

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>BECKMAN COULTER, INC. SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>011</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>011</u>	1c Effective date of plan <u>08/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>011</u>				
1c Effective date of plan <u>08/01/1989</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BECKMAN COULTER, INC.</u> <u>250 S. KRAEMER BLVD, MAIL STOP</u> <u>A1.NW.04</u> <u>BREA, CA 92821</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-1040600</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>714-961-3470</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-1040600</u>	2c Sponsor's telephone number <u>714-961-3470</u>	2d Business code (see instructions) <u>339110</u>	
2b Employer Identification Number (EIN) <u>95-1040600</u>					
2c Sponsor's telephone number <u>714-961-3470</u>					
2d Business code (see instructions) <u>339110</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	Filed with authorized/valid electronic signature.	09/17/2012	CLAUDIA FERGUSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2012	CLAUDIA FERGUSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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") BECKMAN COULTER, INC. 250 S. KRAEMER BLVD, MAIL STOP A1.NW.04 BREA, CA 92821	3b Administrator's EIN 95-1040600 3c Administrator's telephone number 714-961-3470
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	10362
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	7306
b Retired or separated participants receiving benefits.....	6b	107
c Other retired or separated participants entitled to future benefits.....	6c	2842
d Subtotal. Add lines 6a , 6b , and 6c	6d	10255
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	49
f Total. Add lines 6d and 6e	6f	10304
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	9596
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	324

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2O 2R 2S 2T 3F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 BECKMAN COULTER, INC. SAVINGS PLAN		B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 BECKMAN COULTER, INC.		D Employer Identification Number (EIN) 95-1040600

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER INVESTMENT CONSULTING

61-0736136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	87869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE HORWATH, LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	50700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T. ROWE PRICE RPS, INC.

52-1714114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 28 33 37 38 49 50 52 55 59 62 63 64 65	NONE	44488	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

QDRO CONSULTANTS COMPANY, LLC

3071 PEARL ROAD
MEDINA, OH 44256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	19385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'MELVENY & MYERS, LLP

95-1066597

(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?
29 50	NONE	17557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANCO POPULAR

66-0561870

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	6268	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER BERMAN

13-5521910

(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 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD GROUP

23-1945930

(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 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

RUSSELL FUNDS

1301 SECOND AVENUE, 18TH FLOOR
SEATTLE, WA 98101

(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 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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
T. ROWE PRICE RPS, INC.	15 21 25 28 33 37 38 49 50 52 55 59 62 63 64 65 71	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN GENESIS TRUST 2000 CROWN COLONY DRIVE QUINCY, MA 02169		FEE FOR SHAREHOLDER SERVICING BASED UPON 0.25%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE RPS, INC.	15 21 25 28 33 37 38 49 50 52 55 59 62 63 64 65 71	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY DIVERSIFIED INTERNATIONAL ONE DESTINY WAY, WAJ37 WESTLAKE, TX 76262		FEE FOR SHAREHOLDER SERVICING BASED UPON 0.25%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY DIVERSIFIED INTERNATIONAL ONE DESTINY WAY, WAJ37 WESTLAKE, TX 76262		INVESTMENT MANAGEMENT FEES BASED ON 1.01%

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
NEUBERGER BERMAN	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN GENESIS TRUST 2000 CROWN COLONY DRIVE QUINCY, MA 02169		INVESTMENT MANAGEMENT FEES BASED ON 1.12%
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL FUNDS	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RUSSELL BOND FUND 1301 SECOND AVENUE, 18TH FLOOR SEATTLE, WA 98101		INVESTMENT MANAGEMENT FEES BASED ON 0.3%
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD GROUP	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD DEVELOPING MKT INDEX, INST INSTITUTIONAL-INTERMEDIAREIS GROUP POST OFFICE BOX 1110 VALLEY FORGE, PA 19482		INVESTMENT MANAGEMENT FEES BASED ON 0.13%

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
VANGUARD GROUP	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD EXTENDED MKTS INDX, SIGNAL INSTITUTIONAL-INTERMEDIAREIS GROUP POST OFFICE BOX 1110 VALLEY FORGE, PA 19482		INVESTMENT MANAGEMENT FEES BASED ON 0.13%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD GROUP	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD INSTITUTIONAL INDEX INSTITUTIONAL-INTERMEDIAREIS GROUP POST OFFICE BOX 1110 VALLEY FORGE, PA 19482		INVESTMENT MANAGEMENT FEES BASED ON 0.05%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD GROUP	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD SMALL CAP INDEX, SIGNAL INSTITUTIONAL-INTERMEDIAREIS GROUP POST OFFICE BOX 1110 VALLEY FORGE, PA 19482		INVESTMENT MANAGEMENT FEES BASED ON 0.14%

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
VANGUARD GROUP	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD TOTAL BOND MKT INDX SIGNAL INSTITUTIONAL-INTERMEDIAREIS GROUP POST OFFICE BOX 1110 VALLEY FORGE, PA 19482	INVESTMENT MANAGEMENT FEES BASED ON 0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 <p style="text-align: center;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<small>OMB No. 1210-0110</small> <hr/> <p style="text-align: center; font-size: 1.2em;">2010</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection.</p>
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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>BECKMAN COULTER, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>011</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BECKMAN COULTER, INC.</u>	D Employer Identification Number (EIN) <u>95-1040600</u>	

Part I	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>SEI STABLE ASSET FUND</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>23-7654996-001</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>2877208</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL FIXED INCOME I FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-002</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>18219521</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DWIGHT TARGET 2 FUND</u>		
b Name of sponsor of entity listed in (a): <u>DWIGHT FIXED INCOME TARGET TRUST</u>		
c EIN-PN <u>52-6876016-001</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>186683585</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DWIGHT TARGET 5 FUND</u>		
b Name of sponsor of entity listed in (a): <u>DWIGHT FIXED INCOME TARGET TRUST</u>		
c EIN-PN <u>52-6876015-002</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>75337749</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK</u>		
c EIN-PN <u>13-6154008-003</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>903313</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)**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.	<small>OMB No. 1210-0110</small> 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 BECKMAN COULTER, INC. SAVINGS PLAN	B Three-digit plan number (PN) ►	011
C Plan sponsor's name as shown on line 2a of Form 5500 BECKMAN COULTER, INC.	D Employer Identification Number (EIN) 95-1040600	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	91165
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6229669	5950357
(2) Participant contributions	1b(2)	1292872	1393490
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	14041101	14276465
(9) Value of interest in common/collective trusts	1c(9)	276361652	284021376
(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)	587159308	699580423
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11323408	12645923

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	116126680	107574055
(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	1012534690	1125533254

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1012534690	1125533254
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	20470054	
(B) Participants	2a(1)(B)	45107235	
(C) Others (including rollovers)	2a(1)(C)	3228235	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		68805524

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)	787891	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		787891

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1181199	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	16274239	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		17455438

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	30004810	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	30748786	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-743976

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	15588443	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		15588443
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14601491
(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)		82354635
c Other income.....	2c		1419153
d Total income. Add all income amounts in column (b) and enter total.....	2d		200268599

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	83597143	
(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)		83597143
f Corrective distributions (see instructions)	2f		108644
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	87642	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	87869	
(4) Other	2i(4)	45292	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		220803
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		83926599

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		116342009
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		3343445

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CROWE HORWATH LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BECKMAN COULTER PUERTO RICO INC. SAVINGS PLAN	95-1040600	014

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>BECKMAN COULTER, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BECKMAN COULTER, INC.</u>	D Employer Identification Number (EIN) <u>95-1040600</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>52-1481931</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

BECKMAN COULTER, INC. SAVINGS PLAN
Brea, California

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**
December 31, 2010 and 2009

BECKMAN COULTER, INC. SAVINGS PLAN
Brea, California

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
December 31, 2010 and 2009

CONTENTS

REPORT OF INDEPENDENT AUDITORS.....	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS.....	4
SUPPLEMENTAL SCHEDULE	
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)	13

REPORT OF INDEPENDENT AUDITORS

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

We have audited the accompanying statements of net assets available for benefits of the Beckman Coulter, Inc. Savings Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010 and 2009, and the changes in net assets available for benefits for the year ended December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets (Held at end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic 2010 financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic 2010 financial statements taken as a whole.



Crowe Horwath LLP

Oak Brook, Illinois
June 23, 2011

BECKMAN COULTER, INC. SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investments at fair value	\$ 1,103,821,777	\$ 990,971,048
Cash	91,165	-
Receivables		
Employer contribution receivable	5,950,357	6,229,669
Employee contribution receivable	1,393,490	1,292,872
Notes receivable from participants	<u>14,276,465</u>	<u>14,041,101</u>
Total receivables	21,620,312	21,563,642
Net assets reflecting all investments at fair value	1,125,533,254	1,012,534,690
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>1,597,934</u>	<u>9,710,393</u>
Net assets available for benefits	<u>\$ 1,127,131,188</u>	<u>\$ 1,022,245,083</u>

See accompanying notes to financial statements.

BECKMAN COULTER, INC. SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2010

Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 105,107,287
Interest	5,053,236
Dividends	<u>12,402,202</u>
Total investment income	122,562,725
Interest income on notes receivable from participants	787,891
Contributions:	
Company matching (employer)	15,052,892
Retirement Plus (employer)	5,417,162
Employee	<u>48,335,470</u>
Total contributions	<u>68,805,524</u>
Total additions	192,156,140
Deductions from net assets attributed to:	
Distributions of benefits	83,705,787
Administration expenses and other	<u>220,803</u>
Total deductions	<u>83,926,590</u>
Increase in net assets prior to plan transfers	108,229,550
Plan transfers (Note 8)	<u>(3,343,445)</u>
Net increase	104,886,105
Net assets available for benefits – beginning of year	<u>1,022,245,083</u>
Net assets available for benefits – end of year	<u>\$ 1,127,131,188</u>

See accompanying notes to financial statements.

BECKMAN COULTER, INC. SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 AND 2009

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Beckman Coulter, Inc. Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General: Beckman Coulter, Inc. (the Company) established and adopted the Plan effective August 1, 1989. The Plan is a defined-contribution plan covering substantially all Company employees who have completed a three-month period of employment with the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Benefits Finance and Administration Committee (the Committee), whose members are appointed by the board of directors of the Company.

Contributions: Participants may elect to contribute up to 45% of their eligible pay in a combination of pretax and after-tax withholdings. Each participant's pretax contributions in the calendar year may not exceed \$16,500 in 2010. Additionally, participants age 50 or older may contribute up to \$5,500 in 2010, as a catch-up contribution. Eligible employees are automatically enrolled in the Plan to contribute 7% of eligible pay in pretax withholdings, unless the employee opts out of participation.

The Company matches 50% of participants' contributions, up to 7% of participants' total compensation. Forfeitures are applied to reduce the Company's contributions.

Retirement Plus employer contributions were established for the benefit of employees of Coulter Corporation and are not applicable to other employees of the Company, except for certain employees of Beckman Coulter Puerto Rico Inc. Employees of Coulter Corporation as of the acquisition date of October 31, 1997, and hired through April 30, 2000, participate (or are eligible for participation) upon completing one year of service. Also, employees in Puerto Rico who are hired on or after January 1, 2007 participate in Retirement Plus on the January 1 following their date of hire. Annually, the Company makes contributions to participants' Retirement Plus accounts. These contributions consist of a basic contribution which ranges from 3% to 9% of eligible pay for the year and an excess contribution which ranges from 0% to 4% of eligible pay that is above the Social Security taxable wage base for the year. Both ranges are based on the participant's age.

Upon commencement of benefit payments, participants are subject to federal income tax on the receipt of participant pretax contributions, Company contributions, and earnings on all contributions.

Investment Options: Participants have a choice of various core investment funds for their contributions. Participants may transfer their account balances among the different investment funds. Participants may also transfer up to a maximum of 50% of their overall plan balance, less any outstanding loan amounts, to a Tradelink+ account, which is a self-directed brokerage account that offers discount brokerage services for securities not offered under the Plan. The self-directed brokerage account currently holds predominantly common stocks, preferred stocks, bonds, and mutual funds.

Company contributions may be directed to any of the core investment funds. Participants have the right to elect investment options upon enrollment or reenrollment into the Plan. Additionally, participants may elect to change their investment options and to transfer their account balances among the different investment funds on a daily basis. The Plan also allows participants to invest in the common stock of the Plan Sponsor, Beckman Coulter, Inc. Effective March 1, 2010, the Plan Sponsor limited future allocations in the Beckman Coulter Stock Fund to 10% of participant contributions. Participants would also not be able to transfer amounts into the Beckman Coulter Stock Fund if the value of current holdings in the Beckman Coulter Stock Fund exceeded 10% of the participant's total account value. The Plan Sponsor did not require participants to liquidate any current holdings in the Beckman Coulter Stock Fund.

BECKMAN COULTER, INC. SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 AND 2009

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Income on investment funds is allocated to participants' accounts based on the participants' investment fund balance as a percentage of the total investment fund balance.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Repayment is generally required within 5 years or up to 15 years for the purchase of a principal residence. The loans are secured by the balance in the participant's account and bear interest at prime rate plus 1%. Principal and interest are paid ratably through payroll deductions.

Participant Accounts: Each participant's account is credited with: (a) the participant's contributions, (b) the Company's contributions, and (c) Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Vesting and Benefits: Participants immediately vest in the value of their own contributions. Participants' interests in the Company's non-Retirement Plus contributions, and the related gains and losses, are fully vested if hired before 2007. Participants hired in 2007 or after become 100% vested in the Company's non-Retirement Plus contributions after the earlier of completion of 3 years of service, layoff, retirement, death, or age 65. Retirement Plus contributions vest ratably over five years of employment. Participants also become fully vested in Retirement Plus contributions upon reaching normal retirement age, death, or permanent disability.

On termination of service, retirement, permanent layoff, permanent disability, or death, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account; a partial distribution if his or her account balance exceeds \$1,000; or installment payments to be paid monthly, quarterly, semiannually or annually over the participant's life expectancy. If the total vested value is greater than \$1,000, the participants may elect to postpone their distribution until the year following the year they attain age 70½.

Forfeitures: All forfeitures of benefits reduce total cash contributions made by the Plan sponsor. As of December 31, 2010 and 2009, forfeited nonvested accounts totaled \$343,779 and \$105,451, respectively. These amounts will be used to reduce future employer contributions.

Administrative Expenses: Beginning in 2008, substantially all of the Plan's administrative expenses are paid by the Plan. The Company paid no expenses on the Plan's behalf for the year ended December 31, 2010.

Continuation of the Plan: The Company anticipates and believes the Plan will continue without interruption but reserves the right to discontinue the Plan. If the Plan is terminated by the Company, the accounts of all affected participants become 100% vested and non-forfeitable without regard to the years of service of participants. On February 15, 2011, the Plan Sponsor received a tender offer from Djanet Acquisition Corp, an indirect wholly owned subsidiary of Danaher Corporation (Danaher), to purchase all outstanding shares of Beckman Coulter, Inc. common stock. The tender offer will expire on June 24, 2011, and Danaher has stated it expects the transaction to close in June 2011. Plan management is not aware of any imminent decision to terminate the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

BECKMAN COULTER, INC. SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 AND 2009

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits: Benefits are recorded when paid.

Adoption of New Accounting Standard: In September 2010, the FASB amended existing guidance with respect to the reporting of participant loans for defined contribution pension plans. The guidance requires that loans issued to participants be reported as notes receivable, segregated from plan investments, and be measured at their unpaid principal balances plus accrued but unpaid interest. This guidance is effective for reporting periods ending after December 15, 2010, and is to be applied retrospectively to all periods presented comparatively. Early application is permitted. The adoption of this guidance by the Plan resulted in a reclassification from *investments* to *notes receivable from participants* of \$14,041,101 on the statement of net assets available for benefits as of December 31, 2009. Adoption had no effect on the Plan's net assets available for benefits.

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

The Plan allows participants to invest in the common stock of the Plan Sponsor, Beckman Coulter, Inc. The Plan's investment in the common stock of the Plan Sponsor was 9.6% and 11.4% of plan net assets as of December 31, 2010 and 2009, respectively.

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results could differ from those estimates.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Fully Benefit-Responsive Investment Contracts: While Plan investments are presented at fair value in the statements of net assets available for benefits, any material difference between the fair value of the Plan's direct and indirect interests in fully benefit-responsive investment contracts and their contract value is presented as an adjustment line in the statements of net assets available for benefits, because contract value is the relevant measurement attribute for that portion of the Plan's net assets available for benefits. Contract value represents contributions made to a contract, plus earnings, less participant withdrawals and administrative expenses. Participants in fully benefit-responsive contracts may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan holds a direct interest in fully benefit-responsive contracts through its investment in the Stable Value Fund (Note 3). Effective June 17, 2011, the Plan liquidated its holdings in the underlying assets of the Stable Value Fund. Liquidation occurred at fair value, which exceeded contract value, and amounts were transferred into the T. Rowe Price Stable Value Fund, a collective trust.

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
- Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

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

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

Mutual funds and publicly traded common and preferred stocks (including Company common stock): The fair values of mutual fund and common and preferred stock investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Collective trusts: The fair values of participation units held in collective trusts, other than stable value funds, are based on the net asset values as reported by the fund managers as of the financial statement dates and recent transaction prices (level 2 inputs). The underlying investments of the collective trusts which are fixed income funds include corporate bonds and notes, asset-backed securities, mortgage-backed securities, U.S. Government Treasury and agency securities, collateralized mortgage obligations, international debt, and short term investments. The investment objective of these funds is to provide returns equal to or better than AAA quality bond indices for securities with comparable durations. The short term investment collective trust seeks to provide a reasonable rate of return by investing in a full range of high-quality, short-term money market securities. Each collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement. The fair value of the interest in the stable value fund is based upon the net asset values of the fund after an adjustment to reflect all investments at fair value, including direct and indirect interests in fully benefit-responsive contracts, as reported by the fund manager (level 2 inputs). The fund invests in guaranteed investment contracts and synthetic investment contracts issued by life insurance companies and other financial institutions, with the objective of providing a high level of return that is consistent with also providing stability of investment return, preservation of capital and liquidity to pay benefits. The fund provides for daily redemptions by the Plan at reported net asset value per share, with no advance notification requirements.

Corporate Bonds: Corporate bonds are valued at the closing price reported in the active market in which the bond is traded (level 1 inputs).

BECKMAN COULTER, INC. SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 AND 2009

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Wrapper contracts: Fair values of wrapper contracts associated with synthetic investment contracts are based on current bid rates for similar contracts (level 3 inputs).

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

Investments measured at fair value on a recurring basis which are held by the Plan as of December 31, 2010 and 2009 are summarized below:

	Fair Value Measurements at December 31, 2010 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Plan sponsor common stock	\$ 107,574,055	\$ -	\$ -
Common stock	7,711,035	-	-
Mutual funds			
Foreign large blend funds	1,212,527	-	-
Foreign large growth funds	42,256,091	-	-
Large blend funds	61,855,388	-	-
Large growth funds	144,117,450	-	-
Large value funds	18,048,728	-	-
Mid-cap blend funds	7,404,079	-	-
Mid-cap growth funds	94,847,600	-	-
Money market funds	704,580	-	-
Retirement income funds	5,664,383	-	-
Small blend funds	47,801,794	-	-
Intermediate-term bond funds	2,476,827	-	-
Target funds- balanced (1)	46,252,527	-	-
Target funds- equity (2)	226,938,449	-	-
Other	4,886,984	-	-
Collective trusts			
Stable value funds	-	2,877,208	-
Short term investment fund	-	903,313	-
Fixed income funds	-	280,240,855	-
Wrapper contracts	-	-	47,904
Total	<u>\$ 819,752,497</u>	<u>\$ 284,021,376</u>	<u>\$ 47,904</u>

(1) These funds generally invest approximately 50% in equity securities and 50% in debt securities and fixed income securities.

(2) These funds generally invest approximately 65% or more in equity securities, with the remainder in debt securities and fixed income securities.

There were no significant transfers between Level 1 and Level 2 investments during 2010.

BECKMAN COULTER, INC. SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 AND 2009

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

	Fair Value Measurements at December 31, 2009 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Plan sponsor common stock	\$ 116,126,680	\$ -	\$ -
Common stock	6,610,112	-	-
Preferred stock	15,055	-	-
Corporate bonds - Non-convertible	88,044	-	-
Mutual funds			
Foreign large growth funds	42,429,965	-	-
Large blend funds	56,428,449	-	-
Large growth funds	129,744,339	-	-
Large value funds	14,236,928	-	-
Mid-cap growth funds	73,001,187	-	-
Money market fund	333,550	-	-
Retirement income funds	5,569,920	-	-
Small blend funds	42,272,286	-	-
Target funds- balanced (3)	44,997,848	-	-
Target funds- equity (4)	178,144,836	-	-
Other	4,234,772	-	-
Collective trusts			
Stable value funds	-	13,117,702	-
Short term investment fund	-	1,444,946	-
Fixed income funds	-	261,799,004	-
Wrapper contracts	-	-	375,425
Total	<u>\$ 714,233,971</u>	<u>\$ 276,361,652</u>	<u>\$ 375,425</u>

(3) These funds generally invest approximately 50% in equity securities and 50% in debt securities and fixed income securities.

(4) These funds generally invest approximately 65% or more in equity securities, with the remainder in debt securities and fixed income securities.

The table below presents a reconciliation of Plan investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the year ended December 31, 2010:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) (Wrapper Contracts)
Beginning balance, January 1, 2010	\$ 375,425
Change in estimated fair value of wrapper contracts*	<u>(327,521)</u>
Ending balance, December 31, 2010	<u>\$ 47,904</u>

* Change in estimated fair value of the wrapper contracts is reflected in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

BECKMAN COULTER, INC. SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 AND 2009

NOTE 3 - STABLE VALUE FUND

The Stable Value Fund includes investments in collective trusts and synthetic guaranteed investment contracts (GICs). This fund is an investment pool that is managed solely for participants of the Plan, and the Plan holds all of the underlying investments of the Stable Value Fund. The synthetic GICs in this fund are comprised of cash, collective trusts, and wrapper contracts.

Withdrawals resulting from events initiated by the Company, such as Plan or contract termination, are not typically considered participant-initiated transactions. With such an event, some of the contracts contain contingencies that could lead to withdrawal penalties. Certain events that would allow the contract issuers to terminate the contracts and result in the execution of participant transactions at other than contract value include loss of the Plan's qualified status, plan merger or spin-off, bankruptcy of the Plan sponsor, or closing of units of the Company. However, since no such events are being contemplated at this time and management is not aware of any events that would cause the Plan to transact at less than contract value, these "potential" limitations are determined not to be probable and do not jeopardize the contract value reporting for these investments.

Synthetic GICs operate similarly to a guaranteed investment contract, except that the assets are placed in a trust with ownership by the Plan rather than a general account of the issuer and a financially responsible third party issues a wrapper contract that provides that participants can, and must, execute Plan transactions at contract value.

As of December 31, 2010 and 2009, the average yield earned on amounts invested in the synthetic investment contracts was 1.91% and 3.54%, respectively. As of December 31, 2010 and 2009, the average yield based upon the crediting interest rates to participants on such contracts was 1.72% and 2.30%, respectively. There were no valuation reserves recorded to adjust contract amounts. The crediting rates of the contracts are based on an agreed-upon formula with the issuer but can not be less than zero. Rates are reviewed on a quarterly basis for resetting. Crediting rate resets are applied to specific investment contracts, as determined at the time of purchase. The reset values for security-backed investment rates are a function of contract value, market value, yield, and duration.

NOTE 4 - INVESTMENTS

The fair values of individual investments which represent 5% or more of the Plan's net assets available for benefits at December 31, 2010, are as follows:

Common stock:

Beckman Coulter, Inc.	\$ 107,574,055
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Mutual funds:

T. Rowe Price Blue Chip Growth Fund	144,117,450
T. Rowe Price Mid-Cap Growth Fund	94,847,600
Vanguard Institutional Index Fund	61,855,388
T. Rowe Price Retirement 2020 Fund	61,971,204

Stable value fund:

Collective trusts:	
Dwight Target 2 Fund	186,683,585
Dwight Target 5 Fund	75,337,749

BECKMAN COULTER, INC. SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 AND 2009

NOTE 4 – INVESTMENTS (Continued)

The fair values of individual investments which represent 5% or more of the Plan's net assets available for benefits at December 31, 2009, are as follows:

Common stock:

Beckman Coulter, Inc.	\$ 116,126,680
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Mutual funds:

T. Rowe Price Blue Chip Growth Fund	129,744,339
T. Rowe Price Mid-Cap Growth Fund	73,001,187
Vanguard Institutional Index Fund	56,428,449
T. Rowe Price Retirement 2020 Fund	52,461,784

Stable value fund:

Collective trusts:

Dwight Target 2 Fund	160,527,904
Dwight Target 5 Fund	88,379,155

The net appreciation of the Plan's investments by investment type for the year ended December 31, 2010 is as follows:

Common stock	\$ 14,844,467
Mutual funds	89,145,087
Other investments	<u>1,117,733</u>
	<u>\$ 105,107,287</u>

NOTE 5 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by letter, dated August 28, 2002, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and currently being operated in compliance with applicable requirements of the IRC. The Plan Sponsor has applied for a new determination letter, which is currently open with the IRS.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain Plan investments are shares of mutual funds managed by T. Rowe Price. T. Rowe Price Trust Company is the Plan trustee and an affiliate of T. Rowe Price, therefore these transactions qualify as party-in-interest transactions.

Dwight Asset Management Company (Dwight) is the investment advisor for the Stable Value Fund. This fund holds certain investments managed by Dwight, and therefore these investments qualify as party-in-interest transactions. The Plan also allows loans to plan participants, which qualify as party-in-interest transactions. The Plan also paid administrative fees to T. Rowe Price Trust Company and T. Rowe Price Retirement Services (plan recordkeeper) during 2010 which qualify as party-in-interest transactions.

BECKMAN COULTER, INC. SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 AND 2009

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS (Continued)

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

The Plan also held 1,429,936 and 1,774,552 shares of Company common stock as of December 31, 2010 and 2009, respectively. The Plan received dividends of \$1,181,199 on Company common stock during 2010.

NOTE 7 - FORM 5500 RECONCILIATION

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to net assets per the Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 1,127,131,188	\$ 1,022,245,083
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(1,597,934)</u>	<u>(9,710,393)</u>
Net assets per the Form 5500	<u>\$ 1,125,533,254</u>	<u>\$ 1,012,534,690</u>

The following is a reconciliation of the increase in net assets available for benefits prior to plan transfers per the financial statements for the year ended December 31, 2010, to net income per the Form 5500:

Increase in net assets available for benefits prior to plan transfers per the financial statements	\$ 108,229,550
Adjustment from fair value to contract value for fully benefit- responsive investment contracts at December 31, 2010	(1,597,934)
Adjustment from fair value to contract value for fully benefit- responsive investment contracts at December 31, 2009	<u>9,710,393</u>
Net income per the Form 5500	<u>\$ 116,342,009</u>

NOTE 8 – PLAN TRANSFER

On December 31, 2010, the Plan completed a spin-off of the Plan's Puerto Rico participants into the Beckman Coulter, Inc. Puerto Rico Savings Plan (PR Savings Plan). The transfer of \$3,343,445 in net assets of the Plan into the PR Savings Plan was completed on this date.

SUPPLEMENTAL SCHEDULE

BECKMAN COULTER, INC. SAVINGS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
December 31, 2010

Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Plan Number: 011

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common stock:				
*	Beckman Coulter, Inc.	Common stock	**	\$ 107,574,055
Mutual funds:				
*	T. Rowe Price	Blue Chip Growth Fund	**	144,117,450
*	T. Rowe Price	Equity Income Fund	**	18,048,728
	Fidelity	Diversified International Fund	**	42,256,091
	Vanguard	Institutional Index Fund	**	61,855,388
*	T. Rowe Price	Mid-Cap Growth Fund	**	94,847,600
	Neuberger Berman	Genesis Fund	**	47,801,794
*	T. Rowe Price	Prime Reserve Fund	**	704,580
*	T. Rowe Price	Retirement 2005 Fund	**	14,702,646
*	T. Rowe Price	Retirement 2010 Fund	**	31,549,881
*	T. Rowe Price	Retirement 2015 Fund	**	45,673,682
*	T. Rowe Price	Retirement 2020 Fund	**	61,971,204
*	T. Rowe Price	Retirement 2025 Fund	**	40,843,975
*	T. Rowe Price	Retirement 2030 Fund	**	31,447,921
*	T. Rowe Price	Retirement 2035 Fund	**	18,160,896
*	T. Rowe Price	Retirement 2040 Fund	**	17,609,437
*	T. Rowe Price	Retirement 2045 Fund	**	7,236,554
*	T. Rowe Price	Retirement 2050 Fund	**	2,827,705
*	T. Rowe Price	Retirement 2055 Fund	**	1,167,075
*	T. Rowe Price	Retirement Income Fund	**	5,664,383
	Vanguard	Developed Market Index Institutional	**	1,212,527
	Vanguard	Extended Markets Index Signal	**	7,404,079
	Vanguard	Total Bond Market Index Signal	**	2,476,827
				699,580,423
Collective trust:				
	Russell Investments	Fixed Income I Fund	**	18,219,521
Stable value fund:				
	<i>Wrapper contracts:</i>			
	NATIXIS Financial	Wrapper contract FP 1062-01	**	-
	State Street	Wrapper contract 97077	**	47,904
	Transamerica Life	Wrapper contract 76850	**	-
	<i>Collective trusts:</i>			
*	Dwight Asset Management Company	Dwight Target 2 Fund	**	186,683,585
*	Dwight Asset Management Company	Dwight Target 5 Fund	**	75,337,749
	Bank of New York	Short Term Investment Fund	**	903,313
	SEI Trust Company	SEI Stable Asset Fund	**	2,877,208
				265,849,759

(Continued)

BECKMAN COULTER, INC. SAVINGS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
December 31, 2010

Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Plan Number: 011

	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
(a)				
Other:				
	Various	Tradelink+ Brokerage Accounts	**	\$ 12,598,019
*	Plan participants	Participant loans (interest rates ranging from 4.25% to 13.75%)	**	<u>14,276,465</u>
		Total assets held for investment		\$ <u>1,118,098,242</u>

* Indicates party-in-interest investment

** Information not required for participant-directed plans

Plan Name	Beckman Coulter, Inc. Savings Plan
Plan Sponsor EIN	95-1040600
ERISA Plan #	011
Plan Year Ending	December 31, 2010

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Beckman Coulter, Inc. Savings Plan
Plan Sponsor EIN	95-1040600
ERISA Plan #	011
Plan Year Ending	December 31, 2010

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	