) (3)}	64,432,883	14,855,095
Applera International Fund ^{(1) (2)}	35,582,416	-
Vanguard Retirement Savings Trust II ⁽²⁾	94,513,764	-
Life Insurance Policies (not certified)	27,652	129,064
Participant loans ⁽¹⁾	7,289,356	2,011,614
Total investments at fair value	\$ 641,244,685	\$ 131,079,961

⁽¹⁾ Represents a party-in-interest as defined by ERISA.⁽²⁾ Represents 5% or more of the Plan's net assets at December 31, 2009⁽³⁾ Represents 5% or more of the Plan's net assets at December 31, 2008

NOTE 3 – INFORMATION CERTIFIED AND PROVIDED BY FIDELITY MANAGEMENT TRUST COMPANY (Continued)

Fidelity Management Trust Company also certified the completeness and accuracy of \$2,625,136 of dividends and interest income and the Plan's 2009 common stock, mutual funds and common collective trust fund appreciation (including gains and losses on investments bought and sold, as well as held during the year) as included in the following table:

Life Technologies Corporation common stock	\$ 1,370,604
Mutual funds and common collective trust funds	34,467,523
Cash surrender value of life insurance policies	(101,412)
Net appreciation	<u>\$ 35,736,715</u>

In addition, the Plan holds common collective trust investments which maintain two stable value funds which earn interest and dividends that are distributed to the Plan. The following reconciles the fair value to the contract value for the stable value funds at December 31. The fair value to contract value adjustments for the stable value funds are calculated by management and are not certified by Fidelity Management Trust Company.

	2009	2008
Vanguard Retirement Savings Trust II at fair value	\$ 94,513,764	\$ -
Fidelity Managed Income Portfolio at fair value	19,261,930	19,112,306
Total adjustment to contract value	<u>(1,641,799)</u>	<u>1,030,956</u>
Contract value	<u>\$ 112,133,895</u>	<u>\$ 20,143,262</u>

NOTE 4 – FAIR VALUE MEASUREMENTS

The FASB Codification Topic 820, *Fair Value Measurements and Disclosures* defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. This topic also emphasizes that fair value is a market-based measurement under three categories which are as follows:

- Level 1** Quoted prices in active markets for identical assets or liabilities;
- Level 2** Quoted prices for similar assets and liabilities in active markets, quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the asset or liability;
- Level 3** Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e., supported by little or no market activity).

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds: Valued at net asset value ("NAV") of shares held by the plan at year-end.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Life Insurance policies: The cash surrender value of the life insurance policies are as determined and reported by the insurance company as of the anniversary date of the policies

Participant loans: Valued at amortized cost, which approximates fair value.

Common collective trusts: The investments are public investment vehicles using the NAV provided by the fund administrator. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 417,656,164	\$ -	\$ -	\$ 417,656,164
Common stock	2,480,520	-	-	2,480,520
Life insurance policies	-	-	27,652	27,652
Common collective trust funds	-	213,790,993	-	213,790,993
Participant loans	-	-	7,289,356	7,289,356
	\$ 420,136,684	\$ 213,790,993	\$ 7,317,008	\$ 641,244,685

Assets at Fair Value as of December 31, 2008

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 108,632,334	\$ -	\$ -	108,632,334
Common stock	1,129,183	-	-	1,129,183
Life insurance policies	-	-	129,064	129,064
Common collective trust fund	-	19,112,306	-	19,112,306
Interest bearing cash	65,460	-	-	65,460
Participant loans	-	-	2,011,614	2,011,614
	\$ 109,826,977	\$ 19,112,306	\$ 2,140,678	\$ 131,079,961

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

For those financial instruments with significant Level 3 inputs, the following table summarizes the activity for the year ended December 31, 2009 by investment type:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)				
	Life Insurance Policies		Participant Loans		Total
Beginning balance at January 1, 2009	\$	129,064	\$	2,011,614	\$ 2,140,678
Transfer into the level 3 for the Plan merger		-		5,336,295	5,336,295
Purchases, issuances and settlements, net		(101,412)		(58,553)	(159,965)
Ending balance at December 31, 2009	\$	27,652	\$	7,289,356	\$ 7,317,008

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2009.

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Fidelity Managed Income Portfolio (a)	\$ 19,261,930	\$ -	Daily	None
Fidelity U.S. Bond Index Fund (b)	\$ 64,432,883	\$ -	Daily	None
Applera International Fund (c)	\$ 35,582,416	\$ -	Daily	None
Vanguard Retirement Savings Trust II (a)	\$ 94,513,764	\$ -	Daily	None

- (a) The Fidelity Managed Income Portfolio and Vanguard Retirement Savings Trust II are commingled pools, not mutual funds, with the objective of preserving principal while earning interest income. Portfolio investments are comprised of short-term bonds and other fixed income securities, including U.S. Treasury bonds, government agency securities, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities and derivative instruments such as futures, swaps and options. Third-party wrap contracts are purchased to permit the use of book value accounting to maintain a constant net asset value (NAV) and to provide for the payment of participant-directed withdrawals and exchanges at book value under most circumstances. Interest is credited under wrap contracts. Instead of immediately recognizing gains and losses, recognition occurs over time by adjusting the interest rate credited to the Portfolio. Investments may also include contracts offered by insurance companies and other approved financial institutions that provide for the payment of a specified rate of interest to the Portfolio and the repayment of principal at maturity. All investment contracts and fixed income securities purchased for the Portfolio must satisfy the credit quality standards of Fidelity Management Trust Company and Vanguard Fiduciary Trust Company.
- (b) The Fidelity U.S. Bond Index Fund strives for total return investment results reflective of the bonds in the Barclays Capital U.S. Aggregate Bond Index. In this effort, the fund generally invests at least 80% of its assets in bonds comprising the Barclays Capital U.S. Aggregate Bond Index, including investment grade corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, federal agency securities, U.S. Treasury securities and other government-related securities. The fund utilizes statistical sampling techniques based on duration, maturity, interest rate sensitivity, security structure and credit quality to replicate the returns of the Index while using a smaller number of securities than the Index.
- (c) The Applera International Fund attempts to identify stocks that it believes are undervalued, using detailed investment analysis. The Strategy is normally broadly invested among countries and industries. The fund seeks to outperform the Index 300+ bps (on an annualized basis) over the long term, with a projected tracking error of approximately 300 to 500 bps. There can of course be no assurance that any Portfolio will achieve that level of performance or will maintain that level of tracking error. The Strategy will typically focus its investments in a relatively limited number of stocks.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of common stock of the Company, a common collective trust fund managed by the trustee and mutual funds managed by Fidelity Institutional Investors, an affiliate of the trustee. These qualify as party-in-interest transactions for which a statutory exemption exists.

At December 31, 2009 and 2008, 148,406 shares of Life Technologies Corporation and 48,442 shares of Invitrogen Corporation common stock were held by the Plan, respectively. The participant or participant's beneficiary may vote as required with regard to the Company's common stock held.

NOTE 6 – TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated May 14, 2009, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator has indicated that it will take the necessary steps, if any, to maintain the qualified status of the Plan, and the related trust.

NOTE 7 – RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the Statement of Net Assets Available for Benefits at December 31, 2009 and 2008 to the Form 5500:

	<u>2009</u>	<u>2008</u>
Net assets available for benefit per the Statements of Net Assets Available for Benefits	\$ 640,394,950	\$ 132,193,510
Less: Adjustment from fair value to contract value for investment in common collective trust that consists of fully benefit responsible investment contracts.....	<u>1,641,799</u>	<u>(1,030,956)</u>
Net assets available for benefits per the Form 5500	<u>\$ 642,036,749</u>	<u>\$ 131,162,554</u>

The following is a reconciliation of total decrease per the Statement of Changes in Net Assets Available for Benefits to total income (loss) per the Form 5500 for the year ended December 31, 2009:

Net increase per the Statement of Changes in Net Assets Available for Benefits	\$ 508,201,440
Less: Adjustment from fair value to contract value for investment in common collective trust that consists of fully benefit responsible investment contracts	<u>2,672,755</u>
Net increase in net assets available for benefits per the Form 5500	<u>\$ 510,874,195</u>

NOTE 8 – SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued. On January 1, 2010, the Invitrogen 401(k) Savings and Investment Plan was renamed the Life Technologies Corporation Savings and Investment Plan. Effective January 1, 2010, employees vest in Company contributions at a rate of 50% per year, over two years.

Invitrogen Corporation
401(k) Savings and Investment Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2009
EIN: 33-0373077 Plan Number: 003

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<u>Identity of issue, borrower, lessor, or similar party</u>	Description of investment including maturity date, rate of interest, collateral, par, or <u>maturity value</u>	<u>Current Value</u>
*Life Technologies common stock.....	148,406 shares	\$ 2,480,520
Vanguard Retirement Savings Trust II	92,513,785 units	94,513,764
Vanguard Wellington.....	1,398,333 units	69,664,961
*Fidelity U.S. Bond Index Fund	1,689,821 units	64,432,883
Royce Low Priced Stock Service.....	3,319,610 units	46,640,520
Hartford Dividend & Growth IA	2,641,974 units	46,366,647
*Fidelity Growth Company	581,653 units	40,122,452
PIMCO Total Return Instl	3,679,434 units	39,737,889
*Applera International Fund.....	5,061,510 units	35,582,416
Perkins Mid Cap Value Investment	1,658,495 units	32,838,199
Fidelity Diversified International.....	773,934 units	21,670,144
AF Growth of America R5	779,150 units	21,255,217
Goldman Sachs Growth Opportunities Inst	1,010,089 units	20,838,152
*Fidelity Managed Income Portfolio	19,620,108 units	19,261,930
*Fidelity Freedom 2030.....	1,183,977 units	14,669,478
*Fidelity Freedom 2020.....	1,278,561 units	10,922,395
*Fidelity Freedom 2040.....	1,278,561 units	9,154,496
*Fidelity Low Priced Stock	252,524 units	8,065,615
*Fidelity Freedom 2035.....	535,984 units	5,499,195
*Fidelity Select Healthcare.....	44,413 units	4,738,446
*Fidelity Freedom 2010.....	348,842 units	4,359,506
Van Kampen Small Cap Value A	274,957 units	3,956,631
*Fidelity Freedom 2025.....	320,919 units	3,334,348
*Fidelity Freedom 2015.....	312,105 units	3,252,138
*Fidelity Freedom Income.....	257,083 units	2,761,074
RS Emerging Markets A.....	92,957 units	2,149,165
*Fidelity Freedom 2045.....	206,871 units	1,752,194
*Fidelity Freedom 2000.....	115,942 units	1,315,945
*Fidelity Freedom 2050.....	130,483 units	1,089,531
Janus Twenty	16,567 units	1,020,333
*Fidelity Freedom 2005.....	25,181 units	252,566
3 rd Ave Real Estate Val.....	11,189 units	228,927
Life Insurance Policies.....	-	27,652
* Participant loans.....	With interest rates ranging from 2.15% to 10.0%, maturity dates through 2023	7,289,356
Total investments.....		<u>\$ 641,244,685</u>

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

The above information has been certified by Fidelity Management Trust Company, as Trustee, as complete and accurate.

Invitrogen Corporation
401(k) Savings and Investment Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2009

EIN: 33-0373077 Plan Number: 003

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e)
Identity of issue, borrower, lessor, or similar party			Current Value
*Life Technologies common stock		148,406 shares	\$ 2,480,520
Vanguard Retirement Savings Trust II.....		92,513,785 units	94,513,764
Vangaurd Wellington.....		1,398,333 units	69,664,961
*Fidelity U.S. Bond Index Fund		1,689,821 units	64,432,883
Royce Low Priced Stock Service.....		3,319,610 units	46,640,520
Hartford Dividend & Growth IA		2,641,974 units	46,366,647
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3rd Ave Real Estate Val		11,189 units	228,927
Life Insurance Policies.....		-	27,652
* Participant loans.....		With interest rates ranging from 2.15% to 10.0%, maturity dates through 2023	7,289,356
Total investments			\$ 641,244,685
* Represents a party-in-interest as defined by ERISA.			

The above information has been certified by Fidelity Management Trust Company, as Trustee, as complete and accurate.