

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>LIFE TECHNOLOGIES PENSION PLAN</u> 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>LIFE TECHNOLOGIES CORPORATION</u> <u>5791 VAN ALLEN WAY</u> <u>CARLSBAD, CA 92008</u>	1b Three-digit plan number (PN) ►	<u>005</u>	
	1c Effective date of plan	<u>11/01/1975</u>	
	2b Employer Identification Number (EIN)	<u>33-0373077</u>	
	2c Sponsor's telephone number		
	2d Business code (see instructions)	<u>325410</u>	

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	<u>Filed with authorized/valid electronic signature.</u>	<u>08/04/2011</u>	<u>CAROLE MENDOZA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

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**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**

1272

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**

307

b Retired or separated participants receiving benefits.....**6b**

224

c Other retired or separated participants entitled to future benefits.....**6c**

690

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

1221

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

45

f Total. Add lines **6d** and **6e**.....**6f**

1266

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)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>41761113</u>
b	Actuarial value 2b <u>42795393</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>241</u> <u>13199049</u>
b	For terminated vested participants 3b <u>711</u> <u>25173272</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>71450</u>
(2)	Vested benefits 3c(2) <u>5826971</u>
(3)	Total active 3c(3) <u>320</u> <u>5898421</u>
d	Total 3d <u>1272</u> <u>44270742</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.65</u> %
6	Target normal cost 6 <u>45000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>07/29/2011</u>
Signature of actuary	Date
<u>JOE BARRERA</u>	<u>11-06379</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>949-222-1304</u>
Firm name	Telephone number (including area code)
<u>4695 MACARTHUR COURT</u> <u>SUITE 600</u> <u>NEWPORT BEACH, CA 92660-1882</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
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)	0	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).....	0	0
10	Interest on item 9 using prior year's actual return of <u>28.48</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1807058
b	Interest on (a) using prior year's effective rate of <u>8.08</u> %		146010
c	Total available at beginning of current plan year to add to prefunding balance		1953068
d	Portion of (c) to be added to prefunding balance.....		1953068
12	Reduction in balances due to elections or deemed elections.....		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	1953068

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	92.25 %
15	Adjusted funding target attainment percentage.....	15	92.25 %
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	99.71 %
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
	12/31/2010	7000000	
	Totals ►	18(b)	7000000
		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	6564683
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: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
22 Weighted average retirement age	22			62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	45000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1657587	277027
b Waiver amortization installment		
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	322027
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		45000
36 Additional cash requirement (item 34 minus item 35).....	36	277027
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	6564683
38 Interest-adjusted excess contributions for current year (see instructions).....	38	6287656
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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

<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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	78517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	5721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	20220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER GLOBAL INVESTMENTS

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	FIDUCIARY	19397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER GLOBAL INVESTMENTS

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	FIDUCIARY	0	Yes ☒ No ☐	Yes ☐ No ☒	100742	Yes ☐ No ☒

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

THE NORTHERN TRUST COMPANY

36-6036794

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>LIFE TECHNOLOGIES PENSION PLAN</u>	B Three-digit plan number (PN) <u>005</u>	
C Plan or DFE 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	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LARGE CAP CORE PASSIVE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14361321</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE OPPORTUNISTIC FIXED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566615-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11800759</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-US CORE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9004116</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PASSIVE FIXED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566612-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5114604</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL/MID CAP GROWTH EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1960483</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL/MID CAP VALUE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566616-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1946520</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT TERM INV FUND</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>			
c EIN-PN <u>36-6036794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7281134</u>	

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	107626	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		35320
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)		7281134
	(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)	41653487	44187803
	(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	41761113	51504257

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	37522	41587
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	37522	41587

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	41723591	51462670
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7000000	
(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)		7000000
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)		3027990
(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)		1509498
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11537488

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1600617	
(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)		1600617
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	197792	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		197792
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1798409

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9739079
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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</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>1</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

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

Schedule R (Form 5500) 2010
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: 27% High-Yield Debt: _____% Real Estate: 11% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify): _____



Independent Auditor's Report

To the Participants and Administrator of
Life Technologies Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Life Technologies Pension Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of Assets (Held at End of Year) as of December 31, 2010, and Reportable Transactions for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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 information summarized in Note 3, which was certified or provided by Northern Trust, the current trustee of the Plan and New York Life Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees hold/held the Plan's assets and execute/executed transactions. The Plan Administrator has obtained certifications from the trustees regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the current trustee as of December 31, 2010 and for the period from April 1, 2010 to December 31, 2010, and the former trustee as of and for the year ended December 31, 2009, and for the period from January 1, 2009, to March 31, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the current and former trustees, 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, CT
July 29, 2011

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**Discount rate sponsor elections**

▪ Segment rates or full yield curve	Segment
▪ Look-back months	0
▪ 1st 5 years	4.60%
▪ Next 15 years	6.65%
▪ Over 20 years	6.76%

Mortality sponsor elections

▪ Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
------------------------	--

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 2008 through 2009; 8% per year for 2010
▪ Expenses	\$45,000 added to current year normal cost

Demographic assumptions

Withdrawal	See table of sample rates.
------------	----------------------------

Disability incidence	None
----------------------	------

Retirement age	
----------------	--

Percentage**Attained age**

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

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

Benefit commencement age for

- Future vested deferred Age 65
- Current vested deferred Age 65

Spouse assumptions **Male participants** **Female participants**

- Percentage married 100% 100%
- Spouse age difference 3 years younger 3 years older

Form of payment **Single life** **100% J&S** **50% J&S**

- Active retirements 50% 30% 20%
- Future vested deferred 50% 30% 20%
- Future deaths 0% 0% 100%
- Current vested deferred 50% 30% 20%

Unpredictable contingent event assumptions Not applicable

Table of sample rates

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

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

Asset methods

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

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

Participant methods

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

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

Plan sponsor elections

Mortality

- Static annuitant and non-annuitant tables

Funding interest rate

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

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

- Not applicable

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

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of 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 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, Part V — Summary of 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
Status of the plan	The participation in the plan and benefit accruals were frozen as of December 31, 2001.
Significant events that occurred during the year	None
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	<p>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.</p> <p>The benefit shall not be less than the Accrued Benefit as of December 31, 1989.</p> <p>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.</p> <p>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.</p> <p>No participant shall accrue any additional benefits for service performed or compensation earned after December 31, 2001.</p>
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.
Late Retirement Benefit	The employee's late retirement benefit shall be equal to his Accrued Benefit payable at Normal Retirement Date actuarially increased using prescribed 417(e) assumptions to his Late 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.
Normal Form of Benefit	<p>Single Life Annuity for single Participants</p> <p>50% Joint and Survivor Annuity for married Participants</p>
Optional Forms of Benefit	<p>Single Life Annuity</p> <p>100%, 75% and 50% Joint and Survivor Annuity</p> <p>10 Year Certain and Continuous Annuity</p>

Schedule SB, Part V — Summary of Plan Provisions

Plan provision changes since prior valuation

- The plan was amended to comply with PPA requirements.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through December 31, 2009 are included in this valuation.

- **Most recent plan amendments included:** The amendment effective December 31, 2009 is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** None.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits as the plan does not have unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit. The target normal cost does not reflect any limitation on benefit accruals.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **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.

Schedule SB, Part V — Summary of Plan Provisions

- **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.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- The plan sponsor changed its interest rate election from full yield curve with a two month setback to segment rates with no setback.
- The form of payment elected by active and vested termination participants was changed from 100% assumed to elect payment in the form of a single life annuity to 50% assumed to elect payment in the form of a single life annuity, 30% in the form of a 100% joint and survivor annuity and 20% in the form of the 50% joint and survivor annuity to reflect our expectations of future plan experience.

Schedule SB, Line 26 — Schedule of Active Participant Data

Years of vesting service										
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
< 25										
25 - 29				1						
30 - 34			8	12	1					
35 - 39			4	25	8	1				
40 - 44				31	23	4				
45 - 49			10	28	18	15	7	1		
50 - 54			5	13	14	14	8	3		
55 - 59			6	13	9	7	2	2	5	1
60 - 64			1	11	2	3		1	2	
65 - 69						1				
70+										

The total count included in the above is 320. Average accrued benefit is not shown because there are fewer than 1,000 active participants.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">005</td> </tr> </table>	B Three-digit plan number (PN) ►	005
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 <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		41,761,113
b Actuarial value.....	2b		42,795,393
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	241	13,199,049
b For terminated vested participants.....	3b	711	25,173,272
c For active participants:			
(1) Non-vested benefits.....	3c(1)		71,450
(2) Vested benefits.....	3c(2)		5,826,971
(3) Total active.....	3c(3)	320	5,898,421
d Total.....	3d	1,272	44,270,742
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		6.65 %
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	JOE BARRERA JB _____ Signature of actuary	07/29/2011 _____ Date
	JOE BARRERA _____ Type or print name of actuary	11-06379 _____ Most recent enrollment number
	MERCER _____ Firm name	(949) 222-1304 _____ Telephone number (including area code)
	4695 MACARTHUR COURT SUITE 600 NEWPORT BEACH _____ Address of the firm	CA 92660-1882 _____

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) 2010
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)	0	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)	0	0
10 Interest on item 9 using prior year's actual return of <u>28.48%</u>		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,807,058
b Interest on (a) using prior year's effective rate of <u>8.08%</u>		146,010
c Total available at beginning of current plan year to add to prefunding balance		1,953,068
d Portion of (c) to be added to prefunding balance		1,953,068
12 Reduction in balances due to elections or deemed elections		0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	1,953,068

Part III Funding percentages

14 Funding target attainment percentage	14	92.25 %
15 Adjusted funding target attainment percentage	15	92.25 %
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	99.71 %
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
12/31/2010	7,000,000				
Totals ▶			18(b)	7,000,000	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	6,564,683

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:
4.60 %2nd segment:
6.65 %3rd segment:
6.76 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

62

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

0

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

0

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

0

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

45,000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

1,657,587

277,027

b Waiver amortization installment.....**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**

322,027

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

45,000

45,000

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

277,027

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

6,564,683

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

6,287,656

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
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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**Discount rate sponsor elections**

▪ Segment rates or full yield curve	Segment
▪ Look-back months	0
▪ 1st 5 years	4.60%
▪ Next 15 years	6.65%
▪ Over 20 years	6.76%

Mortality sponsor elections

▪ Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
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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 2008 through 2009; 8% per year for 2010
▪ Expenses	\$45,000 added to current year normal cost

Demographic assumptions

Withdrawal	See table of sample rates.
------------	----------------------------

Disability incidence	None
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Retirement age	Percentage
----------------	-------------------

Attained age

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

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

Benefit commencement age for

- Future vested deferred Age 65
- Current vested deferred Age 65

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

Form of payment	<u>Single life</u>	<u>100% J&S</u>	<u>50% J&S</u>
▪ Active retirements	50%	30%	20%
▪ Future vested deferred	50%	30%	20%
▪ Future deaths	0%	0%	100%
▪ Current vested deferred	50%	30%	20%

Unpredictable contingent event assumptions	Not applicable
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Table of sample rates

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

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

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two 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.

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- **Insurance contracts:** The plan does not have any insurance contracts.

Plan sponsor elections

Mortality

- Static annuitant and non-annuitant tables

Funding interest rate

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

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

- Not applicable

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

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of 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 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, Part V — Summary of 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
Status of the plan	The participation in the plan and benefit accruals were frozen as of December 31, 2001.
Significant events that occurred during the year	None
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	<p>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.</p> <p>The benefit shall not be less than the Accrued Benefit as of December 31, 1989.</p> <p>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.</p> <p>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.</p> <p>No participant shall accrue any additional benefits for service performed or compensation earned after December 31, 2001.</p>
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.
Late Retirement Benefit	The employee's late retirement benefit shall be equal to his Accrued Benefit payable at Normal Retirement Date actuarially increased using prescribed 417(e) assumptions to his Late 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.
Normal Form of Benefit	<p>Single Life Annuity for single Participants</p> <p>50% Joint and Survivor Annuity for married Participants</p>
Optional Forms of Benefit	<p>Single Life Annuity</p> <p>100%, 75% and 50% Joint and Survivor Annuity</p> <p>10 Year Certain and Continuous Annuity</p>

Schedule SB, Part V — Summary of Plan Provisions

Plan provision changes since prior valuation

- The plan was amended to comply with PPA requirements.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through December 31, 2009 are included in this valuation.

- **Most recent plan amendments included:** The amendment effective December 31, 2009 is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** None.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits as the plan does not have unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit. The target normal cost does not reflect any limitation on benefit accruals.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **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.

Schedule SB, Part V — Summary of Plan Provisions

- **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.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- The plan sponsor changed its interest rate election from full yield curve with a two month setback to segment rates with no setback.
- The form of payment elected by active and vested termination participants was changed from 100% assumed to elect payment in the form of a single life annuity to 50% assumed to elect payment in the form of a single life annuity, 30% in the form of a 100% joint and survivor annuity and 20% in the form of the 50% joint and survivor annuity to reflect our expectations of future plan experience.

Schedule SB, Line 26 — Schedule of Active Participant Data

Years of vesting service										
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
< 25										
25 - 29				1						
30 - 34			8	12	1					
35 - 39			4	25	8	1				
40 - 44				31	23	4				
45 - 49			10	28	18	15	7	1		
50 - 54			5	13	14	14	8	3		
55 - 59			6	13	9	7	2	2	5	1
60 - 64			1	11	2	3		1	2	
65 - 69						1				
70+										

The total count included in the above is 320. Average accrued benefit is not shown because there are fewer than 1,000 active participants.

**LIFE TECHNOLOGIES
PENSION PLAN**

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2010</u>	<u>2009</u>
Assets:		
Cash and cash equivalents, non-interest bearing	\$ -	\$ 107,626
Investments at fair value (Notes 3 and 4):		
Mutual funds.....	-	41,653,487
Common/Collective Trusts.....	51,468,937	-
Receivable from investment management company	35,320	-
Total assets.....	51,504,257	41,761,113
Liabilities:		
Accrued administrative expenses.....	41,587	37,522
Net assets available for benefits	<u>\$ 51,462,670</u>	<u>\$ 41,723,591</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, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to (deductions from) net assets attributed to:		
Investment income (Note 3):		
Interest.....	\$ 93,757	\$ 953,189
Net appreciation in fair value of investments.....	4,443,731	8,030,459
Employer contribution (Note 6)	7,000,000	2,000,000
Benefits paid directly to participants	(1,600,617)	(1,252,426)
Administrative expenses.....	(197,792)	(214,328)
	<hr/>	<hr/>
Net increase.....	9,739,079	9,516,894
Net assets available for benefits:		
Beginning of year	41,723,591	32,206,697
	<hr/>	<hr/>
End of year.....	\$ 51,462,670	\$ 41,723,591
	<hr/>	<hr/>

See accompanying Notes to Financial Statements.

**LIFE TECHNOLOGIES
PENSION PLAN**

Notes to the Financial Statements
December 31, 2010 and 2009

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”) in conjunction with an acquisition, became sponsor of 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 the participant has 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, 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.

LIFE TECHNOLOGIES
PENSION PLAN

Notes to the Financial Statements
December 31, 2010 and 2009

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 the Financial Statements
December 31, 2010 and 2009

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, 2010 and 2009 (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 January 2010, the Financial Accounting Standards Board (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 was effective for the Plan in 2010, except for the guidance related to Level 3 measurements, which is effective for periods beginning on or after December 15, 2010.

In May 2011, the FASB issued Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*, (ASU 2011-04). ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

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

The assets of the Plan were held in a trust fund administered by Northern Trust Company (the "Trustee" or "Northern Trust") at December 31, 2010. The assets of the Plan were transferred from New York Life Trust

**LIFE TECHNOLOGIES
PENSION PLAN**

Notes to the Financial Statements
December 31, 2010 and 2009

Company, (the “Former Trustee”, or “New York Life”) to Northern Trust during 2010. Prior to the transfer in 2010, the assets of the Plan were held in a trust fund administered by New York Life. The following is a summary of the investment information as of December 31, 2010 and 2009, and for the years ended December 31, 2010 and 2009, included throughout the Plan’s financial statements and supplemental schedules, that was prepared by or derived from information provided by the current trustee, Northern Trust, and the Former Trustee, for the applicable periods, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee and Former Trustee that information provided to the Plan Administrator by the Trustee and Former 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,	
	<u>2010</u>	<u>2009</u>
Investments (at fair value):		
Cash and cash equivalents, non-interest bearing	\$ -	\$ 107,626
Common/collective trusts.....	51,468,937	-
Mutual funds	-	41,653,487
Total Investments	<u>\$ 51,468,937</u>	<u>\$ 41,761,113</u>

Northern Trust certified the completeness and accuracy of \$3,027,875 of net appreciation in fair value of investments in common/collective trusts and \$115 of interest income related to the aforementioned investments for the year ended December 31, 2010. New York Life certified the completeness and accuracy of \$1,415,856 of net appreciation in fair value of mutual fund investments and \$93,642 of interest income, related to the aforementioned investments for the year ended December 31, 2010. New York Life Trust Company also certified the completeness and accuracy of \$8,030,459 of net appreciation in fair value of mutual fund investments and \$953,189 of interest income related to the aforementioned investments for the year ended December 31, 2009.

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 guidance 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).

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009. In conjunction with the change in

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Notes to the Financial Statements
December 31, 2010 and 2009

Trustee from New York Life to Northern Trust Company, \$42,737,492 was transferred from level 1 to level 2 assets.

Mutual Funds: Valued at the net asset value of shares held by the Plan at end of year.

Common/Collective Trusts: Valued at the net asset value as reported by the investment managers. The net asset value is based on the fair value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding.

Cash and cash equivalents, 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, 2010 and 2009:

Assets at Fair Value as of December 31, 2010					
	Level 1	Level 2	Level 3	Total	
Common / Collective Trusts					
MGI Non-US Core Equity Fund	\$ -	\$ 9,004,116	\$ -	\$ 9,004,116	*
MGI US Core Opportunistic Fixed Income Fund	-	11,800,759	-	11,800,759	*
MGI US Large Cap Passive Equity Fund	-	14,361,321	-	14,361,321	*
MGI US Passive Fixed Income Fund	-	5,114,603	-	5,114,603	*
MGI US Small / Mid Cap Value Equity Fund	-	1,946,520	-	1,946,520	
MGI US Small / Mid Cap Growth Equity Fund	-	1,960,484	-	1,960,484	
NTGI Coltv Govt Stif Registered	-	7,281,134	-	7,281,134	
Total assets at fair value	\$ -	\$ 51,468,937	\$ -	\$ 51,468,937	

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 Cal 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	

*Investments representing more than 5% of the Plan's assets as of December 31, 2010 and 2009.

The following table set forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2010:

	Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
(a)	MGI Non-US Core Equity Fund	\$ 9,004,116	\$ -	Daily	None
(b)	MGI US Core Opportunistic Fixed Income Fund	\$ 11,800,759	\$ -	Daily	None
(c)	MGI US Large Cap Passive Equity Fund	\$ 14,361,321	\$ -	Daily	None
(d)	MGI US Passive Fixed Income Fund	\$ 5,114,603	\$ -	Daily	None
(e)	MGI US Small / Mid Cap Value Equity Fund	\$ 1,946,520	\$ -	Daily	None
(f)	MGI US Small / Mid Cap Growth Equity Fund	\$ 1,960,484	\$ -	Daily	None
(g)	NTGI Coltv Govt Stif Registered	\$ 7,281,134	\$ -	Daily	None

**LIFE TECHNOLOGIES
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Notes to the Financial Statements
December 31, 2010 and 2009

- (a) The Fund invests in equity securities of companies from the world's developed and emerging capital markets, excluding the United States. The Fund's investments in equity securities may include dividend-paying securities, common and preferred stock of companies of any size as well as American, European, and Global Depository Receipts.
- (b) The Fund invests in U.S. dollar-denominated, investment grade bonds, including government securities, corporate bonds, and mortgage and asset-backed securities, among others. The Fund also may invest a significant portion of its assets in any combination of non-investment grade bonds, non-U.S. dollar denominated bonds, and bonds issued by issuers in emerging capital markets.
- (c) The Fund invests primarily in common stocks of large U.S. and multinational companies that offer the potential for long-term capital appreciation and appear to be undervalued based on the stocks' intrinsic values relative to their current market prices.
- (d) The Fund invests primarily in U.S. dollar-denominated investment grade bonds, including government securities, corporate bonds, and mortgage and asset backed securities, among others. The Fund's duration will typically fall between one and three years. Duration measures the potential price sensitivity of a bond with respect to change in interest rates.
- (e) The Fund invests primarily in common stocks of small and medium-sized U.S. companies that offer the potential for long-term capital appreciation and that appear to be undervalued at the time of purchase based on the stocks' intrinsic values relative to their current market prices.
- (f) The Fund invests in a diversified portfolio of small and medium sized U.S. companies that a subadvisor believes possess superior potential for long-term capital appreciation.
- (g) The Fund invests primarily in U.S. issued bonds, U.S. common stocks and cash and carries no redemption restriction.

5. Accumulated Plan Benefit Obligation

Accumulated plan benefits consisted of the following at December 31:

	<u>2009</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 11,974,351
Inactive participants with deferred benefits	20,987,515
Other participants.....	4,829,242
Total vested benefits	<u>37,791,108</u>
Nonvested benefits:	116,027
Total actuarial present value of accumulated plan benefits	<u>\$ 37,907,135</u>

**LIFE TECHNOLOGIES
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Notes to the Financial Statements
December 31, 2010 and 2009

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2009, were as follows:

Actuarial present value of accumulated plan benefits as of		
December 31, 2008		\$ 36,934,946
Increase (decrease) during the year related to:		
Additional benefits earned and experience gains (losses)	(676,066)	
Benefits paid	(1,252,426)	
Change in actuarial assumptions	177,453	
Interest	2,723,228	
Net increase during the year		972,189
Actuarial present value of accumulated plan benefits as of		
December 31, 2009		<u>\$ 37,907,135</u>

The significant actuarial assumptions used in the valuations as of December 31, 2009 were:

Discount rate	8.0% 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, with additional discretionary contributions from time to time consistent with the broader business strategy. No voluntary employee contributions are permitted. The Plan is in compliance with ERISA minimum funding requirements for the years ended December 31, 2010 and 2009.

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.

**LIFE TECHNOLOGIES
PENSION PLAN**

Notes to the Financial Statements
December 31, 2010 and 2009

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 2010 and 2009, that ceiling, which is adjusted periodically, was \$4,500 per month. 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.

10. Subsequent Events

Subsequent events have been evaluated through July 29, 2011, the date the financial statements were available to be issued.

**LIFE TECHNOLOGIES
PENSION PLAN**

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

As of December 31, 2010

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>
Common / Collective Trusts			
MGI Non-US Core Equity Fund	776,217 Shares	\$ 8,507,337	\$ 9,004,116
MGI US Core Opportunistic Fixed Income Fund	913,371 Shares	11,179,666	11,800,759
MGI US Large Cap Passive Equity Fund	1,252,077 Shares	13,259,493	14,361,321
MGI US Passive Fixed Income Fund	381,972 Shares	4,877,781	5,114,603
MGI US Small / Mid Cap Value Equity Fund	173,796 Shares	1,701,467	1,946,520
MGI US Small / Mid Cap Growth Equity Fund	148,860 Shares	1,701,467	1,960,484
* NTGI Coltv Govt Stif Registered	7,281,134 Shares	7,281,134	7,281,134
Total Assets Held at End of Year			<u>\$ 51,468,937</u>

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

The above information has been certified by Northern Trust, 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, 2010

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)
Category (iii) - Series of transactions in excess of 5% of beginning of year plan assets							
PIMCO Total Return Instl	Mutual Fund	\$ 12,392,112	\$ 12,886,562	\$ -	\$ 12,392,112	\$ 12,886,562	\$ 494,450
Rainier Sm/Mid Cap Equity Port	Mutual Fund	\$ 2,051,165	\$ 2,163,769	\$ -	\$ 2,051,165	\$ 2,163,769	\$ 112,604
MainStay S&P 500 Index Fund I	Mutual Fund	\$ 6,222,215	\$ 6,498,612	\$ -	\$ 6,222,215	\$ 6,498,612	\$ 276,397
Third Avenue Real Estate Value	Mutual Fund	\$ 4,641,376	\$ 4,268,800	\$ -	\$ 4,641,376	\$ 4,268,800	\$ (372,576)
The Growth Fund of America R3	Mutual Fund	\$ 4,049,211	\$ 4,278,979	\$ -	\$ 4,049,211	\$ 4,278,979	\$ 229,768
Davis New York Venture Fund (A)	Mutual Fund	\$ 4,031,133	\$ 4,276,645	\$ -	\$ 4,031,133	\$ 4,276,645	\$ 245,512
AllianceBernstein Intl Value A	Mutual Fund	\$ 4,578,689	\$ 4,110,801	\$ -	\$ 4,578,689	\$ 4,110,801	\$ 467,888
Oppenheimer Dev. Markets Fund	Mutual Fund	\$ 1,999,402	\$ 2,095,615	\$ -	\$ 1,999,402	\$ 2,095,615	\$ 96,213
Royce Value Plus Fund (Serv)	Mutual Fund	\$ 2,158,808	\$ 2,156,901	\$ -	\$ 2,158,808	\$ 2,156,901	\$ (1,907)
CF MGI Non-US Core Equity Portfolio CT	Common / Collective Trust	\$ 8,507,337	\$ -	\$ -	\$ 8,507,337	\$ 8,507,337	\$ -
CF MGI US Core Opportunistic Fixed Income Portfolio CT	Common / Collective Trust	\$ 11,910,272	\$ -	\$ -	\$ 11,910,272	\$ 11,910,272	\$ -
CF MGI US Large Cap Passive Equity Portfolio CT	Common / Collective Trust	\$ 13,611,739	\$ -	\$ -	\$ 13,611,739	\$ 13,611,739	\$ -
CF MGI Passive Fixed Income Portfolio CT	Common / Collective Trust	\$ 5,104,402	\$ -	\$ -	\$ 5,104,402	\$ 5,104,402	\$ -
* NTGI Coltv Govt Stif	Common / Collective Trust	\$ 7,000,000	\$ -	\$ -	\$ 7,000,000	\$ 7,000,000	\$ -

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

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

The above information has been certified by Northern Trust, as Trustee, as complete and accurate.

Schedule SB, Line 32 — Schedule of Amortization Bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases			
Year established	Outstanding balance	Years remaining	Installment
2010	1,657,587	7	277,027
Total	\$ 1,657,587		\$ 277,027