

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>08/01/1953</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>APPLIED BIOSYSTEMS, INC.</u> <u>5791 VAN ALLEN WAY</u> <u>CARLSBAD, CA 92008</u>	2b Employer Identification Number (EIN) <u>06-1534213</u> 2c Sponsor's telephone number <u>760-268-7951</u> 2d Business code (see instructions) <u>334500</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/02/2012</u>	<u>CAROLE MENDOZA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") APPLIED BIOSYSTEMS, INC. 5791 VAN ALLEN WAY CARLSBAD, CA 92008	3b Administrator's EIN 06-1534213 3c Administrator's telephone number 760-268-7951
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	9651
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	435
b Retired or separated participants receiving benefits.....	6b	4115
c Other retired or separated participants entitled to future benefits.....	6c	4073
d Subtotal. Add lines 6a , 6b , and 6c	6d	8623
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	797
f Total. Add lines 6d and 6e	6f	9420
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3H 1G 1I

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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
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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 <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>APPLIED BIOSYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>06-1534213</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>620081136</u>
b	Actuarial value 2b <u>620081136</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>4815</u> <u>407800781</u>
b	For terminated vested participants 3b <u>4383</u> <u>208688237</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>2118748</u>
(2)	Vested benefits 3c(2) <u>27082002</u>
(3)	Total active 3c(3) <u>453</u> <u>29200750</u>
d	Total 3d <u>9651</u> <u>645689768</u>
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 <u>5.89 %</u>
6	Target normal cost 6 <u>1400000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>07/31/2012</u>
Signature of actuary	Date
<u>JOE BARRERA</u>	<u>11-06379</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>949-222-1304</u>
Firm name	Telephone number (including area code)
<u>4695 MACARTHUR COURT</u> <u>SUITE 600</u> <u>NEWPORT BEACH, CA 92660-1882</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

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)	52774033	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	737799	
9	Amount remaining (line 7 minus line 8)	52036234	0
10	Interest on line 9 using prior year's actual return of <u>11.60</u> %	6036203	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		9122939
b	Interest on (a) using prior year's effective rate of <u>6.57</u> % except as otherwise provided (see instructions)		636489
c	Total available at beginning of current plan year to add to prefunding balance		9759428
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	19120000	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	38952437	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
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	96.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/29/2011	10000000		
		Totals ▶	18(b) 10000000 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 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 9448206
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 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	0
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	1400000										
b Excess assets, if applicable, but not greater than 31a	31b	0										
32 Amortization installments:	<table border="1"> <tr> <td></td> <td>Outstanding Balance</td> <td>Installment</td> </tr> <tr> <td>a Net shortfall amortization installment</td> <td>64561069</td> <td>10432814</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td></td> </tr> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	64561069	10432814	b Waiver amortization installment		
	Outstanding Balance	Installment										
a Net shortfall amortization installment	64561069	10432814										
b Waiver amortization installment												
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	11832814										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement.....	2390000	0	2390000									
36 Additional cash requirement (line 34 minus line 35)	36	9442814										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9448206										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	5392										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	5392										
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPLIED BIOSYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>06-1534213</u>

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)

BUCK CONSULTANTS

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	NONE	21000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	153675	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	646862	Yes ☐ No ☒	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)

IKON

23-0334400

(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?
36	NONE	12490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER GLOBAL INVESTMENTS

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	FIDUCIARY	364382	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER GLOBAL INVESTMENTS

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	FIDUCIARY	0	Yes ☒ No ☐	Yes ☐ No ☒	1926480	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)

THE NORTHERN TRUST COMPANY

36-6036794

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information 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.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>APPLIED BIOSYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>06-1534213</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LARGE CAP CORE PASSIVE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>190643164</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE OPPORTUNISTIC FIXED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566615-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>158114547</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-US CORE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>111356828</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PASSIVE FIXED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566612-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67786352</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SMALL/MID CAP VALUE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566616-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23775204</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SMALL/MID CAP GROWTH EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER GLOBAL INVESTMENTS</u>			
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23536685</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLTV SHORT TERM INV FUND</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>			
c EIN-PN <u>36-6036794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14990183</u>	

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

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

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

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

SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules 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.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED BIOSYSTEMS, INC.	D Employer Identification Number (EIN) 06-1534213	

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	KEY PLASTICS INCORPORATED 21333 HAGGERTY ROAD NOVI, MI 48375	MADE ON 8/21/1997 AT 10.25% MATURED 3/15/2007 COMPANY GUARANTEED

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
250000				250000	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	NATIONAL RESTAURANT ENTERPRISES 2215 ENTERPRISE DRIVE WESTCHESTER, IL 60154	INVESTMENT MADE ON 1/8/2002 AT 10.75% MATURES 12/31/2040

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
134375				134375	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	NATIONAL RESTAURANT ENTERPRISES 2215 ENTERPRISE DRIVE WESTCHESTER, IL 60154	INVESTMENT MADE ON 1/8/2002 AT 10.75% MATURES 12/31/2040

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
125000				125000	0

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 APPLIED BIOSYSTEMS, INC.	D Employer Identification Number (EIN) 06-1534213	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	488200	923933
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3555143	14990152
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	616428967	575212780
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	180730	180730

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	620653040	591307595

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	571904	1466806
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	571904	1466806

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	620081136	589840789
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10000000	
(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)		10000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3683453
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13683453

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42084409	
(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)		42084409
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)	1842647	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	-3256	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1839391
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		43923800

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-30240347
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	X		509375
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?.....	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
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)

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

A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPLIED BIOSYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>06-1534213</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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: 61% Investment-Grade Debt: 37% High-Yield Debt: _____% Real Estate: _____% Other: 2%

- 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): _____

**THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.**

Financial Statements and Supplemental Schedules
Years ended December 31, 2011 and 2010

**THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Independent Auditor's Report

To the Participants and Administrator of
The Employee Pension Plan of Applied Biosystems, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits and of accumulated plan benefits of The Employee Pension Plan of Applied Biosystems, Inc. (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years ended December 31, 2011 and 2010, and the supplemental schedules of fixed income obligation in default, assets (held at end of year) and reportable transactions. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Northern Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2011, and 2010.

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

McGladrey LLP

Stamford, Connecticut
July 31, 2012

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	2011	2010
Assets:		
Investments at fair value:		
Interest-bearing cash and cash equivalents	\$ 14,990,152	\$ 3,555,143
Common collective trusts	575,212,780	616,428,967
Other	180,730	180,730
Total Investments	590,383,662	620,164,840
Receivables:		
Management fee receivable	923,933	488,200
Total assets	591,307,595	620,653,040
Liabilities:		
Accrued expenses	1,466,806	571,904
Net assets available for benefits	\$ 589,840,789	\$ 620,081,136

See Accompanying Notes to Financial Statements.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2011 and 2010

	2011	2010
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 3,683,453	\$ 66,168,168
Employer contributions	10,000,000	10,000,000
Deductions:		
Distributions paid to plan participants	(42,084,409)	(39,513,574)
Trustee and professional fees	(1,842,647)	(2,436,723)
Other	3,256	(30,474)
Total deductions	(43,923,800)	(41,980,771)
Net (decrease) increase	(30,240,347)	34,187,397
Net assets available for benefits:		
Beginning of year	620,081,136	585,893,739
End of year	\$ 589,840,789	\$ 620,081,136

See Accompanying Notes to Financial Statements.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31, 2011 and 2010

	2011	2010
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 196,862,104	\$ 197,269,156
Other participants	383,324,651	389,474,459
Total vested benefits	580,186,755	586,743,615
Nonvested benefits	1,687,508	1,873,087
Total actuarial present value of accumulated plan benefits	\$ 581,874,263	\$ 588,616,702

See Accompanying Notes to Financial Statements.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
Years Ended December 31, 2011 and 2010

	2011	2010
Actuarial present value of accumulated plan benefits at beginning of year	\$ 588,616,702	\$ 574,593,571
Increase (decrease) during the year related to:		
Increase due to decrease in the discount period	45,405,960	44,386,942
Benefits accumulated and (gains) losses	(11,008,487)	(15,252,962)
Increase due to change in actuarial assumptions and plan provisions	13,080,577	50,264
Change in variable annuity unit value	(12,136,080)	24,352,461
Benefits paid	(42,084,409)	(39,513,574)
Net (decrease) increase during the year	(6,742,439)	14,023,131
Actuarial present value of accumulated plan benefits at end of year	\$ 581,874,263	\$ 588,616,702

See Accompanying Notes to Financial Statements.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN:

General:

The following description of The Employee Pension Plan of Applied Biosystems, Inc. (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. On November 21, 2008, Applied Biosystems, Inc. was merged with Invitrogen Corporation, a predecessor company to Life Technologies, to form a new company called Life Technologies Corporation.

The Plan is a defined benefit plan established by Applied Biosystems, Inc. and its subsidiaries (the “Company”) and subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Northern Trust Company (“Northern Trust”) is the trustee of the Plan and the Company served as the recordkeeper through December 31, 2009. Effective January 1, 2010, Mercer became the Plan recordkeeper. Benefit accruals under the Plan were frozen effective as of July 1, 2004.

Effective January 1, 2010, the Plan year was changed to the twelve month period commencing on January 1 of each year.

Administration:

Effective July 20, 2009, the Benefits Administration Committee (the “Committee”), a committee comprised of at least three persons appointed by the board of directors of the Company and serving without compensation, is responsible for the general administration of the Plan and makes the final determination on all questions arising in connection with the interpretation, application and administration of the Plan. The Committee is authorized to amend the Plan without the approval of the board of directors of the Company if such amendment does not materially change the benefits provided by the Plan.

Participation:

Prior to July 1, 1999, employees of the Company became participants in the Plan as of their first day of employment, except for employees of PerSeptive Biosystems, Inc., the Celera group, and Molecular Informatics, Inc. Employees of PerSeptive Biosystems, Inc. and the Celera group who participated in the Plan prior to their employment with those entities also participate in the Plan. Employees of the Company hired after June 30, 1999 were not eligible to participate in the Plan.

Retirement benefits:

Benefits are calculated under the terms of the Plan document, a brief description of which is provided below. The Plan was amended in June 1999 to freeze benefit accruals as of July 1, 2004. Any benefits earned from October 1, 1995, through June 30, 2004, are paid entirely under a fixed benefit final average salary formula. For benefits accrued prior to October 1, 1995, participants had the option to have benefits paid entirely under a fixed benefit formula or under fixed and variable benefit formulas with the variable portion being based on investment fund performance and mortality.

The annual retirement benefit is equal to the sum of the benefits accrued through September 30, 1995, under prior formulas (see below) plus the benefits calculated under the following method with respect to each year of service completed from October 1, 1995, through June 30, 2004:

Fixed Benefit - The fixed benefit accrual for service from October 1, 1995 is equal to 1.4% of the three-year Final Average Salary (“FAS”) plus 0.5% of FAS in excess of covered compensation (35-year average of social security taxable wage base), multiplied by years of service from October 1, 1995. If a participant has over 35 years of vesting service, the benefit accrual is equal to 1.7% of FAS times years of service in excess of 35 years.

Participants awarded Incentive Compensation Income (“ICI”) receive an additional benefit of 1.5% of the three-year average of ICI payments times years of service from July 1, 1995.

For retirement benefits earned between August 1, 1989 and October 1, 1995, the benefit accrual was 1.4% of annual compensation plus 0.5% of annual compensation in excess of covered compensation. For retirement benefits earned prior to August 1, 1989, the benefit accrual was 1.25% of annual compensation plus 0.75% of annual compensation in excess of the Federal Social Security Integration Base.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS, Continued

Fixed and Variable Annuity Benefit - Effective October 1, 1995, the variable annuity option election was no longer available and variable annuity benefit accruals were frozen.

Participants who previously elected the variable annuity option received or will receive one-half of their benefits based on the pre-October 1, 1995 fixed benefit accruals described above, plus one-half of their benefits expressed in variable annuity units, attributable to the period during which they elected to participate in the variable benefit. At retirement, the accumulated variable annuity units are converted to a monthly annuity based on the variable annuity unit value at that time. Each year thereafter, the variable annuity portion of the retiree's benefit is adjusted to reflect changes in the variable annuity unit value.

Effective July 1, 2008, the Plan was amended to include a minimum benefit that a Participant in the variable annuity will receive. If in any Plan Year, the value of a Participant's variable annuity pension decreases to a level that is lower than the benefit the Participant would have received had the Participant not elected the variable annuity and instead elected the fixed benefit, then for that Plan Year, the Participant will receive the value of the fixed benefit.

The Plan provides for the payment of lesser benefits if an employee elects early retirement. Employees are eligible for early retirement after attaining age 55 with five years of continuous service. Participants who continue active employment with the Company beyond their normal retirement date are eligible for deferred retirement benefits. The deferred retirement benefit includes an actuarial increase to account for the deferral of receipt beyond normal retirement date.

A participant is eligible for disability retirement benefits if the participant is totally and permanently disabled so as to be unable, thereby, to engage in any employment for which the employee is or could become qualified by training, education or experience. The disability benefit is an immediate benefit equal to the accrued retirement benefit reduced for early retirement for the months between ages 55 and 65, and further reduced on an actuarial basis for the period in excess of 120 months by which the disability benefit commencement precedes normal retirement. Prior to June 30, 2004, in lieu of an immediate benefit, participants, at their option, could elect to continue to accrue future benefits under the Plan based on their salary at the date of disability up to their normal retirement date, at which time they would be entitled to receive the then accrued normal retirement benefit. However, all accruals ceased as of June 30, 2004, and any accrued benefits were frozen as of that date.

Contributions and actuarial method:

Since August 1, 1984, all contributions to the Plan have been made entirely by the Company. Prior to that date, employees were allowed to contribute to the Plan. Active employees' accumulated contributions to the fixed dollar benefit fund totaled \$55,507 at December 31, 2011, and \$66,248 at December 31, 2010, including interest credited at an annual rate of 120% of the Federal Mid Term Rate in effect at the beginning of the plan year. The value of active employees' accumulated contributions in the variable annuity fund totaled \$100,410 at December 31, 2011, and \$100,692 at December 31.

The Company contributes to the Plan an amount sufficient to provide for the expected costs of retirement benefits as determined by an independent actuary. The Company was not required to make any contributions to the Plan for the fiscal years ended December 31, 2011 and 2010; however, discretionary employer contributions of \$10,000,000 were made to the Plan for both fiscal years ended December 31, 2011 and 2010.

Contributions to the plan are determined according to the Pension Protection Act of 2006. A funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS, Continued

Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service which employees have rendered to the Company through the valuation date. 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. The accumulated plan benefits as of the Plan's fiscal year end are based on employee census data as of the last day of the Plan fiscal year. Benefits payable upon retirement, death, disability or withdrawal are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The assumptions used to determine the actuarial present values of accumulated plan benefits were as follows:

- a. **Interest** is at the assumed rate of 7.50% and 8.00% for the fixed benefit fund, compounded annually, for the years ending December 31, 2011 and 2010 respectively, and 7.50% and 8.00% for the variable annuity fund, compounded annually, for the years ended December 31, 2011 and 2010 respectively.
- b. **Average retirement age** for participants is age 62.
- c. **Rate of mortality** is based on the RP-2000 mortality table, projected to 2020 combined for employees and annuitants, for males and females and white collar adjustments.
- d. **Rate of withdrawal** will vary with attained age and service.
- e. **Marital status** included in the valuation is based on the records provided by the Company.
- f. **Employees in the determination of plan costs** include all participants as of the end of the plan year.
- g. **Valuation of plan assets** is as described in Note 2.

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

Vesting:

A participant who completed 5 years of continuous service was fully vested and was eligible for a vested benefit payable at age 65. The vested benefit at age 65 was equal to the participant's accrued benefit at the date of termination of employment or earned through June 30, 2004, whichever is earlier. A terminated vested participant may elect to have monthly benefits commence on the first day of any month following attainment of age 55. The vested retirement benefit for a participant electing early commencement of benefits will be reduced to reflect a longer anticipated payment period. At any time prior to benefit commencement, participants may elect to withdraw their own accumulated contributions from the Plan (the Plan was contributory until July 31, 1984). If actively employed by the Company, a participant may later repurchase the benefits previously withdrawn if the employee remains eligible for plan participation and fulfills certain other time requirements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting:

In accordance with accounting and disclosure guidance for Employee Benefit Plans published by the American Institute of Certified Public Accountants, the accompanying financial statements have been prepared on the accrual basis of accounting other than for benefit obligations. Accordingly, the benefit obligation for withdrawal requests and terminations processed but not paid as of the Plan year end would not be reflected as a deduction in the Statements of Changes in Net Assets Available for Benefits or as a liability in the Statements of Net Assets Available for Benefits. There were no such obligations at December 31, 2011 or 2010.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS, Continued

Investment valuation and income recognition:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Receivables and payables for investments:

Receivables from investments sold and payables from investments purchased represent transactions executed prior to the Plan year end, which settled subsequent to the Plan year end.

Administrative expenses:

Investment advisory and administrative expenses are paid by the Plan. Certain other administrative fees are paid by the Company.

Use of estimates:

The preparation of financial statements and related disclosures in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Risks and uncertainties:

The Plan invests in common/collective trusts, and other investment securities. These investments are exposed to various risks, such as interest rate, market and credit. Additionally, the actuarial present value of accumulated plan benefits is calculated based on certain assumptions pertaining to interest and mortality rates, inflation rates, and employee demographics, each of which is subject to change. Due to the level of risk associated with some investment securities and uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the value of some investments and these estimates and assumptions will occur in the near term and that such changes could materially affect amounts reported in the financial statements.

Recently issued accounting pronouncements:

In January 2010, the Financial Accounting Standards Board (FASB) issued an amendment *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements (ASU 2010-06)* which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these changes. The guidance was effective for the Plan in 2010, except for the guidance related to Level 3 measurements, which became effective for the Plan in 2011. Adoption of the guidance did not have an effect in the Plan's 2011 or 2010 financial statements.

In May 2011, the FASB issued Accounting Standards Update 2011-4, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs, (ASU 2011-04)*. ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosure*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS, Continued

NOTE 3 – INFORMATION CERTIFIED AND PROVIDED BY NORTHERN TRUST COMPANY:

The following is a summary of the investment information as of December 31, 2011 and 2010, and for the years ended December 31, 2011 and 2010, included throughout the Plan's financial statements and supplemental schedules, that were prepared by or derived from information provided by the trustee, Northern Trust Company, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following investments as of December 31, 2011 and 2010:

	2011	2010
Investments (at fair value):		
Interest-bearing cash and cash equivalents	\$ 14,990,152	\$ 3,555,143
Common/collective trusts	575,212,780	616,428,967
Other	180,730	180,730
Total Investments	<u>\$ 590,383,662</u>	<u>\$ 620,164,840</u>

Northern Trust also certified to the completeness and accuracy of \$3,683,453 and \$66,168,168 of net appreciation in fair value of investments related to the aforementioned assets for the years ended December 31, 2011 and 2010, respectively.

NOTE 4 – FAIR VALUE MEASUREMENTS:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Interest bearing cash and cash equivalents: Fair value approximates the cash balance held by the Plan at end of year plus accrued interest.

Common/collective trusts: Valued at net asset value ("NAV") based in information reported by the investment advisor.

Other: Investment in Cambridge Industries, Inc. Liquidation Trust is valued based on information reported by the investment advisor.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS, Continued

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2011 and 2010.

	2011			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash and cash equivalents				
United States Dollar	\$ 14,990,152	\$ -	\$ -	\$ 14,990,152
Common / Collective Trusts				
MGI Non-US Core Equity Fund	-	111,356,828	-	111,356,828 *
MGI US Core Opportunistic Fixed Income Fund	-	158,114,547	-	158,114,547 *
MGI US Large Cap Passive Equity Fund	-	190,643,164	-	190,643,164 *
MGI US Passive Fixed Income Fund	-	67,786,352	-	67,786,352 *
MGI US Small / Mid Cap Value Equity Fund	-	23,775,204	-	23,775,204
MGI US Small / Mid Cap Growth Equity Fund	-	23,536,685	-	23,536,685
Other				
Cambridge Industries, Inc. Liquidating Trust	-	-	180,730	180,730
Total assets at fair value	\$ 14,990,152	\$ 575,212,780	\$ 180,730	\$ 590,383,662
	2010			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash and cash equivalents				
United States Dollar	\$ 3,555,143	\$ -	\$ -	\$ 3,555,143
Common / Collective Trusts				
MGI Non-US Core Equity Fund	-	124,582,783	-	124,582,783 *
MGI US Core Opportunistic Fixed Income Fund	-	159,748,301	-	159,748,301 *
MGI US Large Cap Passive Equity Fund	-	198,834,951	-	198,834,951 *
MGI US Passive Fixed Income Fund	-	68,215,157	-	68,215,157 *
MGI US Small / Mid Cap Value Equity Fund	-	26,670,278	-	26,670,278
MGI US Small / Mid Cap Growth Equity Fund	-	27,148,068	-	27,148,068
NGTI Collective Govt STIF Registered	-	11,229,429	-	11,229,429
Other				
Cambridge Industries, Inc. Liquidating Trust	-	-	180,730	180,730
Total assets at fair value	\$ 3,555,143	\$ 616,428,967	\$ 180,730	\$ 620,164,840

*Investment represents more than 5% of Plan Assets

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS, Continued

The following table set forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2011 and 2010:

2011				
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
(a) MGI Non-US Core Equity Fund	\$ 111,356,828	\$ -	Daily	None
(b) MGI US Core Opportunistic Fixed Income Fund	158,114,547	-	Daily	None
(c) MGI US Large Cap Passive Equity Fund	190,643,164	-	Daily	None
(d) MGI US Passive Fixed Income Fund	67,786,352	-	Daily	None
(e) MGI US Small / Mid Cap Value Equity Fund	23,775,204	-	Daily	None
(f) MGI US Small / Mid Cap Growth Equity Fund	23,536,685	-	Daily	None
2010				
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
(a) MGI Non-US Core Equity Fund	\$ 124,582,783	\$ -	Daily	None
(b) MGI US Core Opportunistic Fixed Income Fund	159,748,301	-	Daily	None
(c) MGI US Large Cap Passive Equity Fund	198,834,951	-	Daily	None
(d) MGI US Passive Fixed Income Fund	68,215,157	-	Daily	None
(e) MGI US Small / Mid Cap Value Equity Fund	26,670,278	-	Daily	None
(f) MGI US Small / Mid Cap Growth Equity Fund	27,148,068	-	Daily	None
(g) NTGI Coltv Govt Stif Registered	11,229,429	-	Daily	None

(a) The Fund invests in equity securities of companies from the world's developed and emerging capital markets, excluding the United States. The Fund's investments in equity securities may include dividend-paying securities, common and preferred stock of companies of any size as well as American, European, and Global Depository Receipts.

(b) The Fund invests in U.S. dollar-denominated, investment grade bonds, including government securities, corporate bonds, and mortgage and asset-backed securities, among others. The Fund also may invest a significant portion of its assets in any combination of non-investment grade bonds, non-U.S. dollar denominated bonds, and bonds issued by issuers in emerging capital markets.

(c) The Fund invests primarily in common stocks of large U.S. and multinational companies that offer the potential for long-term capital appreciation and appear to be undervalued based on the stocks' intrinsic values relative to their current market prices.

(d) The Fund invests primarily in U.S. dollar-denominated investment grade bonds, including government securities, corporate bonds, and mortgage and asset backed securities, among others. The Fund's duration will typically fall between one and three years. Duration measures the potential price sensitivity of a bond with respect to change in interest rates.

(e) The Fund invests primarily in common stocks of small and medium-sized U.S. companies that offer the potential for long-term capital appreciation and that appear to be undervalued at the time of purchase based on the stocks' intrinsic values relative to their current market prices.

(f) The Fund invests in a diversified portfolio of small and medium sized U.S. companies that a subadvisor believes possess superior potential for long-term capital appreciation.

(g) The Fund invests primarily in U.S. issued bonds, U.S. common stock and cash, and carries no redemption restriction.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS, Continued

NOTE 5 - TAX STATUS:

The Plan has received a determination letter from the Internal Revenue Service dated March 23, 2011, stating that the Plan is qualified under section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, is qualified and the related trust is tax exempt.

NOTE 6 - PLAN TERMINATION:

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

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

- a. To provide for the refund of accumulated employee contributions to the participants.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency, subject to the applicable limitations as discussed below.
- d. All other vested benefits not insured by the PBGC.
- e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminated. Generally, the PBGC guarantees most vested normal age retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protections is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2011 and 2010, that ceiling, which is adjusted periodically, was \$4,500 per month. That ceiling applies to those pensioners who elected to receive their benefits in the form of a single-life annuity; the corresponding ceilings are actuarially adjusted downward.

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

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS:

Some Plan investments are assets managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Northern Trust for the years ended December 31, 2011 and 2010 were not material. As discussed in Note 2, the Company has paid certain administrative expenses on behalf of the Plan.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

NOTES TO THE FINANCIAL STATEMENTS, Continued

NOTE 8 – SUBSEQUENT EVENT:

Subsequent events have been evaluated through July 31, 2011, the date the financial statements were available to be issued.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS
SUPPLEMENTAL SCHEDULE
SCHEDULE OF FIXED INCOME OBLIGATIONS IN DEFAULT OR CONSIDERED UNCOLLECTIBLE
AT DECEMBER 31, 2011

IDENTITY AND ADDRESS OF OBLIGOR	ORIGINAL AMOUNT OF INVESTMENT	AMOUNT RECEIVED DURING THE REPORTING YEAR		UNPAID BALANCE AT END OF YEAR	DESCRIPTION OF INVESTMENT				AMOUNT OVERDUE	
		PRINCIPAL	INTEREST		INVESTMENT DATE	INTEREST RATE	MATURITY	COLLATERAL	PRINCIPLE	INTEREST
KEY PLASTICS INCORPORATED 21333 HAGGERTY ROAD, SUITE 200 NOVI, MI 48375 493137AD5	\$ 250,000				8/21/1997	10.25%	3/15/2007	Company guaranteed	\$ 250,000	
NATIONAL RESTAURANT ENTERPRISES AMERIKING CORPORATION 2215 ENTERPRISE DRIVE, SUITE 1502 WESTCHESTER, IL 60154 637414AA1	134,375				1/8/2002	10.75%	12/31/2040		134,375	
NATIONAL RESTAURANT ENTERPRISES AMERIKING CORPORATION 2215 ENTERPRISE DRIVE, SUITE 1502 WESTCHESTER, IL 60154 637414AC7	125,000				1/8/2002	13.00%	12/31/2040		125,000	

The above information has been certified (or derived from such information) as complete and accurate by Northern Trust Company, Plan Trustee.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT DECEMBER 31, 2011

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
USD - United States dollar	Interest bearing cash	14,990,152	14,990,152
MGI Non-US Core Equity Fund	Common / collective trust	111,356,828	111,356,828
MGI US Core Opportunistic Fixed Income Fund	Common / collective trust	158,114,547	158,114,547
MGI US Large Cap Passive Equity Fund	Common / collective trust	190,643,164	190,643,164
MGI US Passive Fixed Income Fund	Common / collective trust	67,786,352	67,786,352
MGI US Small/Mid Cap Value Equity Fund	Common / collective trust	23,775,204	23,775,204
MGI US Small/Mid Cap Growth Equity Fund	Common / collective trust	23,536,685	23,536,685
Cambridge Industries, Inc. Liquidating Trust	Other		180,730
Total Assets Held at End of Year			<u>\$ 590,383,662</u>

The above information has been certified (or derived from such information) as complete and accurate by Northern Trust Company, Plan Trustee.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS
SUPPLEMENTAL SCHEDULE
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011**

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loans)	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on transaction Date	Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of beginning of year plan assets								
*NTGI Collective Government STIF Registered	Common / Collective	72	\$ 50,056,603	\$ -	\$ -	\$ 50,056,603	\$ 50,056,603	\$ -
*NTGI Collective Government STIF Registered	Common / Collective	53	\$ -	\$ 61,285,972	\$ -	\$ 61,285,972	\$ 61,285,972	\$ -

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

The above information has been certified (or derived from such information) as complete and accurate by Northern Trust Company, Plan Trustee.

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

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

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

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

Discount rate sponsor elections

▪ Segment rates or full yield curve	Segment
▪ Look-back months	0
▪ First 5 years	2.94%
▪ Next 15 years	5.82%
▪ Over 20 years	6.46%

Mortality sponsor elections

▪ Healthy participants	Section 430(h)(3) prescribed PPA 2010 separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
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Other economic assumptions

▪ Salary increases	Not applicable
▪ Flat-dollar benefit increases	Not applicable
▪ Social Security wage base	Not applicable
▪ Unit value increase	The unit value is assumed to grow at a rate equal to the PPA segment rates less a reduction of expected mortality losses (A49 Mortality Table compared to the 2011 PPA Mortality Tables).
▪ Expenses	\$1,400,000 added to current year normal cost

Demographic assumptions

Withdrawal	See table of sample rates.
Disability incidence	None

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

Retirement age	Attained age	Percentage	
	Under 55	0%	
	55	5%	
	56	5%	
	57	5%	
	58	5%	
	59	5%	
	60	10%	
	61	10%	
	62	20%	
	63	10%	
	64	10%	
	65 and above	100%	
Benefit commencement age for			
▪ Future vested deferred	65		
▪ Current vested deferred	65		
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
▪ Percentage married	Actual data	Actual data	
▪ Spouse age difference	2 years younger	3 years older	
Form of payment	<u>Life Annuity</u>	<u>50% J&S</u>	<u>100% J&S</u>
▪ Active retirements	40%	40%	20%
▪ Future vested deferred	40%	40%	20%
▪ Future deaths	0%	100%	0%
▪ Current vested deferred	40%	40%	20%
Unpredictable contingent event assumptions	Not applicable		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained age	Percentage			
	Withdrawal		A49 Mortality Rates	
	Male	Female	Male	Female
20	9.90%	9.90%	0.06%	0.04%
25	8.90%	8.90%	0.08%	0.05%
30	7.90%	7.90%	0.10%	0.07%
35	6.90%	6.90%	0.14%	0.09%
40	5.90%	5.90%	0.20%	0.14%
45	4.90%	4.90%	0.36%	0.20%
50	3.90%	3.90%	0.66%	0.31%
55	2.90%	2.90%	1.06%	0.47%
60	1.15%	1.15%	1.57%	0.75%
65	0.00%	0.00%	2.31%	1.24%
70	0.00%	0.00%	3.51%	2.10%
75	0.00%	0.00%	5.45%	3.58%
80	0.00%	0.00%	8.55%	6.14%

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

Actuarial methods

Asset methods

The asset valuation method is the fair market value.

Participant methods

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

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

Minimum funding methods

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

A detailed description of the calculation follows:

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

Maximum deductible contribution method

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

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

A detailed description of the calculation follows:

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

Variable benefit valuation

As a result of the July 1, 2008 plan amendment to include a floor benefit for participants with a variable benefit equal to the value of the benefit they would have received had they elected the fixed benefit throughout their career, the following changes were made:

- Prior to reflecting the impact of mortality gains and losses, the Unit Value was assumed to grow at the segment rates.
- The Unit Value is also expected to be impacted by future mortality gains and losses. Expected mortality losses due to the mortality used to determine the Variable Benefit (A49 Mortality Tables) compared to PPA Mortality are included in the projection of Variable Benefits.

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

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

- **Most recent plan amendments included:** The amendment effective December 31, 2009.
- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement increase.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: July 31, 1953, as amended effective December 31, 2009 Plan year: January 1 to December 31
Status of the plan	The participation in the plan and benefit accruals were frozen as of June 30, 2004.
Significant events that occurred during the year	None

Definitions

Eligibility	Employees hired after July 1999 are not covered by the Plan. Effective August 1, 1991 each employee of the company becomes a participant on the first admission date (i.e., the first day of any payroll period) coinciding with or next following the date on which he is hired.
Employee contributions	The plan does not require participant contributions. Prior to July 31, 1984 each participant contributed 2% of compensation to the plan. If the employee elected to participate in the variable annuity portion of the plan, ½ of the contribution was allocated to the Fixed Benefit fund and ½ to the Variable Annuity fund. Otherwise, the total contribution was allocated to the Fixed Benefit fund. Fixed Benefit fund contributions are credited with interest at 5 ¼ % per annum from August 1, 1972 and are credited with interest at 120% of Applicable Federal Midterm Rates from August 1, 1988.
Continuous Service to September 30, 1995	Continuous Service to September 30, 1995 is measured in elapsed time from the period of employment since the last day of hire, but not before July 31, 1984 for employees who participate on or after July 31, 1984.
Continuous Service since October 1, 1995	Continuous service from (a) October 1, 1995, for an employee employed on that date or (b) the first day of the month coincident with or next following an employee's hire date for an employee not employed on October 1, 1995, and ending on the first day of the month coincident with or next following the employee's termination date. For purposes of benefit service, measurement ends at the earlier of the employee's termination date and June 30, 2004.
Vesting Service	Continuous service plus any period of severance of a duration of less than twelve months.
Years of Service	Sum of continuous service to September 30, 1995 and continuous service on or after October 1, 1995.
Final Average Monthly Earnings	Highest average monthly compensation over 36 months after September 30, 1995 out of the last 120 months. If the participant has less than 36 months after September 30, 1995, the average is taken over all months after September 30, 1995 prior to the earlier of the termination of employment and June 30, 2004.

Schedule SB, Part V — Summary of Plan Provisions

Covered Compensation	Average of the taxable wage bases in effect for the Plan Year in which the participant terminates during the 35-year period ending in the year which the participant attains social security retirement age.
Qualified Compensation	Payments accrued for a Fiscal year paid from the Contingent Compensation and Incentive Compensation Plan.
Final Average Qualified Compensation	Highest average Qualified Compensation over 3 consecutive Fiscal Years commencing after June 30, 1995 out of the 10 Fiscal years prior to the earlier of termination of employment and June 30, 2004.
Qualified Years of Service	Continuous service from the later of July 1, 1995 or the first day of a Fiscal Year in which an employee participates in the Contingent Compensation or Incentive Compensation Plan until the first day of the month coincident with or next following the earlier of termination of employment and June 30, 2004.
Normal retirement	
Eligibility	<p>Attainment of age 65 and completion of 5 years of continuous service.</p> <p>A participant who was employed prior to August 1, 1989, is eligible to retire and receive normal retirement benefit on or after attainment of age 65, regardless of service.</p>

Schedule SB, Part V — Summary of Plan Provisions

Benefit

The Plan was amended effective June 30, 1999 to freeze benefit accruals effective June 30, 2004.

The annual retirement benefit is equal to the sum (1) and (2) where:

(1) For service on or after October 1, 1995; the sum of (a), (b) and (c) where:

(a) 1.4% of final average monthly compensation,

plus

0.5% of final average monthly compensation in excess of monthly covered compensation.

The sum multiplied by Years of service at earlier of termination date and June 30, 2004 not greater than 35, minus any years of service not in excess of 35 included in (2) below.

(b) 1.7% of final average monthly compensation multiplied by years of service at earlier of termination date and June 30, 2004 in excess of 35 not including years of service in excess of 35 included in (2) below.

(c) 1.5% of final average qualified compensation multiplied by qualified years of service at earlier of termination date and June 30, 2004.

(2) For service prior to October 1, 1995; the sum of the benefit accrued to July 31, 1989 under the prior formula plus, with respect to each year of service after July 31, 1989, a benefit provided by (a), (b), (c) or (d) below.

(a) If an employee participated in the Fixed Benefit only and had less than 35 years vesting service: 1.4% of compensation

plus

0.5% of compensation in excess of covered compensation

(b) If an employee participated in the Fixed Benefit only and had over 35 years of vesting service:

1.7% of compensation

(c) If an employee participated in the Variable Annuity:

The Fixed Benefit accrual is one half of what would have been the accrual if the employee participated in the Fixed Benefit only.

Schedule SB, Part V — Summary of Plan Provisions

Benefit (continued)	<p>The Variable Annuity portion is the benefit based upon the value at termination of the accumulated company and employee Variable Annuity units accrued at September 30, 1995. The annual Variable Annuity units credited on behalf of the participant is the amount necessary to provide an annual benefit at age 65 equal to the Fixed Benefit accrual assuming that the Variable Annuity unit value increases at 3 ½% per annum to retirement. The Variable Annuity benefit is determined by multiplying the number of Variable Annuity benefit units credited to the participant at retirement by the Variable Annuity unit value as of the most recent valuation date preceding the date of retirement. The actual Variable Annuity benefit during retirement will increase or decrease based on changes in the unit value net of the assumed 3 ½% growth. Effective July 1, 2008, the Variable Benefit paid to a retiree will not be less than the benefit the participant would have received as a Fixed Benefit had they not elected to participate in the Variable Benefit.</p> <p>(d) Applied Biosystems employees became plan participants on July 1, 1993. A past service benefit equal to 0.75% of an employee's pay rate at the participation date times the completed years and months of service to participation date was granted under the Fixed Benefit fund.</p>
Early retirement	
Eligibility	<p>Attainment of age 55 and completion of 5 years of continuous service.</p> <p>A participant who was employed prior to August 1, 1989 is eligible to retire and receive an early retirement benefit on or after attainment of age 60 with no service requirement.</p>
Benefit	<p>Accrued benefit as of the earlier of June 30, 2004 and the participant's early retirement date, reduced by ¼ of 1% for each month early retirement precedes normal retirement for participants who worked at least 1 hour on or after July 1, 1999, otherwise reduced by ¼ of 1% for the first 60 months and ½ of 1% for each additional month by which early retirement precedes normal retirement.</p>
Postponed Retirement	
	<p>A participant who continued active employment with the company beyond normal retirement date is eligible for postponed retirement benefits. The benefit is the amount the participant accrues under the terms of the plan to his actual retirement date based on compensation and service to that date, no later than June 30, 2004.</p>

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
Eligibility	Completion of 5 years of continuous service.
Benefit	Accrued benefit at earlier of date of termination of employment and June 30, 2004, payable at age 65. A terminated vested participant may elect to have monthly benefits commence on the first day of any month following attainment of age 55. The vested retirement benefit, for a participant electing early commencement of benefits, will be reduced based on true actuarial reduction factors to adjust for the early commencement of benefits.
Termination of Employment	A participant who terminates employment prior to 5 years of continuous service is not eligible for a plan benefit other than a return of his contributions to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from his contributions to the Variable Annuity fund, if applicable.
Disability	
Eligibility	A participant is eligible for disability retirement benefits if he is totally and permanently disabled so as to be unable thereby to engage in any employment.
Benefit	<p>Immediate benefit equal to the accrued retirement benefit reduced as provided in early retirement for the months between ages 55 and 65 and further reduced on an actuarial basis for the period in excess of 120 months by which disability benefits commencement precedes normal retirement.</p> <p>In lieu of an immediate benefit the participant, at his option, may continue to accrue future benefits under the plan based on his salary at date of disability to his normal retirement date, at which time he would be entitled to receive the then accrued normal retirement benefit. Benefit accruals cease after June 30, 2004.</p>

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
Eligibility	Death of a participant after completing 5 years of continuous service. Benefit payable to surviving spouse.
Benefit	<p>If the participant's death occurs after qualifying for an early retirement pension, the surviving spouse is entitled to a pension benefit equal to 50% of the pension the participant would have received if he had retired on the day before his death and elected a 50% joint and survivor option.</p> <p>If the participant's death occurs before qualifying for an early retirement pension, the surviving spouse is entitled to a pension benefit equal to 50% of the participant's vested pension as of the date of death reduced for early commencement to the earliest retirement age at which the participant is eligible for benefits and reduced to the election of a 50% joint and survivor option. In this event the benefit payable to the surviving spouse will commence on the date the participant would have attained age 55.</p> <p>An active participant who is eligible for early retirement benefits may elect to provide the surviving spouse death benefit coverage under a 100% joint and survivor benefit option. If this increase in coverage is elected all benefits payable under the plan are reduced by 0.03% for each month the increased surviving spouse death coverage is in effect.</p> <p>In no event will the death benefit paid be less than the participant's contribution to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from the participant's contributions to the Variable Annuity fund.</p> <p>In the event of death after retirement, unless an optional form of benefit is in effect to the contrary, any excess of the participant's contributions over the retirement benefits paid is payable.</p>
Unpredictable contingent event benefits	Not applicable

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
Normal form for unmarried participants	Life Annuity
Normal form for married participants	A married participant will be deemed to have elected to receive benefits under the 50% joint and survivor option, with his spouse as contingent annuitant, unless an alternative election is made.
Optional forms	<p>Optional benefits may be elected as follows:</p> <p>(a) Joint and survivor options with 100%, 75%, 66-2/3%, 50% or 33-1/3% of reduced annual retirement benefit being paid to the contingent annuitant;</p> <p>(b) 5 or 10-year certain with life options,</p> <p>(c) Social Security Adjustment option excluding benefits attributable to the participant's Accumulated Variable Annuity Units.</p> <p>Any form of benefit payment other than a qualified joint and survivor annuity must be approved by the participant's spouse and the spouse's approval must be notarized.</p>
Miscellaneous	
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011, the limit is \$195,000

Historical Unit Values (ABI PP)

Date	Unit Value
6/30/2008	58.160828
9/30/2008	53.704289
12/31/2008	48.366409
3/31/2009	46.278237
6/30/2009	50.980249
9/30/2009	56.344157
12/31/2009	57.888432
3/31/2010	59.790923
6/30/2010	56.099547
9/30/2010	60.798571
12/31/2010	64.009154

Plan provision changes since prior valuation

None.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2010 to 2011 in accordance with PPA.
- Expenses included in the normal cost increased from \$1,000,000 to \$1,400,000 to reflect our expectations for the current plan year.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25											
25 - 29											
30 - 34			3								3
35 - 39			47	1							48
40 - 44			57	10	5						72
45 - 49			68	27	13	2	1				111
50 - 54			38	22	32	7	2				101
55 - 59			26	17	28	4	3	1			79
60 - 64			11	7	9	4	2				33
65 - 69			3	1	1						5
70 & up					1						1
Total			253	85	89	17	8	1			453

In each cell, the number is the count of active participants for each age/service combination. Average accrued total benefit is not shown for plans with less than 1,000 active participants.

Schedule SB, Line 32 — Schedule of Amortization Bases

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

Shortfall bases				
Year established		Outstanding balance	Years remaining	Installment
2011	\$	64,561,069	7	\$ 10,432,814
Total	\$	64,561,069		\$ 10,432,814

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

B Three-digit
plan number (PN) ▶

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

APPLIED BIOSYSTEMS, INC.

D Employer Identification Number (EIN)

06-1534213

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2011**2** Assets:

	2a	
a Market value	620,081,136	
b Actuarial value	620,081,136	

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	4,815	407,800,781
b For terminated vested participants	3b	4,383	208,688,237
c For active participants:			
(1) Non-vested benefits.....	3c(1)		2,118,748
(2) Vested benefits	3c(2)		27,082,002
(3) Total active.....	3c(3)	453	29,200,750
d Total.....	3d	9,651	645,689,768

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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		

5 Effective interest rate **5** 5.89 %**6** Target normal cost **6** 1,400,000**Statement by Enrolled Actuary**

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

**SIGN
HERE**

JB

Signature of actuary

JOE BARRERA

Type or print name of actuary

MERCER

Firm name

4695 MACARTHUR COURT
SUITE 600
NEWPORT BEACH

Address of the firm

CA 92660-1882

7/31/2012

Date

11-06379

Most recent enrollment number

(949) 222-1304

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2011
v.012611

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).....	52,774,033	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	737,799	
9 Amount remaining (line 7 minus line 8).....	52,036,234	0
10 Interest on line 9 using prior year's actual return of <u>11.60</u> %	6,036,203	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		9,122,939
b Interest on (a) using prior year's effective rate of <u>6.57</u> % except as otherwise provided (see instructions).....		636,489
c Total available at beginning of current plan year to add to prefunding balance.....		9,759,428
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections.....	19,120,000	
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	38,952,437	0

Part III Funding percentages

14 Funding target attainment percentage	14	90.00 %
15 Adjusted funding target attainment percentage	15	90.00 %
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	96.21 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/29/2011	10,000,000				
Totals •			18(b)	10,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	9,448,206

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:			
a Segment rates:	1st segment: 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	0
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	1,400,000	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	64,561,069	10,432,814	
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	11,832,814	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	2,390,000	0	2,390,000
36 Additional cash requirement (line 34 minus line 35).....	36	9,442,814	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	9,448,206	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	5,392	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	5,392	
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		

**THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.**

SUPPLEMENTAL SCHEDULE

SCHEDULE G, PART I - SCHEDULE OF FIXED INCOME OBLIGATIONS IN DEFAULT OR CONSIDERED UNCOLLECTIBLE

AT DECEMBER 31, 2011

IDENTITY AND ADDRESS OF OBLIGOR	ORIGINAL AMOUNT OF INVESTMENT	AMOUNT RECEIVED DURING THE REPORTING YEAR		UNPAID BALANCE AT END OF YEAR	DESCRIPTION OF INVESTMENT				AMOUNT OVERDUE	
		PRINCIPAL	INTEREST		INVESTMENT DATE	INTEREST RATE	MATURITY	COLLATERAL	PRINCIPLE	INTEREST
KEY PLASTICS INCORPORATED 21333 HAGGERTY ROAD, SUITE 200 NOVI, MI 48375 493137AD5	\$ 250,000				8/21/1997	10.25%	3/15/2007	Company guaranteed	\$ 250,000	
NATIONAL RESTAURANT ENTERPRISES AMERIKING CORPORATION 2215 ENTERPRISE DRIVE, SUITE 1502 WESTCHESTER, IL 60154 637414AA1	134,375				1/8/2002	10.75%	12/31/2040		134,375	
NATIONAL RESTAURANT ENTERPRISES AMERIKING CORPORATION 2215 ENTERPRISE DRIVE, SUITE 1502 WESTCHESTER, IL 60154 637414AC7	125,000				1/8/2002	13.00%	12/31/2040		125,000	

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS
SUPPLEMENTAL SCHEDULE
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT DECEMBER 31, 2011

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
USD - United States dollar	Interest bearing cash	14,990,152	14,990,152
MGI Non-US Core Equity Fund	Common / collective trust	111,356,828	111,356,828
MGI US Core Opportunistic Fixed Income Fund	Common / collective trust	158,114,547	158,114,547
MGI US Large Cap Passive Equity Fund	Common / collective trust	190,643,164	190,643,164
MGI US Passive Fixed Income Fund	Common / collective trust	67,786,352	67,786,352
MGI US Small/Mid Cap Value Equity Fund	Common / collective trust	23,775,204	23,775,204
MGI US Small/Mid Cap Growth Equity Fund	Common / collective trust	23,536,685	23,536,685
Cambridge Industries, Inc. Liquidating Trust	Other		180,730
Total Assets Held at End of Year			<u>\$ 590,383,662</u>

The above information has been certified (or derived from such information) as complete and accurate by Northern Trust Company, Plan Trustee.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS
SUPPLEMENTAL SCHEDULE
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011**

Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of Loans)	Number of Transactions	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on transaction Date	Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of beginning of year plan assets								
*NTGI Collective Government STIF Registered	Common / Collective	72	\$ 50,056,603	\$ -	\$ -	\$ 50,056,603	\$ 50,056,603	\$ -
*NTGI Collective Government STIF Registered	Common / Collective	53	\$ -	\$ 61,285,972	\$ -	\$ 61,285,972	\$ 61,285,972	\$ -

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

The above information has been certified (or derived from such information) as complete and accurate by Northern Trust Company, Plan Trustee.