

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	--	---

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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan LIFE TECHNOLOGIES PENSION PLAN	1b Three-digit plan number (PN) ▶ 005
		1c Effective date of plan 11/01/1975
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) LIFE TECHNOLOGIES CORPORATION 5791 VAN ALLEN WAY CARLSBAD, CA 92008	2b Employer Identification Number (EIN) 33-0373077
		2c Sponsor's telephone number 760-476-6332
		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.	10/19/2010	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LIFE TECHNOLOGIES CORPORATION 5791 VAN ALLEN WAY CARLSBAD, CA 92008	3b Administrator's EIN 33-0373077 3c Administrator's telephone number 760-476-6332
--	---

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	1285
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	320
b Retired or separated participants receiving benefits.....	6b	216
c Other retired or separated participants entitled to future benefits.....	6c	702
d Subtotal. Add lines 6a , 6b , and 6c	6d	1238
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	34
f Total. Add lines 6d and 6e	6f	1272
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 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
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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 LIFE TECHNOLOGIES PENSION PLAN	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LIFE TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 33-0373077
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2009
2	Assets:
a	Market value 2a 32212670
b	Actuarial value 2b 35433937
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a 227 9718127
b	For terminated vested participants 3b 719 20738512
c	For active participants:
(1)	Non-vested benefits 3c(1) 26024
(2)	Vested benefits 3c(2) 5051004
(3)	Total active 3c(3) 339 5077028
d	Total 3d 1285 35533667
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 8.08 %
6	Target normal cost 6 45000

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

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	9849167	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).....	9849167	0
10	Interest on item 9 using prior year's actual return of <u>-29.77</u> %	-2932097	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		225706
b	Interest on (a) using prior year's effective rate of <u>6.20</u> %		13994
c	Total available at beginning of current plan year to add to prefunding balance		239700
d	Portion of (c) to be added to prefunding balance.....		239700
12	Reduction in balances due to elections or deemed elections.....	6917070	239700
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	99.71 %
15	Adjusted funding target attainment percentage.....	15	99.71 %
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	104.39 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2009	2000000				
			Totals ►	18(b)	2000000
				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 1852058
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	45000
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	45000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	45000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1852058
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1807058
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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A Name of plan</div> <div>LIFE TECHNOLOGIES PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>005</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>LIFE TECHNOLOGIES CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>33-0373077</div>

Part I

Service Provider Information (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SAGEVIEW ADVISORY GROUP

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	RETAINED BY CLIENT	70738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 64	RETAINED BY CLIENT	1050	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 ☐

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	MARK MAGNUS	b EIN:	52-2206685
c Position:	ACTUARY		
d Address:	690 CANTON STREET WESTWOOD, MA 02090	e Telephone:	781-619-2000

Explanation: CORPORATE DECISION TO CHANGE

a Name:	ERNST & YOUNG	b EIN:	34-6565596
c Position:	AUDITOR		
d Address:	4370 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92122	e Telephone:	858-535-7200

Explanation: CORPORATE DECISION TO CHANGE

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) 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 LIFE TECHNOLOGIES PENSION PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 LIFE TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 33-0373077	

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	89082	107626
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	250000	
(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)		
(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)	31883916	41653487
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	32222998	41761113

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	16301	37522
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	16301	37522

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	32206697	41723591
---	-----------	----------	----------

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)	2000000	
(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)		2000000
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)		
(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)		8983648
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10983648

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1252426	
(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)		1252426
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)	1050	
(3) Investment advisory and management fees	2i(3)	70738	
(4) Other	2i(4)	142540	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		214328
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1466754

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9516894
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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.
---	--	--

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

A Name of plan <u>LIFE TECHNOLOGIES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFE TECHNOLOGIES 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>13-3808042</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>4</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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: 62% Investment-Grade Debt: 26% High-Yield Debt: 1% Real Estate: 11% Other: 0%

- 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 Participants and Administrator of
Life Technologies Pension Plan

We were engaged to audit the statement of net assets available for benefits of the Life Technologies Pension Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended and supplemental schedules of Assets (Held at End of Year) as of December 31, 2009, and Reportable Transactions for the year ended December 31, 2009. These financial statements and supplemental schedules 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 New York Life Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2009 and 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 schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the 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.

McGladrey & Pullen, LLP

Stamford, Connecticut
October 1, 2010

**LIFE TECHNOLOGIES
PENSION PLAN**

**Financial Statements and Supplemental Schedules
Years ended December 31, 2009 and 2008**

**LIFE TECHNOLOGIES
PENSION PLAN**

Table of Contents
December 31, 2009 and 2008

	<u>Page(s)</u>
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 10
Supplemental Schedules:	
Schedule H – Schedule of Assets (Held at End of Year)	11
Schedule H, Line 4j – Schedule of Reportable Transactions	12



Independent Auditor's Report

To the Participants and Administrator of
Life Technologies Pension Plan

We were engaged to audit the statement of net assets available for benefits of the Life Technologies Pension Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended and supplemental schedules of Assets (Held at End of Year) as of December 31, 2009, and Reportable Transactions for the year ended December 31, 2009. These financial statements and supplemental schedules 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 New York Life Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 3, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2009 and 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 schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the 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.

McGladrey & Pullen, LLP

Stamford, Connecticut
October 1, 2010

**LIFE TECHNOLOGIES
PENSION PLAN**

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2009</u>	<u>2008</u>
Assets:		
Cash, non-interest bearing	\$ 107,626	\$ 89,082
Investments at fair value- Mutual funds (Notes 3 and 4).....	41,653,487	31,883,916
Employer contributions receivable	<u>-</u>	<u>250,000</u>
Total assets	41,761,113	32,222,998
Liabilities:		
Accrued administrative expenses	<u>37,522</u>	<u>16,301</u>
Net assets available for benefits	<u>\$ 41,723,591</u>	<u>\$ 32,206,697</u>

See accompanying Notes to Financial Statements.

**LIFE TECHNOLOGIES
PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to (deductions from) net assets attributed to:		
Investment income (loss) (Note 3):		
Interest.....	\$ 953,189	\$ 2,021,069
Net appreciation (depreciation) in fair value of mutual fund investments	8,030,459	(15,809,916)
Employer contribution (Note 6)	2,000,000	250,000
Benefits paid directly to participants	(1,252,426)	(1,039,821)
Administrative expenses.....	<u>(214,328)</u>	<u>(120,846)</u>
Net increase (decrease)	9,516,894	(14,699,514)
Net assets available for benefits:		
Beginning of year	<u>32,206,697</u>	<u>46,906,211</u>
End of year.....	<u>\$ 41,723,591</u>	<u>\$ 32,206,697</u>

See accompanying Notes to Financial Statements.

LIFE TECHNOLOGIES PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

1. Description of Plan

The following description of the Life Technologies Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

On September 14, 2000, Life Technologies Corporation, formerly known as Invitrogen Corporation (“Life Technologies”, the “Plan Sponsor”, or the “Company”) acquired the Life Technologies Inc. Pension Plan and renamed it the Life Technologies Pension Plan.

On December 6, 2001, the Company’s board of directors resolved to amend the Plan to freeze all benefit accruals as of December 31, 2001. Additionally, new employees are not allowed to participate in the Plan after December 31, 2001.

The Plan is a non-contributory, defined benefit pension plan covering substantially all former employees of the Life Technologies division who are current employees of the Company, who have completed one year of service, and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Pension Benefits

Employees who have completed 5 or more years of service or have reached normal retirement age (65) are entitled to annual pension benefits beginning at age 65 equal to (a) their years of credited service earned after October 31, 1975 times 1% of their final 5-year average annual compensation for each year of service, and (b) .5% of their 5-year average annual compensation for each year of service in excess of covered compensation times their years of credited service up to 35 years of credited service. However, for the purpose of determining the annual pension benefits, credited service and compensation earned after December 31, 2001 is excluded. The Plan permits early retirement at age 55 provided participants have completed 10 years of vesting service. A participant’s benefit will be paid to them in the form of (a) a monthly benefit, or (b) a lump-sum distribution if the present value of the participant’s vested accrued benefit is \$5,000 or less. As noted above, effective December 31, 2001, all benefits accrued were frozen; no additional benefits will accrue subsequent to that date.

If employees terminate before rendering 5 years of service, they forfeit the right to receive benefits under the provisions of the Plan.

Death and Disability Benefits

If an active employee dies with at least 5 years of vesting service, a death benefit is payable to the employee’s spouse or designated beneficiary, if unmarried. The death benefit payable will be based on the value of the amounts payable to the spouse or beneficiary under a qualified joint and survivor annuity.

Active employees who have completed 10 years of vesting service and become disabled are entitled to receive disability benefits under the Plan. Disabled participants are eligible for a disability benefit on the date they reach age 65. The participant’s benefit is computed in the same manner as their normal retirement benefit using their 5-year average annual compensation and credited service as of the date of their disability and additional years of credited service earned while disabled. Disabled employees are entitled to accrue additional years of credited service after their date of disability until the first of the following occurs: (a) obtain age 65, or if later,

**LIFE TECHNOLOGIES
PENSION PLAN**

Notes to Financial Statements
December 31, 2009 and 2008

5 years after the onset of the disability, (b) death, or (c) recovery from disability. However, under any event, disabled participants will not receive additional credited service after December 31, 2001.

Administrative Expenses

Administrative expenses related to the operations of the Plan are paid by the Plan unless paid by the Company at its discretion. These expenses include investment management and trustee fees, which include, fees of accountants, actuaries, legal counsel and other agents. In addition, certain accounting, legal and administrative functions of the Plan are performed by employees of the Company at no cost to the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting using accounting principles generally accepted in the United States.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported 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. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, 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. 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 concentrations of credit risk and market risk are dictated by the Plan's provisions as well as those of ERISA.

Contributions to the Plan and the actuarial value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

LIFE TECHNOLOGIES PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

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 that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest average five consecutive years of compensation during the final 120 months of credited service earned prior to December 31, 2001 (or average compensation over years of credited service earned prior to December 31, 2001, if less than five years). 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits as of December 31, 2009 and 2008 (Note 5) reflects the December 6, 2001 Plan amendment to freeze all benefit accruals.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

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.

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

LIFE TECHNOLOGIES PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

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. Management has evaluated events through the date the financial statements were available to be issued.

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.

3. Information Certified and Provided by New York Life Trust Company

The assets of the Plan were held in a trust fund administered by New York Life Trust Company (the “Trustee”) at December 31, 2009 and 2008, and for the years then ended. 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 schedules, that was prepared by or derived from information provided by New York Life Trust Company 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. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL’s Rules 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 schedules related to the following investments:

	December 31,	
	2009	2008
Investments		
Cash, non-interest bearing	\$ 107,626	\$ 89,082
Mutual funds at fair value	41,653,487	31,883,916
Total investments	<u>\$ 41,761,113</u>	<u>\$ 31,972,998</u>

New York Life Trust Company also certified the completeness and accuracy of \$8,030,459 and \$(15,809,916) of net appreciation and (depreciation) in fair value of investments, and \$953,189 and \$2,021,069 of interest income, related to the aforementioned investments for the years ended December 31, 2009 and 2008, respectively.

LIFE TECHNOLOGIES PENSION PLAN

Notes to Financial Statements
December 31, 2009 and 2008

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** Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted 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).

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 the net asset value of shares held by the Plan at end of year.

Cash, non-interest bearing: Fair value approximates the cash balance held by the Plan at end of year.

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				
	Level 1	Level 2	Level 3	Total
Cash, non-interest bearing	\$ 107,626			\$ 107,626
Mutual Funds				
PIMCO Total Return Fund (Institutional Class)	11,355,948	-	-	11,355,948 *
MainStay S&P 500 Index Fund (Class I)	6,438,845	-	-	6,438,845 *
Third Avenue Real Estate Value Fund	4,374,624	-	-	4,374,624 *
Davis New York Venture Fund	4,357,468	-	-	4,357,468 *
Alliance Bernstein International Value (Class A)	4,336,879	-	-	4,336,879 *
The Growth Fund of America R3	4,202,951	-	-	4,202,951 *
Oppenheimer Developing Markets Fund	2,287,522	-	-	2,287,522 *
Ranier Small-Mid Cap Equity Portfolio	2,188,077	-	-	2,188,077 *
Royce Value Plus Fund (Serv)	2,111,173	-	-	2,111,173 *
Total assets at fair value	\$ 41,761,113	\$ -	\$ -	\$ 41,761,113

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Cash, non-interest bearing	\$ 89,082			\$ 89,082
Mutual Funds				
PIMCO Total Return Fund (Institutional Class)	13,036,586	-	-	13,036,586 *
MainStay S&P 500 Index Fund (Class I)	4,493,828	-	-	4,493,828 *
Davis New York Venture Fund	2,845,342	-	-	2,845,342 *
The Growth Fund of America R3	2,741,673	-	-	2,741,673 *
Third Avenue Real Estate Value Fund	2,704,600	-	-	2,704,600 *
Alliance Bernstein International Value (Class A)	2,286,297	-	-	2,286,297 *
Royce Value Plus Fund (Serv)	1,338,909	-	-	1,338,909
Oppenheimer Developing Markets Fund	1,249,492	-	-	1,249,492
Ranier Small-Mid Cap Equity Portfolio	1,187,189	-	-	1,187,189
Total assets at fair value	\$ 31,972,998	\$ -	\$ -	\$ 31,972,998

* Investments representing more than 5% of the Plan's net assets as of December 31, 2009 and 2008.

**LIFE TECHNOLOGIES
PENSION PLAN**

Notes to Financial Statements
December 31, 2009 and 2008

5. Accumulated Plan Benefit Obligation

Accumulated plan benefits consisted of the following at December 31:

	<u>2008</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 10,166,326
Other participants.....	<u>26,768,620</u>
Total vested benefits	<u>36,934,946</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 36,934,946</u>

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

Actuarial present value of accumulated plan benefits as of December 31, 2007	\$ 35,408,988
Increase (decrease) during the year related to:	
Additional benefits earned and experience gains (losses)	(51,607)
Benefits paid	(1,039,821)
Interest	<u>2,617,386</u>
Net increase during the year	<u>1,525,958</u>
Actuarial present value of accumulated plan benefits as of December 31, 2008	 <u>\$ 36,934,946</u>

The significant actuarial assumptions used in the valuations as of December 31, 2008 were:

Discount rate	7.5% compounded annually
Life expectancy	RP 2000 Combined Healthy (Male, Female)
Retirement age assumptions	Age 65

6. Funding Policy

The Company's funding policy is to make annual contributions to the Plan to meet minimum funding and prior service requirements, as determined by the Plan's independent actuary. No voluntary employee contributions are permitted. The Plan is in compliance with ERISA minimum funding requirements for the years ended December 31, 2009 and 2008.

**LIFE TECHNOLOGIES
PENSION PLAN**

Notes to Financial Statements
December 31, 2009 and 2008

7. Plan Termination

In the event of Plan termination, participants would become 100% vested.

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during 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 Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency, subject to the applicable limitations as discussed below.
3. All other vested benefits not insured by the PBGC.
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminated. Generally, the PBGC guarantees most vested normal age 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 protections 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 on an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2009 and 2008, that ceiling, which is adjusted periodically, was \$4,500 and \$4,313 per month, respectively. That ceiling applies to those pensioners who elected to receive their benefits in the form of a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

8. Related-Party Transactions

In addition to the administrative expenses paid by the Plan, certain insignificant administrative expenses, including certain legal and accounting fees, were paid by the Company.

9. 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. Subsequent to this issuance of the determination letter, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended and restated, is qualified and the related trust is tax exempt.

**LIFE TECHNOLOGIES
PENSION PLAN**

Schedule H - Schedule of Assets (Held at End of Year)

As of December 31, 2009

EIN: 33-0373077, Plan Number: 005

<u>Identity of issue, borrower, lessor, or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
Mutual Funds:			
PIMCO Total Return Fund (Institutional Class)	Fixed Income, 1,051,477 shares	\$ 11,135,425	\$ 11,355,948
Mainstay S&P 500 Index Fund (Class I)	Large Blend, 250,832 shares	6,494,014	6,438,845
Third Avenue Real Estate Value Fund	Specialty-Real Estate, 213,814 shares	4,907,546	4,374,624
Davis New York Venture Fund	Large Blend, 140,654 shares	4,267,737	4,357,468
Alliance Bernstein International Value (Class A)	Foreign Large Value, 317,720 shares	4,887,120	4,336,879
The Growth Fund of America R3	Large Growth, 156,069 shares	4,141,201	4,202,951
Oppenheimer Developing Markets Fund	Foreign Value, 79,538 shares	2,245,484	2,287,522
Ranier Small-Mid Cap Equity Portfolio	Mid-Cap Growth, 83,642 shares	2,188,384	2,188,077
Royce Value Plus Fund (Serv)	Large Value, 187,827 shares	2,222,076	<u>2,111,173</u>
Total Mutual Funds			41,653,487
Cash, non-interest bearing			<u>107,626</u>
Total Assets Held at End of Year			<u>\$ 41,761,113</u>

The above information has been certified by New York Life Trust Company, as Trustee, as complete and accurate.

LIFE TECHNOLOGIES PENSION PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0373077, Plan Number: 005
Year Ended December 31, 2009

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loans)	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (iii) – Series of transactions in excess of 5% of beginning of the year plan assets:</u>							
PIMCO Total Return Fund	Mutual Fund Sales	\$ -	\$ 3,728,627	\$ -	\$ 3,878,358	\$ 3,728,627	\$ (149,731)

There were no category (i), (ii) or (iv) transactions during the Plan year.

The above information has been certified by New York Life Trust Company, as Trustee, as complete and accurate.

**LIFE TECHNOLOGIES
PENSION PLAN**

Schedule H - Schedule of Assets (Held at End of Year)
As of December 31, 2009
EIN: 33-0373077, Plan Number: 005

<u>Identity of issue, borrower, lessor, or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current Value</u>
Mutual Funds:			
PIMCO Total Return Fund (Institutional Class)	Fixed Income, 1,051,477 shares	\$ 11,135,425	\$ 11,355,948
Mainstay S&P 500 Index Fund (Class I)	Large Blend, 250,832 shares	6,494,014	6,438,845
Third Avenue Real Estate Value Fund	Specialty-Real Estate, 213,814 shares	4,907,546	4,374,624
Davis New York Venture Fund	Large Blend, 140,654 shares	4,267,737	4,357,468
Alliance Bernstein International Value (Class A)	Foreign Large Value, 317,720 shares	4,887,120	4,336,879
The Growth Fund of America R3	Large Growth, 156,069 shares	4,141,201	4,202,951
Oppenheimer Developing Markets Fund	Foreign Value, 79,538 shares	2,245,484	2,287,522
Ranier Small-Mid Cap Equity Portfolio	Mid-Cap Growth, 83,642 shares	2,188,384	2,188,077
Royce Value Plus Fund (Serv)	Large Value, 187,827 shares	2,222,076	<u>2,111,173</u>
Total Mutual Funds			41,653,487
Cash, non-interest bearing			<u>107,626</u>
Total Assets Held at End of Year			<u>\$ 41,761,113</u>

The above information has been certified by New York Life Trust Company, as Trustee, as complete and accurate.

LIFE TECHNOLOGIES PENSION PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0373077, Plan Number: 005
Year Ended December 31, 2009

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loans)	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset		Net Gain (Loss)
						on	Transaction Date	
<u>Category (iii) – Series of transactions in excess of 5% of beginning of the year plan assets:</u>								
PIMCO Total Return Fund	Mutual Fund Sales	\$ -	\$ 3,728,627	\$ -	\$ 3,878,358	\$ 3,728,627		\$ (149,731)

There were no category (i), (ii) or (iv) transactions during the Plan year.

The above information has been certified by New York Life Trust Company, as Trustee, as complete and accurate.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). <p>▶ File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2009</div> 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 <u>Life Technologies Pension Plan</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Life Technologies Corporation</u>	D Employer Identification Number (EIN) <u>33-0373077</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2	Assets:		
	a Market value.....	2a	32,212,670
	b Actuarial value.....	2b	35,433,937
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	227
	b For terminated vested participants.....	3b	719
	c For active participants:		
	(1) Non-vested benefits.....	3c(1)	26,024
	(2) Vested benefits.....	3c(2)	5,051,004
	(3) Total active.....	3c(3)	339
	d Total.....	3d	1,285
4	If the plan is at-risk, check the box and complete items (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	8.08 %
6	Target normal cost.....	6	45,000

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

SIGN HERE	<u>JOE BARRERA</u> <u>JB</u> Signature of actuary <u>JOE BARRERA</u> Type or print name of actuary <u>MERCER</u> Firm name <u>4695 MACARTHUR COURT</u> <u>SUITE 600</u> <u>NEWPORT BEACH</u> <u>CA 92660-1882</u> Address of the firm	<u>10/8/2010</u> Date <u>08-06379</u> Most recent enrollment number <u>(949) 222-1304</u> Telephone number (including area code)
----------------------	--	---

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	9,849,167	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)	9,849,167	0
10 Interest on item 9 using prior year's actual return of <u>(29.77)%</u>	(2,932,097)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		225,706
b Interest on (a) using prior year's effective rate of <u>6.20 %</u>		13,994
c Total available at beginning of current plan year to add to prefunding balance		239,700
d Portion of (c) to be added to prefunding balance		239,700
12 Reduction in balances due to elections or deemed elections	6,917,070	239,700
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	99.71 %
15 Adjusted funding target attainment percentage	15	99.71 %
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	104.39 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2009	2,000,000				
Totals ▶			18(b)	2,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,852,058

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

2

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

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

0

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

0

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

45,000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

45,000

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

0

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

45,000

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

1,852,058

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

1,807,058

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, Line 22 — Description of Weighted Average Retirement Age

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

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

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions****Discount rate sponsor elections**

Segment rates or full yield curve	Full Yield Curve
Look-back months	2

Mortality sponsor elections

Healthy participants	2009 PPA separate static annuitant and nonannuitant mortality tables.
----------------------	---

Other economic assumptions

Salary increases	Not applicable
Flat-dollar benefit increases	Not applicable
Social Security wage base	Not applicable
Inflation	Not applicable
Expected investment return	7.50% per year for years 2007 through 2009, limited to the applicable 3rd segment rate
Expenses	\$45,000 added to current year normal cost

Demographic assumptions

Withdrawal	See table of sample rates.
Disability incidence	None

Retirement age for active participants

Attained age	Percentage	
	Male	Female
Under 55	0%	0%
55	5%	5%
56	5%	5%
57	5%	5%
58	5%	5%
59	5%	5%
60	10%	10%
61	10%	10%
62	20%	20%
63	10%	10%
64	10%	10%
65 and above	100%	100%

Benefit commencement age for

- Future vested deferred 65
- Current vested deferred 65

Spouse assumptions

	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	100%	100%
▪ Spouse age difference	3 years younger	3 years older

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

Form of payment	Life annuity
-----------------	--------------

Sample Rates of Employee Termination

Attained age	Percentage	
	Male	Female
25	17.5%	17.5%
30	14.5%	14.5%
35	11.5%	11.5%
40	8.5%	8.5%
45	5.5%	5.5%
50	2.5%	2.5%
55	0.5%	0.5%
60	0.0%	0.0%

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

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

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

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

Participant methods

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

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

*Plan sponsor elections***Mortality**

- Static annuitant and nonannuitant tables

Funding interest rate

- Full yield curve
- 2-months look-back

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

- Not applicable

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

Minimum funding method

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

A detailed description of the calculation follows:

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

Maximum deductible contribution method

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

A detailed description of the calculation follows:

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

Schedule SB, Line 24 — Change in Actuarial Assumptions

Retirement assumption for active participants was changed from age 65 to an age-graded table.

An expense assumption of \$45,000 was added.

These changes were made to better reflect anticipated plan experience.

Schedule SB, Line 25 — Change in Method

The asset method was changed from the market value of assets to the average of the market value of assets as of the valuation date and the prior 2 years (adjusted for cash flow and expected earnings to the end of the year). The above methods comply with the requirements of the Pension Protection Act of 2006.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of service									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
< 25										
25 - 29			2							
30 - 34			16	11						
35 - 39			17	15	10	2				
40 - 44			11	25	23	7	1			
45 - 49			16	23	25	13	6	1		
50 - 54			10	12	12	11	7	2		
55 - 59			6	13	6	2	2	6	4	
60 - 64			4	7	5	4		1	1	
65 - 69										
70+										

The total count included in the above chart is 339. Since the plan was frozen as of December 31, 2001, the years of service shown above are the years of service accrued until the plan freeze. Since the plan does not cover 1,000 or more active participants, the average accrued benefit information is not provided.

Schedule SB, Part V — Summary of Plan Provisions**Plan Provisions**

Effective date and plan year	Original Plan: November 1, 1975. Restated Plan: July 1, 2004 Last amended: December 21, 2009
Plan Year	January 1 to December 31
Participation	All eligible employees participate on the day following attainment of both age 21 and completion of 1 year of service. No eligible employees shall become a Participant after December 31, 2001.
Participant Contributions	None
Credited Service	One year of service will be credited for each Plan Year after November 1, 1975 and prior to January 1, 2002 during which an employee completed a minimum of 1000 hours of service. An employee will be credited with 1/12 th of a year of service for each full month of service for a Plan Year in which less than 1000 hours of service were completed. Service accruals were frozen as of December 31, 2001.
Vesting Service	One year of service will be credited for each Plan Year during which an employee completed 1000 hours of service.
Vesting	An employee shall become 100% vested upon the earlier of the completion of 5 years of Vesting Service or attaining age 65.
Normal Retirement Date	First of the month following or coinciding with attainment of age 65.
Compensation	Total taxable pay for the Calendar Year as reported on the eligible employee's Wage and Tax Statement (Form W-2) in addition to the eligible employee's pre-tax contributions to the 401(k) and Section 125 plans. Reimbursements or other expense allowances, fringe benefits, moving expenses, welfare benefits, including, without limitation, severance benefits, and income from the exercise of stock options shall be excluded from the employee's Compensation.
Average Annual Compensation	Average of the employee's Compensation over the 60 consecutive months out of the last 120 months producing the highest average prior to termination of employment.

Schedule SB, Part V — Summary of Plan Provisions

Normal Retirement Benefit	1% of Average Annual Compensation times Credited Service earned after October 31, 1975; plus 0.5% of Average Annual Compensation in excess of Covered Compensation times Credited Service up to 35 years.
	The benefit shall not be less than the Accrued Benefit as of December 31, 1989.
	The normal retirement benefit of a participant whose last hour of service was performed in 1989 shall be the accrued benefit using the above formula as of December 31, 1988 plus 1% of the participant's 1989 compensation, plus 0.5% of the participant's 1989 compensation in excess of \$16,000.
	For any participant who participated in a qualified defined benefit plan maintained by the Dexter Corporation prior to September 14, 2000, years of credited service in the formula shown above shall include years of service earned under such plan. Note, however, that the retirement benefit shown above shall be reduced by the actuarial equivalent of any benefit paid by the Dexter plan.
	No participant shall accrue any additional benefits for service performed or compensation earned after December 31, 2001.
Early Retirement Eligibility	An employee shall become eligible for early retirement upon completion of 10 years of service and attainment of age 55.
Early Retirement Benefit	The employee's early retirement benefit shall be equal to his Accrued Benefit based on service and compensation as of his early retirement date. The Accrued Benefit will be reduced by 0.5% for each month the commencement date precedes the employee's Normal Retirement Date.
Death Benefit	<p>The spouse of a married Participant or the Beneficiary of a single participant is entitled to a 50% Joint and Survivor based on the Participant's Accrued Benefit at death.</p> <p>The death benefit if age 55 with 10 years of Vesting Service as of December 31, 1989 shall not be less than 50% of the December 31, 1989 accrued benefit unreduced for early commencement.</p>
Disability Benefit	If the participant becomes eligible for Social Security disability benefits and has 10 years of Vesting Service, he is entitled to the Accrued Benefit payable at age 65 based on Average Compensation as of date of disability and continued Credited Service up to December 31, 2001.

Schedule SB, Part V — Summary of Plan Provisions

Normal Form of Benefit	- Single Life Annuity for single Participants - 50% Joint and Survivor Annuity for married Participants
Optional Forms of Benefit	- Single Life Annuity - 100%, 75% and 50% Joint and Survivor Annuity - 10 Year Certain and Continuous Annuity
Changes Since Prior Actuarial Valuation	The plan was amended to comply with PPA requirements, including the addition of the 75% Joint and Survivor Annuity.

Benefits included or excluded

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

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **IRC Section 436 benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.
- **Late retirement increases:** Consistent with the methods used by the prior actuary, New York Life, this valuation does not include late retirement increases for current active participants and deferred vested participants over normal retirement age.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Significant events

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