Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1953

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
LIFE TECHNOLOGIES CORPORATION

5791 VAN ALLEN WAY
CARLSBAD, CA 92008

2b Employer Identification Number (EIN)
33-0373077

2c Sponsor's telephone number
760-476-6332

2d Business code (see instructions)
334500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/30/2013	CAROLE MENDOZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BENEFITS ADMINISTRATION COMMITTEE, LIFE TECHNOLOGIES CORPORATION

5971 VAN ALLEN WAY
CARLSBAD, CA 92008

3b Administrator's EIN
33-0373077

3c Administrator's telephone number
760-476-6332

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	9814
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**	605
b	Retired or separated participants receiving benefits	**6b**	3982
c	Other retired or separated participants entitled to future benefits	**6c**	4396
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	8983
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	783
f	Total. Add lines **6d** and **6e**	**6f**	9766
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 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)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

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

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

A Name of plan
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
LIFE TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
33-0373077

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

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

Part I Basic Information

1	Enter the valuation date: Month 07 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		530032395
b	Actuarial value	**2b**		583035685
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	4635	351095742
b	For terminated vested participants	**3b**	4515	182455596
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		3101571
	(2) Vested benefits	**3c(2)**		35555330
	(3) Total active	**3c(3)**	664	38656901
d	Total	**3d**	9814	572208239
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.69 %
6	Target normal cost	**6**		500000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

04/24/2013
Date

JOE BARRERA
Type or print name of actuary

11-06379
Most recent enrollment number

MERCER
Firm name

949-222-1304
Telephone number (including area code)

4695 MACARTHUR COURT
SUITE 600
NEWPORT BEACH, CA 92660-1882
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	51751324	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	51751324	0
10	Interest on item 9 using prior year's actual return of -11.00 %	-5692646	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 4.98 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	46058678	0

Part III Funding percentages

14	Funding target attainment percentage	14	93.84 %
15	Adjusted funding target attainment percentage	15	101.89 %
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	98.54 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2009	1500000	0			
			Totals ► 18(b)	1500000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1452854

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.21 %	6.74 %	6.84 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 62

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	500000

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	500000

35 Balances used to offset funding requirement

Carryover balance	Prefunding balance	Total balance
0	0	0

36	Additional cash requirement (item 34 minus item 35)	**36**	500000
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1452854
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	952854
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

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
LIFE TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
33-0373077

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).. . . . . [X] 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

THE NORTHERN TRUST COMPANY

36-2723087

(b) Enter name and EIN or address of person who provided you disclosure 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	264080	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILCHESTER INTL INVESTOR INC.

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	82122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOSTON COMPANY ASSET MANAGEMENT

04-3404987

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	67281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TURNER INVESTMENT PARTNERS

23-2587824

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	54904	Yes [ ] No [X]	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	93030	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SANDERSON ASSET MANAGEMENT

13-4169008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	47648	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEBORAH MCCARTHY

APPLIED BIOSYSTEMS
488 MAIN AVENUE
NORWALK, CT 06851

(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?
17	NONE	48476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONDRIAN INVESTMENT PARTNERS

98-0017968

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	35299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANCE BERNSTEIN L.P

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	30463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYSTEMATIC FINANCIAL MANAGEMENT

22-3367558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	29148	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEPC, LLC

04-2927339

(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?
17	NONE	45180	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KENO GRAPHIC SERVICES INC.

06-1275080

(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	15459	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	12199	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	93667	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 ☒	433214	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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: DAVID C. NEARPASS

b EIN: 13-3954297

c Position: ENROLLED ACTUARY

d Address: BUCK CONSULTANTS, LLC
1800 M STREET, N.W., SUITE 700
WASHINGTON, DC 20036-5802

e Telephone: 202-296-7264

Explanation: THE ENROLLED ACTUARY WAS TERMINATED SINCE THE PLAN SPONSOR CONTRACTED WITH A DIFFERENT ACTUARIAL FIRM. THERE ARE NO ITEMS IN DISPUTE.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN;

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN;

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

A Name of plan
THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LIFE TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
33-0373077

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: US LARGE CAP CORE PASSIVE EQUITY

b Name of sponsor of entity listed in (a): MERCER GLOBAL INVESTMENTS

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)
03-0566613-005	C	174234787

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE OPPORTUNISTIC FIXED INCOME

b Name of sponsor of entity listed in (a): MERCER GLOBAL INVESTMENTS

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)
03-0566615-006	C	149586161

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US CORE EQUITY

b Name of sponsor of entity listed in (a): MERCER GLOBAL INVESTMENTS

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)
03-0566617-009	C	108701045

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PASSIVE FIXED INCOME

b Name of sponsor of entity listed in (a): MERCER GLOBAL INVESTMENTS

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)
03-0566612-007	C	63637994

a Name of MTIA, CCT, PSA, or 103-12 IE: US SMALL/MID CAP GROWTH EQUITY

b Name of sponsor of entity listed in (a): MERCER GLOBAL INVESTMENTS

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)
03-0566611-003	C	22598391

a Name of MTIA, CCT, PSA, or 103-12 IE: US SMALL/MID CAP VALUE EQUITY

b Name of sponsor of entity listed in (a): MERCER GLOBAL INVESTMENTS

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)
03-0566616-004	C	22222960

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV SHORT TERM INV FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6036794-001	C	7255420

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

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
LIFE TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN):
33-0373077

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.

(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 SUITE 200 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	0	0	0	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 SUITE 1502 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	0	0	0	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 SUITE 1502 WESTCHESTER, IL 60154	INVESTMENT MADE ON 1/8/2002 AT 13% 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	0	0	0	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 transactions 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 transactions 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 transactions 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 transactions 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 transactions 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

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
LIFE TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
33-0373077

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	16505	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6540442	24349
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	521849	
(2) U.S. Government securities	1c(2)	3135456	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2868483	
(B) All other	1c(3)(B)	1098707	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	68199531	
(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)	284840846	548236758
(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)	29007777	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	118309725	37726869
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	21364335	180730

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	535903656	586168706
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	6803961	274967
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	6803961	274967
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	529099695	585893739

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)	1500000	
	(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)		1500000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-3	
	(B) U.S. Government securities	2b(1)(B)	19755	
	(C) Corporate debt instruments	2b(1)(C)	62144	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	210743	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		292639
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	215816	
	(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)		215816
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	136438506	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	122052640	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		14385866

		(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)		46263212
(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)		4600256
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10929172
c Other income	2c		-110878
d Total income. Add all **income** amounts in column (b) and enter total	2d		78076083
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20035793	
(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)		20035793
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)	427704	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	485712	
(4) Other	2i(4)	332830	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1246246
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		21282039
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		56794044
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: (2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b	X		509375
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

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
LIFE TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)
33-0373077

Part I Distributions

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

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

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

EIN(s): 36-3046063

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

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):

---

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: 60% Investment-Grade Debt: 37% High-Yield Debt: 0% Real Estate: 0% Other: 3%

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):

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

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

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

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

Discount rate sponsor elections[1]	**Funding**
▪ Segment rates or full yield curve	Segment
▪ Look-back months	0
▪ 1st 5 years	5.21%
▪ Next 15 years	6.74%
▪ Over 20 years	6.84%
Mortality sponsor elections	
▪ Fixed Benefit	2009 PPA separate static and non-annuitant mortality tables.
▪ Variable Benefit[2]	2009 PPA separate static and non-annuitant mortality tables.
417(e) lump sums	Not applicable
Other economic assumptions	
▪ Unit Value	50.980249
▪ Salary increases	Not applicable
▪ Flat-dollar benefit increases	Not applicable
▪ Social Security wage base	Not applicable
▪ Cost of living adjustment	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 2009 PPA Mortality Tables). Additionally, the Unit Value is assumed to grow at the hurdle rate of 3.5% for active participants and participants with deferred benefits.
▪ Expected investment return	8.00% per year for years 2007 through 2009
▪ Expenses	$1,000,000 added to current year normal cost ($500,000 for the 2009 short plan year).
Demographic assumptions	
Withdrawal	See table of sample rates.
Disability incidence	None

[1] Based on interest rate methodology elections described in Appendix C – Actuarial Methods.

[2] The variable benefit is adjusted to reflect the demographic loss due to annuity table A49 – see table of sample rates.

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

Retirement age	**Attained age**	**Retirement Rates**
	55	5%
	56	5%
	57	5%
	58	5%
	59	5%
	60	10%
	61	10%
	62	20%
	63	10%
	64	10%
	65 and above	100%
Spouse assumptions	**Male participants**	**Female participants**
▪ Percentage married	Actual data	Actual data
▪ Spouse age difference	2 years younger	3 years younger
Form of payment	Life Annuity	

Table of sample rates

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

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

Asset methods

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

The asset valuation method is an average of the adjusted market value over the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

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

Participant methods

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

Variable benefit valuation

As a result of the July 1, 2008 plan amendment to include a floor benefit for participants with variable benefits 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 segment rates compared to a 3.5% assumption in prior years.

- The discount rate was changed from 3.5% to the PPA 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) are included in the projection of Variable Benefits.

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

- Prior to reflecting the impact of the floor benefit, the above noted changes had minimal impact on the liabilities, however, these changes were necessary in order to compare the variable benefit against the floor benefit.

Plan sponsor elections

Mortality

- Static annuitant and non-annuitant tables

Funding interest rate

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

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

- Not applicable

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 the 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.

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

Maximum deductible contribution method

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

A detailed description of the calculation follows:

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

- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount."

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	July 31, 1953, as amended effective December 31, 2009.
Plan Year	The Plan Year is the calendar year. Prior to January 1, 2010, the plan year was the 12-month period beginning on each July 1. There was an 11-month Plan Year from August 1, 1992 through June 30, 1993. From August 1, 1988 through July 31, 1992 the Plan Year was August 1 through July 31. Prior to August 1, 1988, the Plan Year was July 31 to July 30.
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 Compensation	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,

Schedule SB, Part V — Summary of Plan Provisions

	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.
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	Attainment of age 65 and completion of 5 years of continuous service. 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.
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

Schedule SB, Part V — Summary of Plan Provisions

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.

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. Effective July 1, 2008, the Variable Benefit paid to a retiree will not

Schedule SB, Part V — Summary of Plan Provisions

	be less than the benefit the participant would have received as a Fixed Benefit had they not elected to participate in the Variable Benefit. (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.
Early Retirement	
Eligibility	Attainment of age 55 and completion of 5 years of continuous service. 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.
Benefit	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.
Postponed Retirement	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.
Disability Retirement	
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	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. 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.

Schedule SB, Part V — Summary of Plan Provisions

	Benefit accruals cease after June 30, 2004.
Vested Benefit	
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.
Death Benefit	
Eligibility	Death of a participant after completing 5 years of continuous service. Benefit payable to surviving spouse.
Benefit	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 received if he had retired on the day before his death and elected a 50% joint and survivor option. 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. 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. In no event will the death benefit paid be less than the

Schedule SB, Part V — Summary of Plan Provisions

	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. 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.
Normal Form of Benefit Payment	Life Annuity. 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 Benefits	Optional benefits may be elected as follows: (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; (b) 5 or 10-year certain with life options, (c) Social Security Adjustment option excluding benefits attributable to the participant's Accumulated Variable Annuity Units. 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.
Changes Since the Prior Measurement Date	The minimum floor benefit for participants with variable benefits was added. Maximum compensation and maximum benefits were updated from 2009 to 2010.

Benefits included or excluded

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

- **Plan amendments:** Amendments adopted after the valuation date or effective after current plan year are excluded from the valuation.

- **Late Retirement Increases:** Consistent with the methods used by the prior actuary, Buck Consultants, this valuation does not include late retirement increases for current active participants and deferred vested participants over the normal retirement age.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.

Schedule SB, Part V — Summary of Plan Provisions

- **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.

- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Significant events

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

Schedule SB, Line 24 — Change in Actuarial Assumptions

An expense assumption of $1,000,000 was added ($500,000 for the 2009 short plan year). This change was made to better reflect anticipated plan experience.

Schedule SB, Line 25 — Change in Method

The asset valuation method was changed from the market value of assets to the average of the market value of assets as of the valuation date and the prior two years (adjusted for cash flow and expected earnings to the end of the year). This change qualifies for automatic IRS approval.

This is the first year that Mercer has performed the actuarial valuation for this plan. Last year's valuation was completed by Buck Consultants. This change qualifies for automatic IRS approval.

Schedule SB, Line 26 — Schedule of Active Participant Data

Years of credited service									
Attained age	**0-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Up**
< 25									
25 - 29		1							
30 - 34		17							
35 - 39	2	67	3						
40 - 44	1	78	25	15					
45 - 49	3	80	34	33	4				
50 - 54	3	55	34	57	10	4			
55 - 59	1	25	17	28	4	2			
60 - 64	1	19	9	11	4	4	2		
65 - 69		5	1	3					
70+				1	1				

The total count included in the above chart is 664. Since the plan was frozen as of June 30, 2004, the years of service shown are the years of service accrued until the plan freeze date.

Average pay is not shown because there are fewer than 1,000 active members.

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, COST	CURRENT VALUE
CF MELLON EB DAILY OPENING AGGREGATE BD INDEX FD	90,900,279.22	110,803,632.32
MFO PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	70,130,610.38	60,384,660.23
CF MELLON EB LARGE CAP VALUE STK INDEX FD	52,978,696.58	51,022,889.27
CF MELLON EB GLOBAL ALPHA FD II	48,053,872.96	45,564,624.35
BLUE ROCK MARKET NEUTRAL FUND, LLC	28,000,000.00	36,067,347.00
CF SILCHESTER INTL INVS INTL VALUE EQUITY GROUP TR	35,611,513.98	29,007,776.84
CF TBC EMERGING MARKETS EQTY POOLED FD	9,967,445.00	22,598,659.76
CF SANDERSON INTL VALUE GROUP TR	15,970,230.70	21,973,865.20
MFO ARTISAN MID CAP FD INSTL CL SH	22,001,161.25	21,857,717.31
CF MELLON GLOBAL FUNDS EB GLOBAL ALPHA IFUND	18,554,942.23	18,535,686.05
NTGI COLTV GOVT STIF REGI STERED	14,341,485.53	14,341,485.53
Pending foreign exchange purchases: British pound sterling	4,095,576.95	4,599,550.88
APPLE INC	791,810.95	1,599,488.90
NORDIC INVEST BANK 1.7% BDS 27/04/2017 JPY	1,361,439.45	1,573,612.48
INTERNATIONAL BUSINESS MACHS CORP COM	1,376,621.22	1,568,388.40
ITALY(REP OF) 2.75% BTP 15/06/10 EUR1000	1,639,229.32	1,568,228.12
GILEAD SCIENCES INC	828,700.74	1,498,411.60
LANDWIRT RENTENBK 1.375%SR EMTN 4/13 JPY'302'	1,112,459.06	1,462,973.52
US OF AMER TREAS NOTES 1.75 DUE 01-31-2014 REG	1,486,821.43	1,457,820.00
DEV BK OF JAPAN 1.4% GTD BDS 20/06/12 JPY	1,327,553.56	1,430,522.88
QUALCOMM INC COM	1,222,494.98	1,351,932.00
PEPSICO INC COM	1,630,618.32	1,280,568.00
GOOGLE INC CL A CL A	1,607,633.26	1,256,338.20
BELGIUM(KINGDOM) 3.75% OLO 28/09/15 EUR '46'	1,124,955.53	1,220,709.23
ITALY(REP OF) 4% BTP 01/02/37 EUR1000	1,264,125.52	1,169,627.10
ABBOTT LAB COM	1,087,976.37	1,079,097.60
AMAZON COM INC COM	736,797.13	930,299.20
CVS CAREMARK CORP COM STK	1,082,062.98	925,823.50
ADR PETROLEO BRASILEIRO SA PETROBRAS SPONSORED ADR	646,532.56	872,054.40
ADR CHINA MOBILE LTD	768,874.09	866,884.80
KOHLS CORP COM	910,153.06	856,710.00
POLAND(REP OF) 5.75% BDS 23/09/22 PLN1000	866,422.97	836,062.03
WEATHERFORD INTL LTD	432,205.67	833,647.20
DT POSTBANK AG 1.75% EMTN 7/10/2009 JPY	737,612.21	831,134.37
OCCIDENTAL PETROLEUM CORP	623,683.30	818,018.30
EURO INV BANK 1.4% BDS 20/06/17 JPY100000	808,462.42	808,213.71
Pending foreign exchange purchases: Euro	774,867.07	806,360.43
EXPRESS SCRIPTS INC COM	715,736.87	800,250.00
TRANSOCEAN LTD	724,720.43	797,874.60
MEXICO(UTD MEX ST) 8% BDS 17/12/15 MXN100	871,039.40	785,102.41
ITALY(REP OF) 4.75% BDS 1/2/13 EUR1000	794,021.15	778,310.54
Pending trade sales: United States dollar	772,239.76	772,239.76
POLAND(REP OF) 5% BDS 24/10/13 PLN1000	690,429.71	765,252.67
DIGITAL RLTY TR INC COM	731,811.71	747,472.50

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, COST	CURRENT VALUE
VISA INC COM CL A STK	637,013.19	741,516.60
GOLDMAN SACHS GROUP INC COM	394,799.37	722,456.00
BLACKROCK INC COM STK	532,356.78	720,976.20
* LIFE TECHNOLOGIES CORP COM STK	630,055.05	718,418.40
US OF AMER TREAS NOTES 3.75 DUE 11-15-2018 REG	743,437.39	691,743.60
COLGATE-PALMOLIVE CO COM	631,023.68	674,859.60
MORGAN STANLEY COM STK USD0.01	588,069.23	660,006.50
JAPAN FIN CORP ME 2% GTD 09/05/16 JPY1000000	615,988.78	656,868.94
LAM RESH CORP COM	773,186.19	653,120.00
ITALY(REP OF) 6.5% BTP 1/11/2027 EUR0.01	628,592.73	647,963.45
T ROWE PRICE GROUP INC	526,753.72	642,551.40
APPLIED MATERIALS INC COM	1,048,474.02	636,479.40
CAMERON INTL CORP COM STK	522,429.09	633,071.00
MONSANTO CO NEW COM	477,327.87	627,429.60
BEST BUY INC COM STK	616,629.55	621,909.30
SCHWAB CHARLES CORP COM NEW	627,946.10	618,635.80
AUSTRALIA(CMNWLTH) 5.75% BDS 15/05/21 AUD1000	608,868.10	612,788.92
EURO INV BANK 1.9% BDS 26/01/2026 JPY	484,450.22	598,196.61
PNC FINANCIAL SERVICES GROUP COM STK	675,233.03	595,733.50
AUSTRALIA(CMNWLTH) 5.25% BDS 15/03/19 AUD'220	581,432.35	587,023.78
ARCHER-DANIELS-MIDLAND CO COM	560,574.82	583,804.00
CORNING INC COM	528,887.75	582,656.80
BROADCOM CORP CL A	617,645.25	572,649.00
ALCOA INC COM STK	474,789.23	567,840.10
ITALY(REPUBLIC OF) BDS 3.7% 14/11/2016	481,015.16	548,453.13
ADR TEVA PHARMACEUTICAL INDS	493,658.08	546,687.20
UNITED STATES TREAS NTS DTD 00092 4.125%DUE 05-15-2015 REG	564,856.49	533,281.00
AUSTRALIA(CMNWLTH) 6.25% BDS 15/04/15 AUD	523,282.59	532,670.88
PULTE HOMES INC COM	720,706.78	523,265.80
N V R INC COM	576,806.61	512,437.80
ST JUDE MED INC COM	445,318.03	507,996.00
CABLEVISION NY GROUP CL A COM	660,198.77	505,436.40
MEXICO(UTD MEX ST) 8% BDS 07/12/2023 MXN'M20'	524,577.93	458,819.76
PETROHAWK ENERGY CORP COM	305,412.81	457,819.00
KREDITANST FUR WIE 5.25% BDS 4/7/2012 EUR1000	260,945.45	456,074.05
USD - United States dollar	454,521.84	454,521.84
NORTHEAST UTILITIES COM	406,746.95	448,431.00
POLAND(REP OF) 5.25% BDS 25/10/17 PLN1000	437,975.90	448,155.07
LOWES COS INC COM	455,697.06	446,041.80
MASTERCARD INC CL A	452,944.61	441,698.40
SOUTHWESTERN ENERGY CO COM	307,148.01	436,285.50
POTASH CORP SASK INC COM	478,931.49	429,891.00
ADR ASML HOLDING NV NY REGISTERED SHS	407,378.35	424,773.00
AUSTRALIA(CMNWLTH) 5.75% BDS 15/04/12 AUD1000	402,107.63	419,191.42

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, COST	CURRENT VALUE
NTELOS HLDGS CORP COM	510,283.98	412,608.00
POLAND(REP OF) 5.625% SNR EMTN 06/18 EUR	367,440.09	410,538.98
CMS ENERGY CORP COM	387,992.86	405,284.00
FIRST SOLAR INC COM	520,579.18	393,951.60
ENBRIDGE INC COM	444,737.58	386,197.60
ADR CHINA UNICOM HONG KONG LTD SPONSOREDADR	259,234.86	377,121.80
INTERCONTINENTALEXCHANGE INC COM	187,310.67	373,564.80
SYSCO CORP COM	384,224.25	371,819.20
GENERAL CABLE CORP DEL NEW COM	338,460.33	370,163.00
BANK AMER CORP 5.65% DUE 05-01-2018	407,806.50	362,288.71
WYNN RESORTS LTD COM	348,901.07	360,766.00
ARCH CAPITAL GROUP COM STK	384,751.88	357,338.00
AQUA AMER INC COM	350,033.03	356,926.00
WHITING PETE CORP NEW COM STK	376,450.46	356,874.00
DAVITA INC COM	361,246.80	356,606.60
LLOYDS TSB BANK 5.625%-FRN MTN 03/2018 EUR	407,430.27	356,000.21
NOBLE CORPORATION (SWITZERLAND) COM USD0.10	461,024.25	353,925.00
STATE STR CORP COM	265,639.39	349,280.00
WESTERN UNION CO	314,434.36	347,352.00
QUESTAR CORP COM	343,274.17	345,387.20
INVESCO LTD COM STK USD0.10	359,475.37	345,262.50
OMNICARE INC COM	328,095.39	334,880.00
TELEFONICA SA 5.877% DUE 07-15-2019	324,690.50	329,917.76
UNUM GROUP	345,618.79	328,302.00
CELANESE CORP DEL COM SER A STK	206,907.76	325,375.00
HUDSON CITY BANCORP INC COM STK	307,656.53	324,276.00
MSCI INC CL A CL A	313,889.93	323,341.20
1ST NIAGARA FINL GROUP INC NEW COM	370,202.89	323,186.00
WARNACO GROUP INC COM NEW COM NEW	303,540.49	320,760.00
AVON PRODUCTS INC COM USD0.25	295,292.84	319,156.40
YUM BRANDS INC COM	263,239.80	311,729.00
C H ROBINSON WORLDWIDE INC COM NEW COM NEW	286,407.82	309,771.00
AES CORP COM	239,948.09	307,665.00
DENMARK(KINGDOM) 2.75% SNR BDS 15/11/11 USD	296,577.00	306,510.00
E.ON INTERNATIONAL 5.8% BDS 30/04/18 USDREGS	255,280.85	303,458.90
CUMMINS INC	239,356.11	299,637.10
HSBC HLDGS 6.25% SUB MTN 19/03/18 EUR	309,489.58	296,270.83
ROBERT HALF INTL INC COM	333,812.66	295,722.40
WHOLE FOODS MKT INC COM	277,754.61	294,759.40
F5 NETWORKS INC COM STK	270,844.74	294,706.80
ADOBE SYS INC COM	424,663.35	290,924.00
ALLERGAN INC COM	251,226.22	290,713.80
FOOT LOCKER INC COM	294,162.33	290,019.00
ADR HONDA MOTOR CO. LTD AMER DEPOSITARY SHARES REPRESENTING 10 SHARES OF COMMON	310,462.76	288,206.10

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, COST	CURRENT VALUE
JUNIPER NETWORKS INC COM	189,757.26	284,616.00
UNITED STATES TREAS BDS DTD 00206 4.5% DUE 05-15-2038 REG	316,091.49	278,732.88
ING BANK NV 3.9% GTD BDS 03/14 USD'REGS	277,803.00	274,158.00
GUESS INC COM	400,771.11	273,268.00
HEALTH CARE REIT INC COM	320,289.59	272,800.00
PRUDENTIAL FINL INC COM	284,496.15	265,192.50
ALEXION PHARMACEUTICALS INC COM	222,513.96	263,990.40
THOMPSON CREEK METALS CO INC COM STK	243,048.86	261,632.00
SALESFORCE COM INC COM STK	196,943.58	259,556.00
COACH INC COM	255,911.58	257,779.20
STANDARD CHARTERED 5.875% SUB MTN 26/9/17 EUR	296,346.87	257,708.33
FREEPORT-MCMORAN COPPER & GOLD INC	219,627.84	255,561.00
SHAW COMMUNICATIONS INC CL B NON-VOTING PARTICIPATING SHARES	243,399.01	252,900.00
ALLEGHANY CORP DEL COM	239,213.50	244,171.00
#REORG/COOPER-ST OF INC CHANGE TO COOPERINDS PLC NEW IRELAND 2054511 9/8/09	272,061.32	242,500.50
ING BANK 6.125% 29/05/2023	292,741.82	236,374.59
SCHEIN HENRY INC COM	225,253.94	235,434.50
DR PEPPER SNAPPLE GROUP INC COM STK	227,544.32	235,209.00
FLUOR CORP NEW COM	230,596.13	233,369.50
TESCO 5.5% NTS 15/11/17 USD REGS	219,882.00	221,678.60
SPECTRA ENERGY CORP COM STK	189,088.73	221,652.00
XCEL ENERGY INC COM	228,421.08	217,238.00
BARRETT BILL CORP COM STK	251,565.75	212,815.00
MCGRAW HILL COMPANIES INC COM	192,237.25	209,264.50
SNAP-ON INC COM	227,054.80	206,928.00
MILLICOM INTERNATIONAL CELLULAR COM USD1.50 (POST-SUBD)	159,533.50	204,223.80
TEMPLE INLAND INC COM	179,840.52	203,360.00
DEUTSCHE TELEKOM I 8.75%-VAR GTD NTS 06/30 USD	192,185.00	202,283.00
INTUITIVE SURGICAL INC COM NEW STK	279,301.86	201,301.80
PROSPERITY BANCSHARES INC COM	178,763.01	199,861.00
STIFEL FINL CORP COM	187,837.80	199,573.50
SOLERA HLDGS INC COM	178,306.81	198,120.00
MARVELL TECH GROUP COM USD0.002	161,733.63	195,552.00
NV ENERGY INC COM	163,168.35	190,983.00
MOLSON COORS BREWING CO CL B CL B	188,748.96	186,252.00
KROGER CO COM	200,140.80	183,015.00
SIMON PROPERTY GROUP INC COM	177,488.33	181,318.00
&&& CAMBRIDGE INDUSTRIES, INC. LIQUIDATING TRUST	0.00	180,730.00
JOY GLOBAL INC COM	160,986.95	178,600.00
IRELAND(REP OF) 5% TSY BDS 18/4/2013 EUR	168,932.28	176,653.37
US TREAS NTS BILLS OF EXCHANGE 15/01/12 1.125 DUE 01-15-2012 REG	174,249.18	173,878.95
COLBS MCKINNON CORP N Y COM	254,929.91	172,040.00
ATMOS ENERGY CORP COM	185,642.44	167,768.00
WESTN DIGITAL CORP COM	127,110.52	166,950.00

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, COST	CURRENT VALUE
MEN S WEARHOUSE INC COMMOM	174,780.31	166,866.00
SMITHFIELD FOODS INC COM	337,478.00	166,131.24
CIMAREX ENERGY CO COM	197,744.49	162,955.00
SCHOLASTIC CORP COM	138,823.62	162,278.00
SHOE CARNIVAL INC COM	294,177.70	162,248.00
ENERSYS COM	160,333.09	158,253.00
ASPEN INSURANCE HLDGS COM	166,066.99	157,497.00
INFORMATICA CORP COM	156,218.29	155,569.50
JONES APPAREL GROUP INC COM	180,042.84	154,512.00
PLATINUM UNDERWRITERS HLDGS INC COM USD0.01	163,001.05	154,386.00
TECH DATA CORP COM	134,763.14	153,737.00
RELIANCE STL & ALUM CO COM	88,566.48	153,560.00
UNVL CORP VA COM	195,138.67	152,306.00
COML METALS CO COM	53,720.75	152,285.00
QWEST COMMUNICATIONS INTL INC COM	158,904.59	149,815.00
SPX CORP COM	243,516.70	149,358.50
NRG ENERGY INC COM NEW	177,660.59	147,972.00
#REORG/PEROT SYS CORP CDT-CL A COM STK CASH MERGER EFF 11/3/09	121,649.29	144,733.00
LIFEPOINT HOSPS INC COM ISIN US53219L1098	211,010.50	139,125.00
LORILLARD INC COM STK	125,899.43	138,928.50
TELLABS INC COM	129,415.28	138,093.00
CROWN HLDGS INC COM	126,803.03	137,598.00
ROCKWOOD HLDGS INC COM	224,813.09	136,152.00
DARDEN RESTAURANTS INC COM	113,890.72	135,218.00
RUSH ENTERPRISES INC CL A CL A	183,979.36	135,140.00
STEINER LEISURE LTD COM STK USD0.01	142,445.24	135,095.25
ADR SILICONWARE PRECISION INDS LTD SPONSORED	104,158.84	134,540.00
RUDDICK CORP COM	163,617.31	133,551.00
TEREX CORP NEW COM	257,769.04	131,563.00
NEWFIELD EXPLORATION	138,471.31	130,680.00
DEAN FOODS CO NEW COM	141,303.03	130,492.00
KIRBY CORP COM	138,694.08	130,339.00
MOLINA HEALTHCARE INC COM	155,843.04	129,168.00
CTS CORP COM	242,173.69	128,380.00
KELLY SERVICES INC CL A COM	248,774.75	125,925.00
WASH FED INC COM	176,421.12	124,800.00
PC CONNECTION INC COM	249,132.70	124,425.00
INVACARE CORP COM	112,746.90	123,550.00
COMMSCOPE INC COM	99,590.17	123,422.00
ANIXTER INTL INC COM	136,270.18	120,288.00
SIGNET JEWELERS LTD ORD USD0.18	101,611.80	120,235.50
KINDRED HEALTHCARE INC COM STK	103,713.68	119,989.00
GARDNER DENVER INC COM	115,113.55	118,299.00
EL PASO CORP COM	115,509.54	118,144.00

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, COST	CURRENT VALUE
BRIGGS & STRATTON CORP CAP	247,595.04	117,392.00
DEL MONTE FOODS CO COM	108,084.85	116,312.00
NATIONAL RETAIL PPTYS INC COM STK	131,199.06	116,245.00
STANDARD LIFE 6.375%-FRN 12/07/22 EUR	155,211.15	116,083.22
FRONTIER OIL CORP COM	104,115.49	115,368.00
TTM TECHNOLOGIES INC COM	152,095.12	114,624.00
ZURICH FIN USA INC 4.5% 15/06/2025	134,593.31	114,544.19
MUELLER INDS INC COM	157,462.61	114,400.00
KAMAN CORP COM	190,887.04	113,560.00
TANGER FACTORY OUTLET CTRS INC COM	125,899.06	113,505.00
HAWAIIAN ELEC INDS INC COM	114,429.13	113,407.00
UNVL HEALTH SERVICES INC CL B COM	104,068.75	112,355.00
CLOROX CO COM	111,188.60	111,660.00
AMERIGROUP CORP COM	111,723.15	110,085.00
WHITNEY HLDG CORP COM	218,591.02	109,920.00
HLTH MGMT ASSOC INC NEW CL A COM	123,910.41	109,668.00
NCR CORP COM	82,339.60	108,836.00
SVB FINL GROUP COM	83,424.71	106,838.50
DENBURY RES INC HLDG CO COM NEW	68,979.00	106,056.00
CON-WAY INC COM STK	133,423.35	105,930.00
WESCO INTL INC COM	75,724.65	105,168.00
REINSURANCE GROUP AMER INC COM NEW STK	107,812.62	104,730.00
ARROW ELECTR INC COM	85,126.23	104,076.00
VALASSIS COMMUNICATIONS INC COM	146,624.58	102,648.00
NOBLE ENERGY INC COM	105,983.43	102,018.10
CONVERGYS CORP DE COM	150,895.04	101,152.00
WET SEAL INC CL A CL A	91,481.57	101,003.00
WALTER ENERGY INC	151,790.03	99,660.00
WYNDHAM WORLDWIDE CORP COM STK	96,865.61	98,778.00
SCHWEITZER-MAUDUIT INTL INC COM	92,603.59	98,636.25
ANALOG DEVICES INC COM	96,525.88	97,881.00
MYERS INDS INC COM	162,451.65	97,344.00
OIL STS INTL INC COM ISIN US6780261052	137,024.14	96,840.00
GENTIVA HEALTH SVCS INC COM	112,081.94	95,468.00
FORTUNE BRANDS INC COM STK	111,464.94	93,798.00
CONMED CORP COM	116,564.38	93,120.00
NACCO IND INC CL A COM	175,173.25	91,904.00
MID-AMER APT CMNTYS INC COM	149,638.95	91,775.00
REGAL BELOIT CORP COM	113,810.62	91,356.00
INSIGHT ENTERPRISES INC COM	132,815.90	89,838.00
COLLECTIVE BRANDS INC COM STK	54,992.72	88,877.00
HERTZ GLOBAL HLDGS INC COM	89,313.78	88,689.00
KS CY SOUTHN	171,064.32	88,605.00
ROYAL CARIBBEAN CRUISES COM STK	99,762.77	87,333.00

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, COST	CURRENT VALUE
SANDISK CORP COM	57,045.33	86,671.00
COCA COLA ENTERPRISES INC COM	61,607.15	86,580.00
PARTNERRE HLDG LTD COM STK	70,460.26	84,435.00
SYNOPSYS INC COM	86,842.78	83,893.00
FLEXTRONICS INTL LTD COM STK	55,109.33	82,200.00
CHECK PT SOFTWARE TECHNOLOGIES ORDILS.01	79,949.14	82,145.00
CYTEC IND COM	240,709.05	81,928.00
CALLAWAY GOLF CO COM	190,758.66	81,627.00
QUANEX BLDG PRODS CORP COM STK	101,306.40	80,784.00
POLYONE CORP COM	217,955.50	80,487.00
COVENTRY HEALTH CARE INC COM	60,985.18	80,453.00
STANCORP FINL GROUP INC COM	60,998.13	80,304.00
DIME CMNTY BANCSHARES INC COM	79,296.66	79,257.00
HOME PROPS INC COM	115,557.30	78,430.00
GROUP 1 AUTOMOTIVE INC COM	73,444.80	78,060.00
SKILLED HEALTHCARE GROUP INC CL A COM STK USD1	117,167.83	78,000.00
BOB EVANS FARMS INC COM	54,254.50	77,598.00
BROOKFIELD PPTYS CORP COM	50,722.86	76,512.00
BSTN PPTYS INC	79,561.30	76,320.00
SKYWORKS SOLUTIONS INC COM	75,739.90	76,284.00
TERADYNE INC COM	94,087.42	75,974.50
PAR PHARMACEUTICAL COS INC COM	88,085.83	74,235.00
GOVERNMENT PPTYS INCOME TR COM SHS BEN INT COM SHS BEN INT	67,336.56	73,908.00
ARCH CHEMICALS INC COM	113,516.40	73,770.00
AUTONATION INC DEL COM	71,150.10	72,870.00
WEBSTER FNCL CORP WATERBURY CONN COM	349,997.03	72,450.00
SUNSTONE HOTEL INVS INC NEW COM	148,907.14	71,936.10
SEMTECH CORP COM	68,907.66	71,595.00
OLYMPIC STL INC COM	59,016.16	70,963.00
CITY NATL CORP COM	67,773.00	69,977.00
ADR ACERGY S A SPONSORED ADR	60,029.86	69,864.00
AVNET INC COM	56,323.17	69,399.00
PORTLAND GEN ELEC CO COM NEW STK\	88,480.00	68,180.00
AMKOR TECHNOLOGY INC COM	131,851.26	68,112.00
EUR - Euro	67,327.20	67,327.20
HANGER ORTHOPEDIC GROUP INC COM NEW	57,069.32	66,591.00
BANK AMER FDG CORP 7.625% DUE 06-01-2019	65,532.35	65,289.97
SMITH A O CORP COM	57,236.60	65,140.00
F N B CORP PA COM	59,185.34	64,066.50
BENCHMARK ELECTRS INC COM	60,099.39	63,360.00
SCHOOL SPECIALTY INC WI COM	57,912.03	62,651.00
ETHAN ALLEN INTERIORS INC COM	63,726.60	62,160.00
ROWAN COMPANIES INC COM	69,648.08	60,858.00
PROVIDENT FINL SVCS INC COM	89,382.47	60,060.00

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, COST	CURRENT VALUE
TRUSTMARK CORP COM	90,851.19	59,892.00
UTD STATIONERS INC COM	57,725.03	59,296.00
AVX CORP COM	54,056.98	58,587.00
PSS WORLD MED INC COM	40,922.40	55,530.00
BOYD GAMING CORP COM	73,229.61	54,612.50
THOR INDS INC COM STK	86,753.67	53,273.00
ALASKA AIR GROUP INC COM	82,644.51	52,954.00
INNOPHOS HLDGS INC COM STK	51,112.49	52,359.00
OMEGA PROTEIN CORP COM	185,100.82	51,968.00
BROWN SHOE CO INC COM	53,602.01	48,508.00
TAUBMAN CTRS INC COM	94,356.00	48,348.00
AUTOLIV INC COM STK	23,120.16	46,032.00
SKYWEST INC COM	105,711.44	38,760.00
BRISTOW GROUP INC COM	28,470.52	38,519.00
AMTRUST FINL SVCS INC COM	30,593.70	34,200.00
LYDALL INC COM	126,276.85	34,000.00
ARKANSAS BEST CORP DEL COM	36,914.19	31,620.00
DIAMONDROCK HOSPITALITY CO COM STK	13,254.50	30,674.00
CHILDRENS PL RETAIL STORES INC COM	22,231.09	28,412.25
ASTORIA FINL CORP COM	71,001.40	25,740.00
BRANDYWINE RLTY TR SH BEN INT NEW REIT	22,070.10	22,350.00
SYNOVUS FINL CORP COM	65,280.09	17,940.00
JPY - Japanese yen	15,453.18	15,453.18
EUR - Euro	1,050.80	1,050.80
CF MELLON TEMP INVT FD	3.78	3.78
AUD - Australian dollar	0.59	0.59
ARCHIBALD CANDY CORP COM	1,515.00	0.24
USD - United States dollar	0.00	0.00
MXN - Mexican peso	0.00	0.00
KEY PLASTICS SER B 10.25 SR SUB NT DUE 03-15-2007/02 BD IN DEFAULT	250,000.00	0.00
PVTPL NATL RESTAURANT ENTERPRISES HLDGS INC UNIT 05-15-2008/01 REG IN DEFAULT	125,000.00	0.00
PVTPL NATL RESTAURANT ENTERPRISES HLDGS SR NT 10.75 12-31-40/01 REG BD IN DFLT	134,375.00	0.00
PVTPL GT GROUP TELECOM IN WTS 144AISIN US 3623591019	11,000.00	0.00
DIVA SYS CORP SER D CONV PFD	148,720.00	0.00
NORTHERN TRUST CORP COM	0.00	0.00
VS HLDGS INC COM	253,120.93	0.00
PLN - Polish zloty	0.00	0.00
MXN - Mexican peso	-0.07	-0.07
Pending trade purchases: United States dollar	-617,478.08	-617,478.08
Pending foreign exchange sales: British pound sterling	-774,867.07	-851,402.72
Pending foreign exchange sales: Euro	-4,095,576.95	-4,402,379.40

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

THE EMPLOYEE PENSION PLAN OF

APPLIED BIOSYSTEMS, INC.

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR ENDED JUNE 30, 2009

IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST OF ACQUISITIONS	PROCEEDS OF DISPOSITIONS
None			

THE EMPLOYEE PENSION PLAN OF

APPLIED BIOSYSTEMS, INC.

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

AT JUNE 30, 2009

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	NUMBER OF TRANSACTIONS	PURCHASE PRICE	SELLING PRICE	LEASE RENTAL	EXPENSE INCURRED WITH TRANSACTION	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN/ LOSS
MELLON CAPITAL MANAGEMENT	CF MELLON EMPLOYEE BENEFIT DAILY OPENING AGGREGATE BOND INDEX FUND	1	879				879	879	-
		3		41,000,000			34,844,792	41,000,000	6,155,209
THE NORTHERN TRUST COMPANY	NTGI COLTV GOVERNMENT SHORT TERM INVESTMENT FUND	486	142,101,956				142,101,956	142,101,956	-
		384		132,965,658			132,965,658	132,965,658	-

THE EMPLOYEE PENSION PLAN OF
APPLIED BIOSYSTEMS, INC.
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED JUNE 30, 2009

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	NUMBER OF TRANSACTIONS	PURCHASE PRICE	SELLING PRICE	LEASE RENTAL	EXPENSE INCURRED WITH TRANSACTION	COST OF ASSET	CURRENT VALUE OF ASSET ON TRANSACTION DATE	NET GAIN/ (LOSS)
SERIES NON-SECURITY TRANSACTIONS:									
THE NORTHERN TRUST COMPANY LONDON	INTEREST BEARING CASH IN VARIOUS CURRENCIES	94	109,068,054				109,068,054	108,767,394	(300,660)
THE NORTHERN TRUST COMPANY LONDON	INTEREST BEARING CASH IN VARIOUS CURRENCIES	94		(107,211,510)			(109,068,054)	(107,211,510)	1,856,545

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 12/31/2009

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

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

A Name of plan

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

LIFE TECHNOLOGIES CORPORATION

D Employer Identification Number (EIN)

33-0373077

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

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

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	530,032,395
	b Actuarial value		**2b**	583,035,685
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	4,635	351,095,742
	b For terminated vested participants	**3b**	4,515	182,455,596
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		3,101,571
	(2) Vested benefits	**3c(2)**		35,555,330
	(3) Total active	**3c(3)**	664	38,656,901
	d Total	**3d**	9,814	572,208,239
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.69 %
6	Target normal cost		**6**	500,000

Statement by Enrolled Actuary

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

SIGN HERE

JOE BARRERA JB — Signature of actuary

04/24/2013 — Date

JOE BARRERA — Type or print name of actuary

08-6379 — Most recent enrollment number

MERCER — Firm name

(949) 222-1304 — Telephone number (including area code)

4695 MACARTHUR COURT
SUITE 600
NEWPORT BEACH CA 92660-1882
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	51,751,324	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	51,751,324	0
10	Interest on item 9 using prior year's actual return of (11.00)%	(5,692,646)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 4.98 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	46,058,678	0

Part III Funding percentages

14	Funding target attainment percentage	14	93.84 %
15	Adjusted funding target attainment percentage	15	101.89 %
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	98.54 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2009	1,500,000	0			
			Totals ▶ 18(b)	1,500,000	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,452,854

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.21 %	6.74 %	6.84 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous items

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

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	500,000
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	500,000

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	500,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1,452,854
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	952,854
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0