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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BECKMAN COULTER, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 07/27/1989

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

BECKMAN COULTER, INC.

250 S. KRAEMER BLVD
BREA, CA 92821

2b Employer Identification Number (EIN) 95-1040600

2c Sponsor's telephone number 714-993-5321

2d Business code (see instructions) 334500

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	CLAUDIA FERGUSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BECKMAN COULTER, INC.

250 S. KRAEMER BLVD
BREA, CA 92821

3b Administrator's EIN
95-1040600

3c Administrator's telephone number
714-993-5321

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	8186
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**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
BECKMAN COULTER, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BECKMAN COULTER, INC.

D Employer Identification Number (EIN)
95-1040600

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2011			
2	Assets:			
a	Market value	**2a**		611147179
b	Actuarial value	**2b**		581573453
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	2572	285141463
b	For terminated vested participants	**3b**	2309	141909584
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		2176012
	(2) Vested benefits	**3c(2)**		270960561
	(3) Total active	**3c(3)**	3335	273136573
d	Total	**3d**	8216	700187620
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		5.82 %
6	Target normal cost	**6**		20238131

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/10/2012
Date

CRAIG S. GALANTER
Type or print name of actuary

11-04559
Most recent enrollment number

BUCK CONSULTANTS, LLC
Firm name

415-617-3819
Telephone number (including area code)

50 FREMONT, 12TH FLOOR
SAN FRANCISCO, CA 94105-2742
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	94977993	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	166477	0
9	Amount remaining (line 7 minus line 8)	94811516	0
10	Interest on line 9 using prior year's actual return of 10.07 %	9547520	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.53 % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	82935679	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	21423357	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/30/2011	21444325				
08/30/2012	319883				
			Totals ► 18(b)	21764208	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b	Contributions made to avoid restrictions adjusted to valuation date	19b
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 21445001

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.94%	5.82%	6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	20238131
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	140037524	22629551
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	42867682

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	21423357	0	21423357

36 Additional cash requirement (line 34 minus line 35)	**36**	21444325
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	21445001

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	676
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
BECKMAN COULTER, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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)

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)

FRANK RUSSELL

91-1116938

(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 51	NONE	335417	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER HR OUTSOURCING

20-1932099

(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	769819	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
25 50	NONE	186071	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

INTEGRITY

38-3212521

(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 51	NONE	218632	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK CONSULTANTS, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	100800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CROWE HORWATH

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	37200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PIMCO

33-0629048

(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 51	NONE	120828	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SILCHESTER

36-7045783

(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 51	NONE	283154	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRUST COMPANY OF THE WEST

95-2642764

(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 51	NONE	206552	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

UBS GLOBAL ASSET MGMT

36-3718331

(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 51	NONE	219015	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON

04-2767481

(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 51	NONE	192179	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	103239	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
BECKMAN COULTER, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BECKMAN COULTER, INC.

D Employer Identification Number (EIN)
95-1040600

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL ALL INT MKT FUND

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

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)
91-1117282-020	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL EQUITY I FUND

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

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)
91-1117282-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL LARGE CAP STRUCTURED

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

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)
91-1117282-032	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL REAL ESTATE EQUITY

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

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)
91-1117282-008	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANK RUSSELL MULTI MGR BD FUND

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

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)
91-1117282-029	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SILCHESTER INTL INVESTORS EQ FUND

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
36-7045783-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS GLOBAL EX-US ALL CAP GROWTH EQ

b Name of sponsor of entity listed in (a): UBS US GROUP TRUST

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)
04-6388516-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVEST FUND II

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 04-6388516-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL DIVERSIFIED ALT FUND

b Name of sponsor of entity listed in (a): RUSSELL CAPITAL INC

c EIN-PN 98-0421615-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
BECKMAN COULTER, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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

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	102	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	151086	0
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)	63123918	0
(5) Partnership/joint venture interests	1c(5)	81267797	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	316497602	0
(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)	451881	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	149768181	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	611260567	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	740532	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	740532	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	610520035	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	21764208	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		21764208
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47	
(B) U.S. Government securities	2b(1)(B)	1813	
(C) Corporate debt instruments	2b(1)(C)	6807	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	62859	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		71526
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	440410	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	13258430	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13698840
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2668965	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2668965
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-8387006
(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)		4165188
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26631975
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		55275766
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	48904280	
(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)		48904280
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	324071	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1575775	
(4) Other	2i(4)	1943392	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3843238
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		52747518
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2528248
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		613048283

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.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**	X		
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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)
DANAHER CORPORATION & SUBSIDIARIES PENSION PLAN	59-1995548	003

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
BECKMAN COULTER, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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 Distributions

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

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

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

EIN(s): 13-5160382

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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. PENSION PLAN
Brea, California

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
December 31, 2011 and 2010

BECKMAN COULTER, INC. PENSION PLAN
Brea, California

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
December 31, 2011 and 2010

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All other schedules are omitted as they are not required or not applicable based upon disclosure requirements of the Employee Retirement Income Security Act of 1974 and regulations issued by the Department of Labor.

Crowe Horwath

Crowe Horwath LLP
Independent Member Crowe Horwath International

REPORT OF INDEPENDENT AUDITORS

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

We were engaged to audit the accompanying statements of net assets available for benefits of the Beckman Coulter, Inc. Pension Plan ("the Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2010, and the related statement of changes in accumulated plan benefits for the year then ended, and the 2011 supplemental schedules. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2011 and 2010 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 6, the Plan was merged into the Danaher Corporation & Subsidiaries Pension Plan effective December 31, 2011.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as a whole. The information included in the supplemental schedules is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Crowe Horwath LLP

Crowe Horwath LLP

Oak Brook, Illinois
October 11, 2012

BECKMAN COULTER, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments at fair value (Notes 2 and 3):	$ -	$ 611,109,379
Cash	-	102
Due from broker	-	128,885
Investment income receivable	-	22,201
Total assets	-	611,260,567
LIABILITIES		
Due to broker	-	113,387
Accrued investment management and trustee fees	-	627,145
Total liabilities	-	740,532
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 610,520,035

See accompanying notes to financial statements.

BECKMAN COULTER, INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2011 and 2010

	2011	2010
Additions:		
Contributions	$ 21,764,208	$ 20,000,000
Dividends and interest	13,770,366	3,728,884
Net appreciation in fair value of investments	19,741,192	56,671,135
Total investment income	33,511,558	60,400,019
Total additions	55,275,766	80,400,019
Deductions:		
Benefit payments	48,904,280	54,250,424
Administrative expenses	3,843,238	4,029,145
Total deductions	52,747,518	58,279,569
Net increase before transfers	2,528,248	22,120,450
Transfers out – Plan merger	(613,048,283)	-
Net increase (decrease)	(610,520,035)	22,120,450
Net assets available for benefits – beginning of year	610,520,035	588,399,585
Net assets available for benefits – end of year	$ -	$ 610,520,035

See accompanying notes to financial statements.

BECKMAN COULTER, INC. PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2010

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 240,705,630
Other participants	329,668,606
Total vested benefits	570,374,236
Nonvested benefits	2,296,014
Total actuarial present value of accumulated plan benefits	$ 572,670,250

See accompanying notes to financial statements.

BECKMAN COULTER, INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2010

Actuarial present value of accumulated plan benefits – beginning of year	$ 542,156,588
Increase (decrease) during the year attributable to:	
Benefits accumulated and other (experience gains and losses)	29,746,227
Interest	41,244,257
Change in actuarial assumptions	13,773,602
Benefits paid	(54,250,424)
Net increase	30,513,662
Actuarial present value of accumulated plan benefits – end of year	$ 572,670,250

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION AND FORMATION OF THE PLAN

The Beckman Coulter, Inc. Pension Plan (the Plan) is a defined-benefit pension plan established for the benefit of eligible employees of Beckman Coulter, Inc. (the Company or Beckman Coulter). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following summary description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Eligibility: Beckman Coulter employees, not including certain employees of Coulter Corp. (acquired/merged entities which had separate benefit plans), who have completed 365 days of service for the Company are eligible for participation in the Plan.

Effective January 1, 2007, the Plan became frozen for participants under age 40 or with less than 5 years of benefit service as of December 31, 2006. Employees affected by the plan freeze began participation in a replacement defined contribution plan beginning January 1, 2007. All employees hired on or after January 1, 2007 are eligible to participate in a different replacement defined contribution plan.

Vesting: A participant becomes 100% vested upon completion of five years of service or upon completion of one year of service and attainment of age 65 or older. Participants may elect monthly or lump-sum benefits. Effective December 31, 2011, immediately after the plan merger described in Note 6, all active participants became 100% vested in their accrued benefit, which is now part of the Danaher Corporation & Subsidiaries Pension Plan.

Benefits: Vested employees will receive a retirement benefit calculated, in part, based on the annual average of their 60 highest consecutive months of earnings, multiplied by years of service and adjusted for certain other factors.

The gross monthly payment will be reduced by 2% to 6% for each year under age 62, based on the Plan's early retirement factors.

Unless an employee elects to receive pension benefits in the form of a joint and survivor annuity or other form of payment that provides potential survivor benefits, payments will terminate upon death. Under the joint and survivor election, the retiree will receive a reduced monthly payment. Upon the retiree's death, the surviving spouse or the designated beneficiary will, depending on the election, receive 50%, 66 2/3%, 75%, or 100% of this reduced amount each month until death.

Effective December 31, 2011, the Plan froze benefit accruals.

Funding Policy: For each Plan year, the Company contributes an amount that will be no less than the minimum contribution required by ERISA and the Pension Benefit Guarantee Corporation (PBGC), and no more than the maximum tax-deductible contribution for the tax year. The amount is adjusted for interest reflecting the timing of contributions. At December 31, 2011 and 2010, the minimum funding requirements of ERISA and the PBGC had been met.

Commitments and Contingencies: The Plan has unfunded commitments of $16,000,000 for investments in limited partnerships at December 31, 2010. Unfunded commitments as of December 31, 2011 transferred with the investment as a result of the Plan merger described in Note 6.

Administrative Expenses: Certain administrative expenses are paid in whole or in part by the Plan. Any expenses not paid by the Plan are paid by the Company. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. There were no expenses related to the Plan paid for by the Company for the years ended December 31, 2011 and 2010.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their highest 60 consecutive months of earnings and the number of years of eligibility.

Accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable due to retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Company's actuary, Buck Consultants, LLC, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, termination, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2010 were: (a) life expectancy of annuity participants using the RP-2000 combined table with projection to the valuation date using scale AA; (b) mortality tables for lump sums using the 2011 Applicable Mortality Tables under IRS Section 417(e)(3); (c) average investment returns of 8.00%; and (d) retirement rates according to the following schedule, which results in an average retirement age of approximately 62:

Age	Rate
50-54	0%
55	5%
56	6%
57	7%
58	8%
59	9%
60	10%
61	15%
62	25%
63-64	20%
65	35%
66-69	30%
70+	100%

The assumption changes reflect a change in the mortality assumption for lump sums from the 2010 Applicable Mortality Tables under IRS Section 417(e)(3) to the 2011 Applicable Mortality Tables under IRS Section 417(e)(3). The assumption changes also reflect a change in assumed rate of return to 8.00% for 2010 from 8.25% for 2009.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

An actuarial valuation of the Plan's accumulated plan benefits as of the close of business on December 31, 2011, which will determine the actuarial present value of accumulated plan benefits transferred to the Danaher Corporation & Subsidiaries Pension Plan pursuant to the Plan merger, has not yet been completed.

Contributions: Contributions are accrued consistent with the funding policy under the requirements of ERISA and the PGBC (see actuarial present value of accumulated plan benefits above and funding policy in Note 1).

Benefit Payments: Benefits are recorded when paid.

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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Disclosures: 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.

Common Stock: The fair values of common stock are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Registered investment companies: The fair values of registered investment company (mutual fund) 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 their net asset values, as reported by the managers of the collective trusts and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date (Level 2 inputs). The fair values of participation units held in the stable value collective trust are based upon the net asset values of such fund, as reported in the audited financial statements of the fund (Level 2 inputs). The investment objective of the international equity funds is to provide long-term growth by investing primarily in international equity securities and to achieve above average results over a market cycle. The investment objective of domestic equity funds is to provide long-term growth of capital by investing primarily in domestic equity securities and to achieve above average results over a market cycle. The investment objective of the domestic commercial real estate fund is to provide long-term growth by investing primarily in commercial real estate domiciled in the United States and to achieve above average results over a market cycle. The investment objective of the mortgage-backed securities fund is to provide long-term growth by investing primarily in mortgage-backed securities and to achieve above average results over a market cycle. The investment objective of the stable value fund is to maintain a net asset value of approximately $1 per unit by investing primarily in highly rated commercial paper and U.S. Government instruments. Each of the above collective trusts provides for daily redemptions by the Plan with no advance notice requirements.

Partnerships: The fair values of ownership interests in limited partnerships are generally based on the valuations provided by the general partners or managers of such investments (Level 3 inputs). The investment objective of the domestic real estate partnership is to provide long-term growth by acquiring commercial real estate assets domiciled in the United States and to achieve above average results over a market cycle. The investment objective of the domestic private equity partnerships is to provide long-term growth by investing in a diversified portfolio of private equity and fund of hedge funds investments and to achieve above average results over a market cycle. Initial contributions to Pacific Diversified Strategies, LLC and Common Sense Investors BPI during 2010 are subject to a 1 year lock-up provision, with withdrawals available beginning in 2011 on a quarterly and annual basis, respectively. All other partnerships are required to be held until the commitment period expires beginning in 2018 and ending in 2021.

103-12 investment entities: The 103-12 investment entities represent investments in hedge funds. The 103-12 investment entities are reported at fair value, generally at an amount equal to the net asset value of the entity's investment in the underlying funds as determined by the underlying funds' general partners or managers (Level 3 inputs). The objective of the international equity 103-12 investment entities is to achieve long term capital appreciation with limited net asset value volatility by investing the assets of the investment in investment funds pursuing a diverse range of investment strategies outside of the United States. The above 103-12 investment entities provide for daily redemptions by the Plan with no advance notice requirements.

Forward currency contracts: During 2011, the Plan entered into forward currency contracts. Forward currency contracts are periodically utilized by the trustee to hedge a portion of the currency exposure that results from the Plan's holdings of equity securities denominated in foreign currencies. Forward currency contracts are marked-to-market at the prevailing forward exchange rate of the underlying currencies (Level 2 inputs), and the difference between contract value and market value is recorded as unrealized appreciation (depreciation) in Plan net assets. When engaging in forward currency contracts, there is exposure to credit loss in the event of nonperformance by the counterparties to these transactions. The Plan manages this exposure through credit approvals and various monitoring procedures.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 at December 31, 2010 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)
Common Stocks	$ 63,123,918	$ -	$ -
Registered investment companies			
Long-term Corporate Bond Fund	53,235,770	-	-
Domestic Equity Fund	68,932,204	-	-
Emerging Markets Equity Fund	27,600,207	-	-
Collective trusts			
International Equity Funds	-	97,505,597	-
Domestic Equity Fund	-	35,255,326	-
Domestic Commercial Real Estate Fund	-	30,089,083	
Mortgage-Backed Securities Fund	-	148,984,224	-
Stable Value Fund	-	4,663,372	-
Partnerships			
Domestic Real Estate	-	-	318,227
Domestic Private Equity	-	-	80,949,570
103-12 investment entities			
International Equity	-	-	451,881

There were no significant transfers between Level 1 and Level 2 during 2011 and 2010.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the years ended December 31, 2011 and 2010, including the reporting classifications for the applicable gains and losses included in the statement of changes in net assets available for benefits:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Partnerships		**103-12 Entities**
	Domestic Real Estate	Domestic Private Equity	International Equity
Beginning balance, January 1, 2010	$ 1,482,100	$ 27,227,054	$ 4,017,003
Total realized and unrealized gains or losses			
Included in change in net assets available For benefits:			
Net realized and unrealized appreciation (depreciation)	(1,163,873)	4,212,516	(2,026,376)
Purchases, sales, issuances and settlements (net)	-	49,510,000	(1,538,746)
Ending balance, December 31, 2010	318,227	80,949,570	451,881
Total realized and unrealized gains or losses			
Included in change in net assets available for benefits:			
Net realized and unrealized appreciation (depreciation)	38,176	4,127,013	(7,672)
Transfer out due to plan merger	-	(83,476,583)	-
Purchases	-	2,000,000	-
Sales	(356,403)	(3,600,000)	(444,209)
Ending balance, December 31, 2011	$ -	$ -	$ -

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain report amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Risks and Uncertainties: The Plan provides for various investment securities. Investment securities are exposed to various risks, such as interest rate, market, liquidity and credit. 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 amounts reported in the statements of net assets available for benefits and statements of changes in net assets available for benefits.

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

(Continued)

NOTE 3 - INVESTMENTS – UNAUDITED INFORMATION

The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, holds investment assets and executes transactions therein, and substantially all information pertaining to investments included in the financial statements has been certified by them. This information has not been audited by independent accountants.

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets available for benefits:

	2011	2010
Investments at fair value:		
Frank Russell All Int'l Mkts Fund	$ -	$ 30,783,061
Frank Russell Multi Manager Bond Fund	-	148,984,224
Silchester International Investors Equity Fund	-	30,952,411
Vanguard Long-term Investment Grade Fund Admiral	-	53,235,770
Vanguard Institutional Index Fund	-	68,932,204
UBS Global (Ex-US) All Cap Growth Collective Equity Fund	-	35,770,125

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2011	2010
Investments at estimated fair value		
Partnerships	$ (7,672)	$ 3,048,643
103-12 investment entities	4,165,188	(2,026,376)
Collective trusts	(8,387,006)	39,195,083
Investments at fair value as determined by quoted market price		
Common stocks	(2,587,139)	6,447,730
Registered investment companies	26,631,975	10,006,055
Other investments	(74,154)	-
Net appreciation in fair value	$ 19,741,192	$ 56,671,135

During 2011 and 2010, the Plan earned interest and dividend income of $13,770,366 and $3,728,884, respectively.

NOTE 4 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter, dated August 28, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter, and the Company submitted an application in January 2011 to the Internal Revenue Service to request a new favorable determination letter. Although the Plan has not yet received a new favorable determination letter, Plan management believes that the Plan is designed and operated in compliance with the applicable requirements of the Code, and that the related trust was tax exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(Continued)

NOTE 5 - 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 collective trusts managed by affiliates of the Bank of New York Mellon/BNY Mellon, N.A. The Bank of New York Mellon/BNY Mellon, N.A. is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Party-in-interest fees paid by the Plan include trustee fees.

NOTE 6 - PLAN MERGER

On February 15, 2011, the Company 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 acquisition was completed on June 30, 2011. Effective December 31, 2011, pursuant to a plan amendment, the Plan's net assets available for benefits and accumulated Plan benefits were merged into the Danaher Corporation & Subsidiaries Pension Plan.

NOTE 7 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 11, 2012, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Year ended December 31, 2011

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Barclays	Barclays Commercial Paper Repo 0.04% 12/23/2011	$ 300,000	$ 300,000
Barclays	Barclays Commercial Paper Repo 0.05% 12/30/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.06% 12/27/2011	300,000	300,000
Barclays	Barclays Commercial Paper Repo 0.07% 11/08/2011	300,000	300,000
Barclays	Barclays Commercial Paper Repo 0.07% 12/29/2011	300,000	300,000
Barclays	Barclays Commercial Paper Repo 0.08% 11/07/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.08% 11/09/2011	300,000	300,000
Barclays	Barclays Commercial Paper Repo 0.08% 11/10/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.08% 12/09/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.10% 11/01/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.10% 11/14/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.10% 11/15/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.10% 12/08/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.11% 11/02/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.11% 11/18/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.11% 12/07/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.11% 12/20/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.12% 11/04/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.12% 12/16/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.12% 12/19/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.12% 11/17/2011	200,000	200,000
	CDS_SP UL ABU DHABI 100BPS 6/20/2016	-	(676)
	CDX_SP UL ABU DHABI 100BPS 6/20/2016	-	(3,094)
	CDX_SP UL CDX.NA.IG.16 100BPS 6/20/2016	43,014	(52,683)
	Clinical Data Inc.	169,446	180,329
	IRS P AUD-BBR-BBSW 3m 5.50% 6/15/2013	2,995	18,528
	IRS P AUD-BBR-BBSW 6m 5.00% 6/15/2022	1,019	2,632
	IRS R EUR-URIBOR-ACT/365-BLO 2.50% 3/21/2022	-	(13,523)
JP Morgan	JP Morgan Commercial Paper Repo 0.07% 12/22/2011	200,000	200,000
JP Morgan	JP Morgan Commercial Paper Repo 0.07% 12/28/2011	300,000	300,000
JP Morgan	JP Morgan Commercial Paper Repo 0.11% 11/03/2011	100,000	100,000
Morgan Stanley	Morgan Stanley Commercial Paper Repo 0.07% 12/22/2011	200,000	200,000
	US 10YR Note Future (CBT)	-	4,641
	3MO Euro EURIBOR (LIF) June 2012	-	135,221
	90DAY EURODOLLAR Future (CME) June 2013	-	1,425
	90DAY EURODOLLAR Future (CME) June 2014	-	82,500
	90DAY EURODOLLAR Future (CME) March 2012	-	375

See Report of Independent Auditors

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2011

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (loss)
Category (i): A single transaction in excess of 5% of the current value of Plan assets:						
PIMCO Funds	PIMCO Funds Short Term Floating NAV Portfolio II	$ 64,500,000	$ -	$ 64,500,000	$ 64,500,000	$ -
PIMCO Funds	PIMCO Funds Short Term Floating NAV Portfolio II	-	64,100,000	64,100,000	64,100,000	-
PIMCO Funds	PIMCO Funds Long Duration Corporate Bond Portfolio	50,000,000	-	50,000,000	50,000,000	-
PIMCO Funds	PIMCO Funds Long Duration Corporate Bond Portfolio	64,500,000	-	64,500,000	64,500,000	-
Vanguard	Vanguard Long-term Investment Grade Fund Admiral	51,000,000	-	51,000,000	51,000,000	-
BNY Mellon, N.A.	EB Temporary Investment Fund II	115,000,000	-	115,000,000	115,000,000	-
BNY Mellon, N.A.	EB Temporary Investment Fund II	-	114,500,000	114,500,000	114,500,000	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	115,000,000	94,964,800	115,000,000	20,035,200
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	31,500,000	25,794,633	31,500,000	5,705,367
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
PIMCO Funds	PIMCO Funds Short Term Floating NAV Portfolio II	$ 66,101,126	$ -	$ 66,101,126	$ 66,101,126	$ -
PIMCO Funds	PIMCO Funds Short Term Floating NAV Portfolio II	-	65,800,000	65,799,973	65,800,000	27
PIMCO Funds	PIMCO Funds Long Duration Corporate Bond Portfolio	123,031,218	-	123,031,218	123,031,218	-
PIMCO Funds	PIMCO Funds Long Duration Corporate Bond Portfolio	-	8,000,000	7,414,779	8,000,000	585,221
Vanguard	Vanguard Long-term Investment Grade Fund Admiral	75,990,988	-	75,990,988	75,990,988	-
Vanguard	Vanguard Long-term Investment Grade Fund Admiral	-	-	13,358,036	15,000,000	1,641,964

See Report of Independent Auditors

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (loss)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets: (Continued)						
BNY Mellon, N.A.	EB Temporary Investment Fund II	$ 200,518,381	$ -	$ 200,518,381	$ 200,518,381	$ -
BNY Mellon, N.A.	EB Temporary Investment Fund II	-	200,028,524	200,028,524	200,028,524	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	67,532,570	-	67,532,570	67,532,570	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	200,193,933	169,284,561	200,193,933	30,909,372
U.S. Treasury	U.S. Treasury Bond 3.75% maturing 8/15/2041	21,903,662	-	21,903,662	21,903,662	-
U.S. Treasury	U.S. Treasury Bond 3.75% maturing 8/15/2041	-	20,883,259	20,620,244	20,883,259	263,015

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Year ended December 31, 2011

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Barclays	Barclays Commercial Paper Repo 0.04% 12/23/2011	$ 300,000	$ 300,000
Barclays	Barclays Commercial Paper Repo 0.05% 12/30/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.06% 12/27/2011	300,000	300,000
Barclays	Barclays Commercial Paper Repo 0.07% 11/08/2011	300,000	300,000
Barclays	Barclays Commercial Paper Repo 0.07% 12/29/2011	300,000	300,000
Barclays	Barclays Commercial Paper Repo 0.08% 11/07/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.08% 11/09/2011	300,000	300,000
Barclays	Barclays Commercial Paper Repo 0.08% 11/10/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.08% 12/09/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.10% 11/01/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.10% 11/14/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.10% 11/15/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.10% 12/08/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.11% 11/02/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.11% 11/18/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.11% 12/07/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.11% 12/20/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.12% 11/04/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.12% 12/16/2011	100,000	100,000
Barclays	Barclays Commercial Paper Repo 0.12% 12/19/2011	200,000	200,000
Barclays	Barclays Commercial Paper Repo 0.12% 11/17/2011	200,000	200,000
	CDS_SP UL ABU DHABI 100BPS 6/20/2016	-	(676)
	CDX_SP UL ABU DHABI 100BPS 6/20/2016	-	(3,094)
	CDX_SP UL CDX.NA.IG.16 100BPS 6/20/2016	43,014	(52,683)
	Clinical Data Inc.	169,446	180,329
	IRS P AUD-BBR-BBSW 3m 5.50% 6/15/2013	2,995	18,528
	IRS P AUD-BBR-BBSW 6m 5.00% 6/15/2022	1,019	2,632
	IRS R EUR-URIBOR-ACT/365-BLO 2.50% 3/21/2022	-	(13,523)
JP Morgan	JP Morgan Commercial Paper Repo 0.07% 12/22/2011	200,000	200,000
JP Morgan	JP Morgan Commercial Paper Repo 0.07% 12/28/2011	300,000	300,000
JP Morgan	JP Morgan Commercial Paper Repo 0.11% 11/03/2011	100,000	100,000
Morgan Stanley	Morgan Stanley Commercial Paper Repo 0.07% 12/22/2011	200,000	200,000
	US 10YR Note Future (CBT)	-	4,641
	3MO Euro EURIBOR (LIF) June 2012	-	135,221
	90DAY EURODOLLAR Future (CME) June 2013	-	1,425
	90DAY EURODOLLAR Future (CME) June 2014	-	82,500
	90DAY EURODOLLAR Future (CME) March 2012	-	375

See Report of Independent Auditors

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2011

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (loss)
Category (i): A single transaction in excess of 5% of the current value of Plan assets:						
PIMCO Funds	PIMCO Funds Short Term Floating NAV Portfolio II	$ 64,500,000	$ -	$ 64,500,000	$ 64,500,000	$ -
PIMCO Funds	PIMCO Funds Short Term Floating NAV Portfolio II	-	64,100,000	64,100,000	64,100,000	-
PIMCO Funds	PIMCO Funds Long Duration Corporate Bond Portfolio	50,000,000	-	50,000,000	50,000,000	-
PIMCO Funds	PIMCO Funds Long Duration Corporate Bond Portfolio	64,500,000	-	64,500,000	64,500,000	-
Vanguard	Vanguard Long-term Investment Grade Fund Admiral	51,000,000	-	51,000,000	51,000,000	-
BNY Mellon, N.A.	EB Temporary Investment Fund II	115,000,000	-	115,000,000	115,000,000	-
BNY Mellon, N.A.	EB Temporary Investment Fund II	-	114,500,000	114,500,000	114,500,000	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	115,000,000	94,964,800	115,000,000	20,035,200
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	31,500,000	25,794,633	31,500,000	5,705,367
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:						
PIMCO Funds	PIMCO Funds Short Term Floating NAV Portfolio II	$ 66,101,126	$ -	$ 66,101,126	$ 66,101,126	$ -
PIMCO Funds	PIMCO Funds Short Term Floating NAV Portfolio II	-	65,800,000	65,799,973	65,800,000	27
PIMCO Funds	PIMCO Funds Long Duration Corporate Bond Portfolio	123,031,218	-	123,031,218	123,031,218	-
PIMCO Funds	PIMCO Funds Long Duration Corporate Bond Portfolio	-	8,000,000	7,414,779	8,000,000	585,221
Vanguard	Vanguard Long-term Investment Grade Fund Admiral	75,990,988	-	75,990,988	75,990,988	-
Vanguard	Vanguard Long-term Investment Grade Fund Admiral	-	-	13,358,036	15,000,000	1,641,964

See Report of Independent Auditors

BECKMAN COULTER, INC. PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2011

Name of Plan Sponsor: Beckman Coulter, Inc.
Employer Identification Number: 95-1040600
Three-Digit Plan Number: 010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (loss)
Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets: (Continued)						
BNY Mellon, N.A.	EB Temporary Investment Fund II	$ 200,518,381	$ -	$ 200,518,381	$ 200,518,381	$ -
BNY Mellon, N.A.	EB Temporary Investment Fund II	-	200,028,524	200,028,524	200,028,524	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	67,532,570	-	67,532,570	67,532,570	-
Russell Trust Company	Frank Russell Multi Mgr Bond Fund	-	200,193,933	169,284,561	200,193,933	30,909,372
U.S. Treasury	U.S. Treasury Bond 3.75% maturing 8/15/2041	21,903,662	-	21,903,662	21,903,662	-
U.S. Treasury	U.S. Treasury Bond 3.75% maturing 8/15/2041	-	20,883,259	20,620,244	20,883,259	263,015

See Report of Independent Auditors

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning and ending

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan	B Three-digit plan number (PN) ▶	010
Beckman Coulter, Inc. Pension Plan		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
Beckman Coulter, Inc.	95-1040600	

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2011

2	Assets:			
	a Market value		**2a**	611,147,179
	b Actuarial value		**2b**	581,573,453
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	2,572	285,141,463
	b For terminated vested participants	**3b**	2,309	141,909,584
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		2,176,012
	(2) Vested benefits	**3c(2)**		270,960,561
	(3) Total active	**3c(3)**	3,335	273,136,573
	d Total	**3d**	8,216	700,187,620
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	5.82 %
6	Target normal cost		**6**	20,238,131

Statement by Enrolled Actuary

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

SIGN HERE Craig S. Galanter

Signature of actuary

09/10/2012

Date

Craig S. Galanter

Type or print name of actuary

11-04559

Most recent enrollment number

Buck Consultants, LLC

Firm name

(415) 617-3819

Telephone number (including area code)

50 Fremont, 12th Floor

San Francisco CA 94105-2742

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	94,977,993	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	166,477	0
9	Amount remaining (line 7 minus line 8)	94,811,516	0
10	Interest on line 9 using prior year's actual return of 10.07 %	9,547,520	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.53 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	82,935,679	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	21,423,357	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/30/2011	21,444,325				
08/30/2012	319,883				
			Totals 18(b)	21,764,208	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	21,445,001

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	20,238,131
b Excess assets, if applicable, but not greater than 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	140,037,524	22,629,551
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	42,867,682

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	21,423,357	0	21,423,357

36 Additional cash requirement (line 34 minus line 35)	36	21,444,325
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	21,445,001
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	676
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

SB Actuary Signature
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Attachment to 2011
Form 5500
EIN: 95-1040600
PN: 010

Beckman Coulter, Inc. Pension Plan

Calculation of the assumed retirement age

(a) Age	(b) Probability of Retiring	(c) Accumulated Probability of not Retiring	(a)*(b)*(c) Weighted Retirement Age
55	0.0500	1.0000	2.7500
56	0.0600	0.9500	3.1920
57	0.0700	0.8930	3.5631
58	0.0800	0.8305	3.8535
59	0.0900	0.7641	4.0571
60	0.1000	0.6953	4.1717
61	0.1500	0.6258	5.7257
62	0.2500	0.5319	8.2444
63	0.2000	0.3989	5.0264
64	0.2000	0.3191	4.0849
65	0.3500	0.2553	5.8083
66	0.3000	0.1660	3.2858
67	0.3000	0.1162	2.3349
68	0.3000	0.0813	1.6588
69	0.3000	0.0569	1.1783
70	1.0000	0.0398	2.7891
			61.7240

SB Actuary Signature
Schedule SB, Line 26 – Schedule of Active Participant Data

Attachment to 2011
Form 5500
EIN: 95-1040600
PN: 010

Beckman Coulter, Inc. Pension Plan

Active Participation as of January 1, 2011

Years of Credited Service

Attained Age	<1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	TOTALS
Under 25	0	0	1	0	0	0	0	0	0	0	**1**
AVG PAY	0	0	N/A	0	0	0	0	0	0	0	**N/A**
25 - 29	0	2	66	2	0	0	0	0	0	0	**70**
AVG PAY	0	N/A	55,055	N/A	0	0	0	0	0	0	**54,888**
30 - 34	0	0	187	38	1	0	0	0	0	0	**226**
AVG PAY	0	0	65,026	69,229	N/A	0	0	0	0	0	**65,722**
35 - 39	0	0	227	78	13	1	0	0	0	0	**319**
AVG PAY	0	0	78,530	81,648	N/A	N/A	0	0	0	0	**79,035**
40 - 44	0	2	219	120	39	21	1	0	0	0	**402**
AVG PAY	0	N/A	79,614	90,625	73,333	82,724	N/A	0	0	0	**82,374**
45 - 49	0	1	210	178	58	66	34	6	0	0	**553**
AVG PAY	0	N/A	77,424	93,238	100,746	92,568	82,980	N/A	0	0	**86,908**
50 - 54	0	0	204	184	90	81	97	98	1	0	**755**
AVG PAY	0	0	81,991	86,730	89,003	11,035	99,614	82,025	N/A	0	**89,371**
55 - 59	0	0	147	143	62	53	85	92	27	0	**609**
AVG PAY	0	0	79,916	89,185	95,219	98,486	3,249	88,064	69,326	0	**89,284**
60 - 64	0	0	61	71	37	28	42	51	24	9	**323**
AVG PAY	0	0	85,252	90,119	87,600	92,898	7,346	87,903	96,553	N/A	**91,432**
65 - 69	0	0	12	12	6	8	9	8	6	4	**65**
AVG PAY	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**75,009**
70 & up	0	0	2	6	1	2	0	1	0	0	**12**
AVG PAY	0	0	N/A	N/A	N/A	N/A	0	N/A	0	0	**N/A**
TOTALS	**0**	**5**	**1,336**	**832**	**307**	**260**	**268**	**256**	**58**	**13**	**3,335**
AVG PAY	**0**	**N/A**	**76,268**	**87,473**	**88,841**	**97,464**	**99,367**	**85,162**	**84,450**	**N/A**	**86,168**

Actuarial Exhibits – Funding

2.3 Funding Shortfall and Shortfall Amortization Base

Plan Year Valuation Date		2011 January 1, 2011	2010 January 1, 2010
A.	Funding Target	$ 700,187,620	$ 629,745,406
B.	Actuarial Value of Assets (Minimum Required Contribution)	$ 581,573,453	$ 631,035,084
C.	Funding Balances		
	1. Carryover Balance	$ 21,423,357	$ 94,977,993
	2. Prefunding Balance	0	0
	3. Total	$ 21,423,357	$ 94,977,993
D.	Funding Shortfall [A. - (B. - C.3.), not less than $0]	$ 140,037,524	$ 93,688,315
E.	Applicable Funding Percentage for shortfall exemption [(B. - C.2.)/A.]	80.00%	100.20%
F.	Threshold for shortfall exemption	100.00%	96.00%
G.	Outstanding balance of previously established Shortfall Amortization Bases	$ 0	$ 0
H.	Shortfall Amortization Base [$0 if F. < E., otherwise, F. x A. - (B. - C.3.) - G.]	$ 140,037,524	$ 0

2.4 Shortfall Amortization Summary

Date Established	Initial Amount	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2011
January 1, 2011	$140,037,524	7	$22,629,551	$ 140,037,524
Total charge			$22,629,551	$ 140,037,524

Beckman Coulter, Inc. Pension Plan

Statement of Actuarial Assumptions/Methods

Economic Assumptions

Funding Interest Rate

Current Year: Segment Rates with no lookback:	
First Segment Rate	2.94%
Second Segment Rate	5.82%
Third Segment Rate	6.46%
Effective Interest Rate	5.82%
Prior Year: Segment Rates with no lookback:	
First Segment Rate	4.60%
Second Segment Rate	6.65%
Third Segment Rate	6.76%
Effective Interest Rate	6.53%

Expected Earnings Rate on Assets (for Valuation Assets)

The expected return on plan assets is 8.00% per annum for 2011 and 8.25% per annum for 2010, limited by PPA to the applicable Third Segment Rate as follows:

2010 measurement period:	6.76%
2009 measurement period:	6.69%

Lump Sum Payments

Same as Funding Interest Rate

PBGC Variable Premium Interest Rate

Same as Funding Interest Rate

ASC 960 discount rate

Current Year:	8.00%
Prior Year:	8.25%

Salary Increase Assumption

Current and Prior Years:	4.00%

Social Security Wage Base Increases

Current and Prior Years:	3.00%

Beckman Coulter, Inc. Pension Plan

Statement of Actuarial Assumptions/Methods

Non-economic Assumptions

Expenses

Expected plan administrative expenses of $2,000,000 were added to the Target Normal Cost.

Normal Retirement Age

Age 62 for current active participants and terminated vested participants on or after 7/1/2000. The later of age 65 and completion of 1 year of participation for terminated vested participants before 7/1/2000.

Benefit Form Election

Form of payment elections:

Optional Form	Actives	Terminated Vested
100% J&S	15%	30%
50% J&S	10%	20%
SS Level Income*	15%/0%	0%
Life Annuity*	10%/25%	50%
Lump Sum	50%	0%

SS Level Income option is only available between ages 50 and 61. Life Annuity is assumed for those not meeting the age requirement for SS Level Income.

Marital Percentage

If no specific marital status data is available, 80% of male participants and 60% of female participants are assumed to be married. If no specific date of birth is available for spouses, female spouses are assumed to be two years younger than males.

Mortality

	Current Year	Prior Year
Annuitant	RP-2000 Healthy Annuitant Table projected to 2018	RP-2000 Healthy Annuitant Table projected to 2017
Non-annuitant	RP-2000 Employees Table projected to 2026	RP-2000 Employees Table projected to 2025

Mortality for Lump Sum Payments

Current Year: 2011 Applicable Mortality Table under IRS Section 417(e)(3)
Prior Year: 2010 Applicable Mortality Table under IRS Section 417(e)(3)

Disability Rates

None.

Beckman Coulter, Inc. Pension Plan

Statement of Actuarial Assumptions/Methods

Non-economic Assumptions

Retirement Rates

Plan participants are assumed to retire according to the following schedule which results in an average age at retirement of approximately 62 years:

Age	Rate
55	5%
56	6%
57	7%
58	8%
59	9%
60	10%
61	15%
62	25%
63	20%
64	20%
65	35%
66	30%
67	30%
68	30%
69	30%
70+	100%

Withdrawal Rates

Rates of withdrawal are assumed which are intended to reflect recent Plan experience and anticipated future experience. The percentage of employees expected to terminate depends on length of service and attained age:

	Years of Service		
Attained Age	0 – 4	4 – 6	6+
Under 35	17.5%	14.0%	10.0%
35 – 39	14.0%	11.2%	8.0%
Over 39	10.5%	8.4%	6.0%

Beckman Coulter, Inc. Pension Plan

Statement of Actuarial Assumptions/Methods

Methods

Actuarial Cost Method

For minimum required and maximum contribution purposes:

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, including the effect of expected compensation increases during the year.

Asset Valuation Method

For minimum required and maximum contribution purposes:

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, are included in the valuation assets.

PBGC Variable Premium Method

The premium funding target method is the Alternative Premium Funding Target which uses the vested funding target to determine the PBGC variable rate premium, effective with the 2009 plan year.

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Effective Date:	July 27, 1989
Effective Date of Most Recent Plan Amendment:	January 1, 2008
Plan Year:	January 1 to December 31
Employee Contributions:	None.
Employer Contributions:	Entire cost of the Plan.
Eligibility for Coverage:	Each employee is eligible for coverage on the first day of the month after completing one year of service. Employees who are not age 40 or older with 5 or more years of benefits service as of December 31, 2006 will have benefits frozen as of December 31, 2006. Employees hired after January 1, 2007 are not eligible.
Retirement Dates:	
Normal Retirement Date:	The first day of the month coincident with or next following the date the Participant attains age 65 and completes 1 year of participation. A Participant may work beyond their Normal Retirement Date, accruing additional retirement benefits for the periods of service after their Normal Retirement Date.
Early Retirement Date:	The first day of any month coincident with or next following the completion of five years of service.
Disability Retirement Date:	The date the participant elects, not later than the Normal Retirement Date, provided the Participant has completed at least five years of vesting service and is determined by the Social Security Administration to have been permanently and totally disabled under the Social Security Act.
Forms of Benefit Payments:	
Normal:	A monthly retirement income payable for life.
Automatic Forms:	Unless otherwise elected, married participants will receive a reduced monthly joint and 50% to surviving spouse annuity.

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Forms of Benefit Payments, continued:	
Optional Forms:	If elected by the Participant, the benefit, in an actuarially equivalent amount, may be paid in the form of: (a) a life annuity (b) a joint and 50%, 66-2/3%, 75% or 100% survivor annuity (c) a 5, 10, 15 or 20 year certain and life annuity (d) a Social Security Level Income option (e) a Cash Refund annuity (f) a lump sum A lump sum is mandatory if the present vale of the normal retirement benefit is under $5,000. This amount changed to $1,000 effective February 28, 2005.
Final Average Earnings:	The annual average of a Participant's highest 60 consecutive months of earnings.
Final Average Compensation:	The average of a Participant's three final years of earnings, up to the maximum Social Security wage base each year.
Normal or Deferred Retirement Benefit:	1.2% of the final average earnings plus 0.8% of the excess of final average earnings over the Social Security wage base multiplied by years of service.
Minimum Normal or Deferred Retirement Benefit:	$200 per month for participants who were both an employee and participant continuously during the 2001 Plan Year.
Early Retirement Benefit:	An amount based upon a Participant's final average earnings and service as of their early commencement date with the following reduction percentages applied to the benefit formula: No reduction for each year between ages 65 and 62, 4% for each year between ages 62 and 59, plus 6% for each year between ages 59 and 50, plus 2% for each year between ages 50 and 40, plus 1% for each year between ages 40 and 37, plus ½% for each year between ages 37 and 29, plus ¼% for each year below 29.

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Disability Benefit:	The early retirement benefit payable based on final average earnings and Social Security wage base at the time of disablement. If eligible, a Participant will continue to earn benefit service during disability until the earlier of age 65, the date they elect to receive a benefit from the Plan, or the date the disability ends. The benefit will then be calculated based upon final average earnings at the time the Participant became disabled and total benefit service, including the benefit service earned while disabled.
Grandfathered Normal or Deferred Retirement Benefit:	For a participant who was an employee as of June 30, 2000 and July 1, 2000, the greater of (A) and (B): (A) 1.7% of the final average earnings multiplied by years of service to a maximum of 35 years, plus 0.5% of final average earnings for each year of service above 35, less 0.65% (0.50% if over age 55 with 20 or more years of service) of the lesser of Covered Compensation and final average compensation for each year of service up to 35 years. (B) 1.15% of final average earnings up to $30,000 annually plus 1.6% of final average earnings between $30,000 and $50,000 annually, multiplied by years of service to a maximum of 25 years. Grandfathered participants accrued benefits under the above formulas until December 31, 2005.

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Grandfathered Early Retirement Benefit, continued:

(a) Basic Benefit Reduction Factor

Reduction factor applied to basic benefit derived from final average earnings:

5% for each year between ages 65 and 55, plus
2-2/9% for each year between ages 55 and 50, plus
3-1/3% for each year between ages 50 and 45, plus
1-2/3% for each year between ages 45 and 40, plus
1% for each year between ages 40 and 35, plus
½% for each year below 35.

If age 55 or over, the reduction is lessened by 1-1/2% for each year of service over 20 with a maximum of 10 years ("addback"). The reduction factor cannot be less than zero.

(b) Offset Percentage Reduction Factor

Percentage applied to the lesser of Covered Compensation and final average compensation between ages 55 and 65 depends on the Early Retirement Reduction Factor in effect at early retirement. Percentages below age 55 are the actuarial equivalent of the age 55 percentage.

Age	ERF Less Than 100%	ERF = 100%
65	0.650%	0.500%
64	0.600	0.500
63	0.550	0.500
62	0.500	0.500
61	0.475	0.475
60	0.450	0.450
59	0.425	0.425
58	0.400	0.400
57	0.375	0.375
56	0.340	0.340
55	0.300	0.300

Grandfathered Disability Benefit

For a participant who was an employee as of June 30, 2000 and July 1, 2000, the grandfathered early retirement benefit payable based on final average earnings, Covered Compensation, final average compensation at the earlier of time of disablement or December 31, 2005.

If eligible, benefit service will continue until the earlier of age 65, the date they elect to receive a benefit form the Plan, the date the disability ends, or December 31, 2005.

Beckman Coulter, Inc. Pension Plan

Summary of Plan Provisions

Death Benefit Before Retirement:	A Beneficiary will be eligible to receive a lump sum benefit equal to the actuarial equivalent value of the participant's normal retirement benefit at the time of death. A Beneficiary can choose to receive the lump sum benefit as an immediate annuity payable for their life. A Surviving Spouse will be eligible to elect to receive a lump sum benefit as described above or a monthly benefit equal to what the Surviving Spouse would have received under the contingent beneficiary option with 50% continuation of benefits. The benefit is determined based on the pension earned at the time of death and is payable to the surviving spouse on the first day of the month following the month the Participant would have been eligible for early retirement benefits had the Participant terminated on the date of their death. For Participants who were not employees as of November 17, 2000, a death benefit is payable only to a Surviving Spouse in the form of a monthly benefit as described above.
Death Benefit After Retirement:	As provided under the elected form of payment of retirement benefit.
Vesting:	A Participant will be 100% vested in their accrued retirement benefit provided they have completed five or more years of service or are age 65 or older and have completed one year of participation.