

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☒ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1953</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1953</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1953</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LIFE TECHNOLOGIES CORPORATION</u> <u>5791 VAN ALLEN WAY</u> <u>CARLSBAD, CA 92008</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0373077</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>781-622-1000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>334500</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0373077</u>	2c Sponsor's telephone number <u>781-622-1000</u>	2d Business code (see instructions) <u>334500</u>	
2b Employer Identification Number (EIN) <u>33-0373077</u>					
2c Sponsor's telephone number <u>781-622-1000</u>					
2d Business code (see instructions) <u>334500</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/16/2014</u>	<u>DAVID REIRDEN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address BENEFITS ADMINISTRATION COMMITTEE, LIFE TECHNOLOGIES CORPORATION 5791 VAN ALLEN WAY CARLSBAD, CA 92008		3b Administrator's EIN 33-0373077
		3c Administrator's telephone number 781-622-1000
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	9333
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	384
b Retired or separated participants receiving benefits	6b	4242
c Other retired or separated participants entitled to future benefits	6c	3776
d Subtotal. Add lines 6a , 6b , and 6c	6d	8402
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	859
f Total. Add lines 6d and 6e	6f	9261
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 Characteristics Codes in the instructions: 1A 3H 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☒ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LIFE TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>33-0373077</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>617671529</u>
b Actuarial value	2b <u>617671529</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>4976</u> (1) Number of participants <u>405341520</u> (2) Funding Target
b For terminated vested participants.....	3b <u>4029</u> <u>192150445</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>2322486</u>
(2) Vested benefits	3c(2) <u>25935779</u>
(3) Total active.....	3c(3) <u>412</u> <u>28258265</u>
d Total.....	3d <u>9417</u> <u>625750230</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.26 %</u>
6 Target normal cost	6 <u>1500000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/29/2014</u>
	Signature of actuary	Date
<u>MARIE B. LARSEN</u>	Type or print name of actuary	<u>14-05870</u>
		Most recent enrollment number
<u>MERCER</u>	Firm name	<u>502-561-4500</u>
		Telephone number (including area code)
<u>400 WEST MARKET STREET, SUITE 700</u> <u>LOUISVILLE, KY 40202</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	36792780	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	8949243	0
9	Amount remaining (line 7 minus line 8)	27843537	0
10	Interest on line 9 using prior year's actual return of <u>13.12</u> %.....	3653072	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b	Interest on (a) using prior year's effective interest rate of <u>6.99</u> % except as otherwise provided (see instructions).....		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	31496609	0

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	93.67 %
15	Adjusted funding target attainment percentage	15	93.67 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.88 %
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
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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		
			Totals ►	18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 61
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	1500000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		39575310	8777395
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 (lines 31a - 31b + 32a + 32b - 33)...		34	10277395
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	10277395	0	10277395
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008	☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	578505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	149313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	43528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST COMPANY

36-2723087

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

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

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	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENT MANAGEMENT

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	310540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERCER INVESTMENT MANAGEMENT

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 ☐	2480950	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

a Name: JOE BARRERA	b EIN: 13-2834414
c Position: ACTUARY	
d Address: 17901 VON KARMAN AVENUE, SUITE 1100 IRVINE, CA 92614	e Telephone: 949-222-1304

Explanation: REASSIGNMENT OF CLIENT RESPONSIBILITIES WITHIN MERCER.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LIFE TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>33-0373077</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LARGE CAP CORE PASSIVE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566613-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92628879</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE OPPORTUNISTIC FIXED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566615-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99155461</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-US CORE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99602589</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US PASSIVE FIXED INCOME</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566612-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44790854</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SMALL/MID CAP VALUE EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566616-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13017300</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US SMALL/MID CAP GROWTH EQUITY</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13303602</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKET EQUITY PORTFOLIO</u>			
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>			
c EIN-PN <u>32-6219484-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19854930</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG DURATION FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 04-7014330-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14023040
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG DURATION INV GRADE FIXED INCOM**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 26-6700496-016	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16734140
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG DURATION PASSIVE FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 45-6178743-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13898551
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a Name of MTIA, CCT, PSA, or 103-12 IE: **ACTIVE LONG CORP INV PORTFOLIO FUND**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 45-6178743-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49218690
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL LOW VOLATILITY PORTFOLIO**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 35-7004395-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158769284
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a Name of MTIA, CCT, PSA, or 103-12 IE: **OPPORTUNISTIC FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY**

c EIN-PN 36-7630030-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5850325
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a Name of MTIA, CCT, PSA, or 103-12 IE: **COLTV GOVT STIF REGISTERED**

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

c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4806464
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
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.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	KEY PLASTICS INCORPORATED 21333 HAGGERTY ROAD NOVI, MI 48375	MADE ON 8/21/1997 AT 10.25% MATURED 3/15/2007 COMPANY GUARANTEED

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

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	NATIONAL RESTAURANT ENTERPRISES 2215 ENTERPRISE DRIVE WESTCHESTER, IL 60154	INVESTMENT MADE ON 1/8/2001 AT 13.00% MATURES 12/31/2040

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

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

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

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

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

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

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

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

Part II Schedule of Leases in Default or Classified as Uncollectible

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

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

Part III Nonexempt Transactions

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFE TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>33-0373077</u>	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	617490799	645654109
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	180730	180730

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	617671529	645834839

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	453657	115560
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	453657	115560

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	617217872	645719279
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Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		75212109
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		6500
d Total income. Add all income amounts in column (b) and enter total.....	2d		75218609

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	44843056	
(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)		44843056
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)	1874146	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1874146
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		46717202

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		28501407
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b	X		375000

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LIFE TECHNOLOGIES CORPORATION</u>	D Employer Identification Number (EIN) <u>33-0373077</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3808042</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 61% Investment-Grade Debt: 38% High-Yield Debt: 1% Real Estate: _____% Other: _____%

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

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

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

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

The Employee Pension Plan of
Applied Biosystems, Inc.

Financial Statements and Supplemental Schedules
Years Ended December 31, 2013 and December 31, 2012

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

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



Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Employee Pension Plan of Applied Biosystems, Inc. (the Plan), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Northern Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, Schedule of Assets (Held at End of Year) at December 31, 2013, Schedule of Fixed Income Obligations in Default or Considered Uncollectible at December 31, 2013, and Schedule of Reportable Transactions for the year ended December 31, 2013, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "McGladrey LLP".

Stamford, Connecticut
October 15, 2014

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012**

	<u>2013</u>	<u>2012</u>
Assets:		
Investments at fair value (Notes 3 and 4).....	\$ 645,834,839	\$ 617,671,529
Liabilities:		
Accrued expenses.....	(115,560)	(453,657)
Net assets available for benefits	\$ <u>645,719,279</u>	\$ <u>617,217,872</u>

See Accompanying Notes to Financial Statements

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012**

	<u>2013</u>	<u>2012</u>
Additions:		
Investment income		
Net appreciation in fair value of investments.....	\$ 75,211,983	\$ 74,336,077
Interest income	<u>126</u>	<u>3,426</u>
Total investment income	75,212,109	74,339,503
Miscellaneous income	<u>6,500</u>	<u>-</u>
Total additions	<u>75,218,609</u>	<u>74,339,503</u>
Deductions:		
Distributions paid to plan participants.....	(44,843,056)	(44,850,712)
Trustee and professional fees	<u>(1,874,146)</u>	<u>(2,111,708)</u>
Total deductions	<u>(46,717,202)</u>	<u>(46,962,420)</u>
Net increase	28,501,407	27,377,083
Net assets available for benefits:		
Beginning of year	617,217,872	589,840,789
End of year	\$ <u>645,719,279</u>	\$ <u>617,217,872</u>

See Accompanying Notes to Financial Statements.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2013 AND 2012**

	December 31, 2013	December 31, 2012
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments.....	\$ 406,840,139	\$ 395,277,706
Other participants	186,483,113	199,015,473
Total vested benefits	593,323,252	594,293,179
Nonvested benefits	2,388,431	2,081,137
Total actuarial present value of accumulated plan benefits.....	\$ 595,711,683	\$ 596,374,316

See Accompanying Notes to Financial Statements.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEARS ENDED DECEMBER 31, 2013 AND 2012**

	2013	2012
Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>596,374,316</u>	\$ <u>581,874,263</u>
Increase (decrease) during the year related to:		
Increase due to decrease in the discount period	43,046,459	41,818,509
Benefits accumulated gains.....	(26,091,095)	(6,902,895)
Increase due to change in actuarial assumptions and plan provisions.....	5,329,672	(1,066,889)
Change in variable annuity unit value.....	21,895,387	25,502,040
Benefits paid	(44,843,056)	(44,850,712)
Net increase (decrease) during the year	<u>(662,633)</u>	<u>14,500,053</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u><u>595,711,683</u></u>	\$ <u><u>596,374,316</u></u>

See Accompanying Notes to Financial Statements.

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS**

1. Description of the Plan

General

The following description of The Employee Pension Plan of Applied Biosystems, Inc. (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. On November 21, 2008, Applied Biosystems, Inc. merged with Invitrogen Corporation to form Life Technologies Corporation, the “Sponsor”. On February 3, 2014 Life Technologies Corporation was acquired by Thermo Fisher Scientific Inc.

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

Participation

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

Retirement Benefits

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

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

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

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

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

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

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

Effective July 1, 2008, the Plan was amended to include a minimum benefit that a Participant in the variable annuity will receive. If in any Plan Year, the value of a Participant’s variable annuity pension decreases to a level that is lower than the

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

benefit the Participant would have received had the Participant not elected the variable annuity and instead elected the fixed benefit, then for that Plan Year, the Participant will receive the value of the fixed benefit.

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

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

Contributions and Actuarial Method

Since August 1, 1984, all contributions to the Plan have been made entirely by the Company. Prior to that date, employees were allowed to contribute to the Plan. Active employees' accumulated contributions to the fixed dollar benefit fund totaled \$50,566 at December 31, 2013, and \$54,422 at December 31, 2012, including interest credited at an annual rate of 120% of the Federal Mid Term Rate in effect at the beginning of the plan year. The value of active employees' accumulated contributions in the variable annuity fund totaled \$97,984 and \$104,116 at December 31, 2013 and 2012, respectively.

The Company contributes to the Plan an amount sufficient to provide for the expected costs of retirement benefits as determined by an independent actuary. The Company was not required to make any contributions to the Plan for the fiscal years ended December 31, 2013 and December 31, 2012.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service which employees have rendered to the Company through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits as of the Plan's fiscal year end are based on employee census data as of the last day of the Plan fiscal year. Benefits payable upon retirement, death, disability or withdrawal are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

- a. **Interest** is at the assumed rate of 7.50% for the fixed benefit fund, compounded annually, for the years ending December 31, 2013 and 2012, and 7.50% for the variable annuity fund, compounded annually, for the years ended December 31, 2013 and 2012.
- b. **Normal retirement age** for participants is age 65.
- c. **Rate of mortality** is based on the RP-2000 mortality table, projected to 2020 combined for employees and annuitants, for males and females
- d. **Rate of withdrawal** will vary with attained age and service.
- e. **Employees in the determination of plan costs** includes 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.
- f. **Valuation of plan assets** is as described in Note 2.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

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

Vesting

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

2. Summary of Significant Accounting Policies

Basis of Accounting

In accordance with accounting and disclosure guidance for Employee Benefit Plans published by the American Institute of Certified Public Accountants, the accompanying financial statements have been prepared on the accrual basis of accounting other than for benefit obligations. Accordingly, the benefit obligation for withdrawal requests and terminations processed but not paid as of the Plan year end would not be reflected as a deduction in the Statements of Changes in Net Assets Available for Benefits or as a liability in the Statements of Net Assets Available for Benefits. There were no such obligations at December 31, 2013 or 2012.

Investment Valuation and Income Recognition

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

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

Receivables and Payables for Investments

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

Administrative Expenses

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

Use of Estimates

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

Risks and Uncertainties

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

**THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS**

Income taxes

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, these are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

3. Information Certified and Provided by Northern Trust Company

The following is a summary of the investment information as of and for the years ended December 31, 2013 and 2012, included throughout the Plan's financial statements and supplemental schedules, which was prepared by or derived from information provided by the trustee, Northern Trust Company, (the "Trustee" or "Northern Trust") and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following investments:

	<u>December 31, 2013</u>	<u>December 31, 2012</u>
Investments (at fair value):		
Common collective trusts	\$ 645,654,109	\$ 617,490,799
Other	180,730	180,730
Total Investments.....	<u>\$ 645,834,839</u>	<u>\$ 617,671,529</u>

Northern Trust also certified to the completeness and accuracy of \$75,211,983 and \$74,336,077 of net appreciation in fair value of investments and \$126 and \$3,426 of interest income related to the aforementioned assets for the years ended December 31, 2013 and 2012, respectively.

4. Fair Value Measurements

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

Other: Investment in a liquidating trust is valued based on information reported by the investment advisor.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2013 and 2012.

Assets at Fair Value as of December 31, 2013					
	Level 1	Level 2	Level 3	Total	
Common/Collective Trusts					
MGI Global Low Volatility Portfolio Fund	\$ -	\$ 158,769,284	\$ -	\$ 158,769,284	*
MGI Non-US Core Equity Fund	-	99,602,589	-	99,602,589	*
MGI US Core Opportunistic Fixed Income Fund	-	99,155,461	-	99,155,461	*
MGI US Large Cap Passive Equity Fund	-	92,628,879	-	92,628,879	*
MGI Active Long Corporate Investments Portfolio Fund	-	49,218,690	-	49,218,690	*
MGI US Passive Fixed Income Fund	-	44,790,854	-	44,790,854	*
MGI Emerging Markets Equity Portfolio	-	19,854,930	-	19,854,930	
MGI Long Duration Investment Grade Fixed Income Portfolio Fund	-	16,734,140	-	16,734,140	
MGI Long Duration Fixed Income Portfolio Fund	-	14,023,040	-	14,023,040	
MGI Long Duration Passive Fixed Income Portfolio	-	13,898,551	-	13,898,551	
MGI US Small / Mid Cap Growth Equity Fund	-	13,303,602	-	13,303,602	
MGI US Small / Mid Cap Value Equity Fund	-	13,017,300	-	13,017,300	
MGI Opportunistic Fixed Income Portfolio	-	5,850,325	-	5,850,325	
NTGI Coltv Govt Stif Registered	-	4,806,464	-	4,806,464	
Other					
Cambridge Industries, Inc. Liquidating Trust	-	-	180,730	180,730	
Total assets at fair value	\$ -	\$ 645,654,109	\$ 180,730	\$ 645,834,839	

Assets at Fair Value as of December 31, 2012					
	Level 1	Level 2	Level 3	Total	
Common/Collective Trusts					
MGI Non-US Core Equity Fund	\$ -	\$ 155,016,427	\$ -	\$ 155,016,427	*
MGI US Large Cap Passive Equity Fund	-	147,161,861	-	147,161,861	*
MGI US Core Opportunistic Fixed Income Fund	-	133,247,146	-	133,247,146	*
MGI US Passive Fixed Income Fund	-	61,022,620	-	61,022,620	*
MGI Emerging Markets Equity Portfolio	-	31,768,106	-	31,768,106	*
MGI Active Long Corporate Investments Portfolio Fund	-	23,570,551	-	23,570,551	
MGI US Small / Mid Cap Value Equity Fund	-	19,031,335	-	19,031,335	
MGI US Small / Mid Cap Growth Equity Fund	-	18,879,530	-	18,879,530	
MGI Long Duration Investment Grade Fixed Income Portfolio Fund	-	8,926,273	-	8,926,273	
MGI Long Duration Fixed Income Portfolio Fund	-	6,960,382	-	6,960,382	
MGI Long Duration Passive Fixed Income Portfolio	-	6,939,516	-	6,939,516	
NTGI Coltv Govt Stif Registered	-	4,967,052	-	4,967,052	
Other					
Cambridge Industries, Inc. Liquidating Trust	-	-	180,730	180,730	
Total assets at fair value	\$ -	\$ 617,490,799	\$ 180,730	\$ 617,671,529	

*Investment represents more than 5% of Plan Assets

The following table set forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2013 and 2012:

Investment		Fair Value		Unfunded	Redemption	Redemption
		2013	2012	Commitment	Frequency	Notice Period
(a)	MGI Global Low Volatility Equity Portfolio Fund	\$ 158,769,284	\$ -	\$ -	Daily	None
(b)	MGI Non-US Core Equity Fund	99,602,589	155,016,427	-	Daily	None
(c)	MGI US Core Opportunistic Fixed Income Fund	99,155,461	133,247,146	-	Daily	None
(d)	MGI US Large Cap Passive Equity Fund	92,628,879	147,161,861	-	Daily	None
(e)	MGI Active Long Corporate Investments Portfolio Fund	49,218,690	23,570,551	-	Daily	None
(f)	MGI US Passive Fixed Income Fund	44,790,854	61,022,620	-	Daily	None
(g)	MGI Emerging Markets Equity Portfolio	19,854,930	31,768,106	-	Daily	None
(h)	MGI Long Duration Investment Grade Fixed Income Portfolio Fund	16,734,140	8,926,273	-	Daily	None
(i)	MGI Long Duration Fixed Income Portfolio Fund	14,023,040	6,960,382	-	Daily	None
(j)	MGI Long Duration Passive Fixed Income Portfolio	13,898,551	6,939,516	-	Daily	None
(k)	MGI US Small / Mid Cap Growth Equity Fund	13,303,602	18,879,530	-	Daily	None
(l)	MGI US Small / Mid Cap Value Equity Fund	13,017,300	19,031,335	-	Daily	None
(m)	MGI Opportunistic Fixed Income Portfolio	5,850,325	-	-	Daily	None

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

- (a) The Fund invests principally in equity securities of U.S. and foreign issuers, of large, medium and small capitalization companies to provide long-term total return, which includes capital appreciation and income.
- (b) The Fund invests in equity securities of companies from the world's developed and emerging capital markets, excluding the United States. The Fund's investments in equity securities may include dividend-paying securities, common and preferred stock of companies of any size as well as American, European, and Global Depositary Receipts.
- (c) The Fund invests in U.S. dollar-denominated, investment grade bonds, including government securities, corporate bonds, and mortgage and asset-backed securities, among others. The Fund also may invest a significant portion of its assets in any combination of non-investment grade bonds, non-U.S. dollar denominated bonds, and bonds issued by issuers in emerging capital markets.
- (d) The Fund invests primarily in common stocks of large U.S. and multinational companies that offer the potential for long-term capital appreciation and appear to be undervalued based on the stocks' intrinsic values relative to their current market prices
- (e) The Fund invests primarily in debt obligations majorly focusing on corporate debt. Other investments include municipal obligations and U.S. Government and Agency Obligations.
- (f) The Fund invests primarily in U.S. dollar-denominated investment grade bonds, including government securities, corporate bonds, and mortgage and asset backed securities, among others. The Fund's duration will typically fall between one and three years. Duration measures the potential price sensitivity of a bond with respect to change in interest rates.
- (g) The Fund invests primarily in equity securities (such as dividend-paying securities, common stock and preferred stock) of companies that are located in emerging markets, other investments that are tied economically to emerging markets, as well as in American, European and Global Depositary Receipts.
- (h) The investment objective is to approximate as closely as practical, before expense, the performance of the Barclays Capital U.S. Long Credit Bond Index and the Barclays Capital U.S. Long Treasury Bond Index over the long term. Underlying funds attempt to invest in the securities comprising the Index or in the same proportions as they are represented in the Index.
- (i) The Fund invests in debt obligations primarily in corporate debt and U.S. Government and Agency Obligations. Other debt obligations include municipal obligations.
- (j) The investment objective is to approximate as closely as practical, before expense, the performance of the Barclays Capital U.S. Long Credit Bond Index and the Barclays Capital U.S. Long Government Bond Index over the long term. Underlying funds attempt to invest in the securities comprising the Index or in the same proportions as they are represented in the Index.
- (k) The Fund invests in a diversified portfolio of small and medium sized U.S. companies that a subadvisor believes possess superior potential for long-term capital appreciation.
- (l) The Fund invests primarily in common stocks of small and medium-sized U.S. companies that offer the potential for long-term capital appreciation and that appear to be undervalued at the time of purchase based on the stocks' intrinsic values relative to their current market prices.
- (m) The Fund invests principally in investment grade fixed income securities, including government securities and corporate bonds. The Fund may also invest in non-investment grade bonds, non-U.S. dollar denominated bonds, bonds issued by issuers located in emerging capital markets, and certain derivative instruments. The investment objective of the Fund is to provide total return, consisting of both current income and capital appreciation.

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated September 4, 2013, stating that the Plan is qualified under section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, is qualified and the related trust is tax exempt.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
NOTES TO THE FINANCIAL STATEMENTS

6. Plan Termination

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

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminated. Generally, the PBGC guarantees most vested normal age retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protections is subjected to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2013 and 2012, that ceiling, which is adjusted periodically, was \$4,790 and \$4,653, respectively, per month. That ceiling applies to those pensioners who elected to receive their benefits in the form of a straight-life annuity; the corresponding ceilings are actuarially adjusted downward.

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

7. Party-in-Interest Transactions

Some Plan investments are assets managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as part-in-interest transactions. Fees paid by the Plan to Northern Trust for the years ended December 31, 2013 and 2012 were not material. As discussed in Note 2, the Company has paid certain administrative expense on behalf of the Plan.

8. Subsequent Events

Subsequent events have been evaluated through October 15, 2014, the date the financial statements were available to be issued. In February 2014, Life Technologies Corporation, the Plan Sponsor, was acquired by Thermo Fisher Scientific Inc.

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

Supplemental Schedule

Schedule of Fixed Income Obligations in Default or Considered Uncollectible at December 31, 2013

Identity and Address of Obligor	Original amount of Investment	Description of Investment				Amount Over Due	
		Investment Date	Interest Rate	Maturity	Collateral	Principle	Interest
KEY PLASTICS INCORPORATED 21333 HAGGERTY ROAD, SUITE 200 NOVI, MI 48375 493137AD5	\$ 250,000	8/21/1997	10.25%	3/15/2007	Company Guaranteed	\$ 250,000	\$ -
NATIONAL RESTAURANT ENTERPRISES AMERIKING CORPORATION 2215 ENTERPRISE DRIVE, SUITE 1502 WESTCHESTER, IL 60154 637414AC7	125,000	1/8/2002	13.00%	12/31/2040	-	125,000	-

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

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.

Supplemental Schedule

Schedule of Assets (Held at End of Year) at December 31, 2013

Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, Rate of interest, collateral, par, or maturity value	Number of Shares	Cost	Current Value
MGI Global Low Volatility Portfolio Fund	Common Collective Trust	12,650,939 Shares	\$ 140,931,460	\$ 158,769,284
MGI Non-US Core Equity Fund	Common Collective Trust	6,626,919 Shares	78,794,061	99,602,589
MGI US Core Opportunistic Fixed Income Fund	Common Collective Trust	6,749,861 Shares	100,401,974	99,155,461
MGI US Large Cap Passive Equity Fund	Common Collective Trust	5,148,909 Shares	69,973,678	92,628,879
MGI Active Long Corporate Investments Portfolio Fund	Common Collective Trust	4,188,825 Shares	51,570,551	49,218,690
MGI US Passive Fixed Income Fund	Common Collective Trust	3,036,668 Shares	45,743,520	44,790,854
MGI Emerging Markets Equity Portfolio	Common Collective Trust	1,920,206 Shares	20,469,396	19,854,930
MGI Long Duration Investment Grade Fixed Income Portfolio Fund	Common Collective Trust	1,065,869 Shares	17,926,273	16,734,140
MGI Long Duration Fixed Income Portfolio Fund	Common Collective Trust	853,502 Shares	15,060,382	14,023,040
MGI Long Duration Passive Fixed Income Portfolio	Common Collective Trust	875,775 Shares	15,039,515	13,898,551
MGI US Small / Mid Cap Growth Equity Fund	Common Collective Trust	645,180 Shares	9,703,499	13,303,602
MGI US Small / Mid Cap Value Equity Fund	Common Collective Trust	778,081 Shares	9,679,331	13,017,300
MGI Opportunistic Fixed Income Portfolio	Common Collective Trust	560,376 Shares	5,603,759	5,850,325
NTGI Coltv Govt Stif Registered *	Common Collective Trust	4,806,464 Shares	4,806,464	4,806,464
Cambridge Industries, Inc. Liquidating Trust	Other	361,460 Shares	180,730	180,730
Total Assets Held at End of Year			\$ 585,884,593	\$ 645,834,839

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

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

THE EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
Supplemental Schedule
Schedule of Reportable Transactions for the Year Ended December 31, 2013

Identity of Party Involved	Security Description / Asset ID		Purchase Price		Selling Price		Cost of Asset	Value of Asset on Transaction Date	Net Gain
Single Transactions in Excess of 5%									
MGI	CF MGI Global Low Volatility Equity Portfolio Fund	Total acquisitions	\$ 11.14	\$ -	\$ 155,873,809	\$ 155,873,809	\$ -		
MGI	CF MGI Non-US Core Equity Portfolio CT Fund	Total dispositions	\$ -	\$ 12.52	\$ 53,182,574	\$ 67,040,521	\$ 13,857,947		
MGI	CF MGI US Large Cap Passive Equity Portfolio Fund	Total dispositions	\$ -	\$ 14.88	\$ 26,584,494	\$ 64,149,883	\$ 37,565,389		

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

EMPLOYEE PENSION PLAN OF APPLIED BIOSYSTEMS, INC.
Supplemental Schedule
Schedule of Reportable Transactions for the Year Ended December 31, 2013

Identity of Party Involved	Security Description / Asset ID		Purchase Price	Selling Price	Cost of Asset	Value of Asset on Transaction Date	Net Gain
Series of Transactions in Excess of 5%							
MGI	CF MGI Global Low Volatility Equity Portfolio Fund	Total acquisitions	\$ 155,873,809	\$ -	\$ 155,873,809	\$ 155,873,809	\$ -
		Total dispositions	\$ -	\$ 14,942,350	\$ 14,942,350	\$ 15,777,717	\$ 835,367
MGI	CF MGI Non-US Core Equity Portfolio CT Fund	Total dispositions	\$ -	\$ 64,680,736	\$ 64,680,736	\$ 81,248,266	\$ 16,567,530
MGI	CF MGI US Core Opportunistic Fixed Income Portfolio Fund	Total acquisitions	\$ 2,951,358	\$ -	\$ 2,951,358	\$ 2,951,358	\$ -
		Total dispositions	\$ -	\$ 33,897,350	\$ 33,897,350	\$ 35,603,759	\$ 1,706,409
MGI	CF MGI US Large Cap Passive Equity Portfolio Fund	Total dispositions	\$ -	\$ 41,519,341	\$ 41,519,341	\$ 85,724,323	\$ 44,204,981
MGI	NTGI Coltv Govt Stif Registered *	Total acquisitions	\$ 48,040,542	\$ -	\$ 48,040,542	\$ 48,040,542	\$ -
MGI	NTGI Coltv Govt Stif Registered *	Total dispositions	\$ -	\$ 48,201,016	\$ 48,201,016	\$ 48,201,016	\$ -

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► **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) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LIFE TECHNOLOGIES CORPORATION	D Employer Identification Number (EIN) 33-0373077

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	617,671,529	
b Actuarial value	2b	617,671,529	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	4,976	405,341,520
b For terminated vested participants.....	3b	4,029	192,150,445
c For active participants:			
(1) Non-vested benefits	3c(1)		2,322,486
(2) Vested benefits	3c(2)		25,935,779
(3) Total active.....	3c(3)	412	28,258,265
d Total.....	3d	9,417	625,750,230
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.26 %	
6 Target normal cost	6	1,500,000	

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	MARIE B. LARSEN MBL Signature of actuary	09/29/2014 Date
	MARIE B. LARSEN Type or print name of actuary	14-05870 Most recent enrollment number
	MERCER Firm name	(502) 561-4500 Telephone number (including area code)
	400 WEST MARKET STREET, SUITE 700 Address of the firm	
	LOUISVILLE KY 40202	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	36,792,780	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	8,949,243	0
9	Amount remaining (line 7 minus line 8)	27,843,537	0
10	Interest on line 9 using prior year's actual return of <u>13.12</u> %	3,653,072	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of <u>6.99</u> % except as otherwise provided (see instructions)		
	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		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	31,496,609	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.67 %
15	Adjusted funding target attainment percentage	15	93.67 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.88 %
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
Totals ►			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No	
c If line 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
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:			
1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 61
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	1,500,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		39,575,310	8,777,395
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	10,277,395
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	10,277,395	0	10,277,395
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Schedule 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 61.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	15%	10,000	1,500	82,500
56	5%	8,500	425	23,800
57	5%	8,075	404	23,028
58	5%	7,671	384	22,272
59	5%	7,287	364	21,476
60	20%	6,923	1,385	83,100
61	10%	5,538	554	33,794
62	20%	4,984	997	61,814
63	20%	3,987	797	50,211
64	20%	3,190	638	40,832
65	75%	2,552	1,914	124,410
66	25%	638	160	10,560
67	25%	478	120	8,040
68	25%	358	90	6,120
69	25%	268	67	4,623
70 and above	100%	201	201	14,070
Total			10,000	610,650
Average				61.07

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2013 Funding Valuation**

Discount rate sponsor elections

• Segment rates or full yield curve	Segment		
• Look-back months	0		
		<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years		4.94%	1.62%
• Next 15 years		6.15%	4.40%
• Over 20 years		6.76%	5.45%

Mortality sponsor elections

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

Other economic assumptions

• Salary increases	Not applicable.
• Flat-dollar benefit increases	Not applicable.
• Social Security wage base	Not applicable.
• Unit value increase	The unit value is assumed to grow at a rate equal to the PPA segment rates less a reduction of expected mortality losses (A49 Mortality Table compared to the 2013 PPA Mortality Tables).
• Expenses	An amount equal to the expected administrative expenses is added to current year normal cost. This amount is estimated based on prior year actual administrative expenses. For 2013, this amount is \$1,500,000.

Demographic assumptions

• Withdrawal	See table of sample rates. Note that no withdrawal is assumed once a participant attains retirement eligibility.
• Disability incidence	None.

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

• Retirement age	Attained age	Percentage	
	Under 55	0%	
	55	15%	
	56	5%	
	57	5%	
	58	5%	
	59	5%	
	60	20%	
	61	10%	
	62	20%	
	63	20%	
	64	20%	
	65	75%	
	66	25%	
	67	25%	
	68	25%	
	69	25%	
	70 and above	100%	
• Benefit commencement age for			
— Future vested deferred	63		
— Current vested deferred	63		
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
— Percentage married	Actual data	Actual data	
— Spouse age difference	2 years younger	2 years older	
Form of payment (Males & Females)	<u>Single Life</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Active retirements	35%	35%	30%
• Future vested deferred	35%	35%	30%
• Future deaths	0%	100%	0%
• Current vested deferred	35%	35%	30%
Unpredictable contingent event assumptions	Not applicable.		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of Sample Rates**

Attained age	Percentage		
	Withdrawal	A49 Mortality Rates	
	All	Male	Female
20	20.8%	0.06%	0.04%
25	14.4%	0.08%	0.05%
30	9.8%	0.10%	0.07%
35	7.0%	0.14%	0.09%
40	5.5%	0.20%	0.14%
45	4.9%	0.36%	0.20%
50	4.5%	0.66%	0.31%
55	3.5%	1.06%	0.47%
60	2.7%	1.57%	0.75%
65	2.0%	2.31%	1.24%
70	0.0%	3.51%	2.10%
75	0.0%	5.45%	3.58%
80	0.0%	8.55%	6.14%

Actuarial Methods for Funding**Asset Methods**

The asset valuation method is the fair market value.

Participant Methods

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

- **Participants included:** The plan sponsor provides us with data on all employees participating in the plan as of the census date. As the plan is frozen all participants reported meet the eligibility requirements and are therefore included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

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

A detailed description of the calculation follows:

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

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

Maximum deductible contribution method

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

A detailed description of the calculation follows:

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

Variable benefit valuation

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

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

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial Assumption Changes Since Prior Valuation

Funding

- The expense component of normal cost increased from \$1,400,000 to \$1,500,000 to reflect our expectations for the current plan year.
- We updated the following assumptions to better reflect expected future plan experience:
 - Retirement age
 - Withdrawal
 - Benefit commencement age for vested deferred participants
 - Spouse assumptions:
 - Spouse age difference
 - Form of payment

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service ¹										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											0
25–29											0
30–34			2								2
35–39			27								27
40–44			54	4	2						60
45–49			63	18	9						90
50–54			50	26	24	4					104
55–59			29	17	33	3	3				85
60–64			14	7	12	1	1				35
65–69			2	4	1						7
70 & up			1		1						2
Total	0	0	242	76	82	8	4	0	0	0	412

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

¹ Credited Service is as of June 30, 2004, the date the plan became frozen.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2013 Installment
2011	\$	47,478,798	5	\$ 10,432,814
2012		(15,262,453)	6	(2,883,571)
2013		7,358,965	7	1,228,152
Total	\$	39,575,310		\$ 8,777,395

Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded***

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2013, are included in this valuation.

- **Most recent plan amendments included:** January 1, 2013.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) 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% 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.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: July 31, 1953 Restated plan: January 1, 2013 Plan year: January 1 to December 31
Status of the plan	The participation in the plan and benefit accruals were frozen as of June 30, 2004.
Significant events that occurred during the year	None
Definitions	
• Eligibility	Employees hired after July 1999 are not covered by the Plan. Effective August 1, 1991 each employee of the company becomes a participant on the first admission date (i.e., the first day of any payroll period) coinciding with or next following the date on which he is hired.
• Employee contributions	The plan does not require participant contributions. Prior to July 31, 1984 each participant contributed 2% of compensation to the plan. If the employee elected to participate in the variable annuity portion of the plan, $\frac{1}{2}$ of the contribution was allocated to the Fixed Benefit fund and $\frac{1}{2}$ 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 $5\frac{1}{4}\%$ per annum from August 1, 1972 and are credited with interest at 120% of Applicable Federal Midterm Rates from August 1, 1988.
• Continuous Service to September 30, 1995	Continuous Service to September 30, 1995 is measured in elapsed time from the period of employment since the last day of hire, but not before July 31, 1984 for employees who participate on or after July 31, 1984.
• Continuous Service since October 1, 1995	Continuous service from (a) October 1, 1995, for an employee employed on that date or (b) the first day of the month coincident with or next following an employee's hire date for an employee not employed on October 1, 1995, and ending on the first day of the month coincident with or next following the employee's termination date. For purposes of benefit service, measurement ends at the earlier of the employee's termination date and June 30, 2004.
• Vesting service	Continuous service plus any period of severance of a duration of less than twelve months.
• Years of service	Sum of continuous service to September 30, 1995 and continuous service on or after October 1, 1995.
• Final average monthly earnings	Highest average monthly compensation over 36 months after September 30, 1995 out of the last 120 months. If the participant has less than 36 months after September 30, 1995, the average is taken over all months after September 30, 1995 prior to the earlier of the termination of employment and June 30, 2004.

Schedule SB, Part V — Summary of Plan Provisions

• Covered compensation	Average of the taxable wage bases in effect for the Plan Year in which the participant terminates during the 35-year period ending in the year which the participant attains social security retirement age.
• Qualified compensation	Payments accrued for a Fiscal year paid from the Contingent Compensation and Incentive Compensation Plan.
• Final average qualified compensation	Highest average Qualified Compensation over 3 consecutive Fiscal Years commencing after June 30, 1995 out of the 10 Fiscal years prior to the earlier of termination of employment and June 30, 2004.
• Qualified years of service	Continuous service from the later of July 1, 1995 or the first day of a Fiscal Year in which an employee participates in the Contingent Compensation or Incentive Compensation Plan until the first day of the month coincident with or next following the earlier of termination of employment and June 30, 2004.
Normal retirement	
• Eligibility	<p>Attainment of age 65 and completion of 5 years of continuous service.</p> <p>A participant who was employed prior to August 1, 1989, is eligible to retire and receive normal retirement benefit on or after attainment of age 65, regardless of service.</p>
• Benefit	<p>The Plan was amended effective June 30, 1999 to freeze benefit accruals effective June 30, 2004.</p> <p>The annual retirement benefit is equal to the sum (1) and (2) where:</p> <p>(1) For service on or after October 1, 1995; the sum of (a), (b) and (c) where:</p> <p>(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.</p> <p>(b) 1.7% of final average monthly compensation multiplied by years of service at earlier of termination date and June 30, 2004 in excess of 35 not including years of service in excess of 35 included in (2) below.</p> <p>(c) 1.5% of final average qualified compensation multiplied by qualified years of service at earlier of termination date and June 30, 2004.</p>

Schedule SB, Part V — Summary of Plan Provisions

- (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. The actual Variable Annuity benefit during retirement will increase or decrease based on changes in the unit value net of the assumed 3 ½% growth. Effective July 1, 2008, the Variable Benefit paid to a retiree will not be less than the benefit the participant would have received as a Fixed Benefit had they not elected to participate in the Variable Benefit.
- (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.
-

Schedule SB, Part V — Summary of Plan Provisions

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 $\frac{1}{4}$ 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 $\frac{1}{4}$ of 1% for the first 60 months and $\frac{1}{2}$ 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.
Deferred vested	
• Eligibility	Completion of 5 years of continuous service.
• Benefit	Accrued benefit at earlier of date of termination of employment and June 30, 2004, payable at age 65. A terminated vested participant may elect to have monthly benefits commence on the first day of any month following attainment of age 55. The vested retirement benefit, for a participant electing early commencement of benefits, will be reduced based on true actuarial reduction factors to adjust for the early commencement of benefits.
• Termination of Employment	A participant who terminates employment prior to 5 years of continuous service is not eligible for a plan benefit other than a return of his contributions to the Fixed Benefit fund with interest, plus the value of the Variable Annuity units arising from his contributions to the Variable Annuity fund, if applicable.
Disability	
• Eligibility	A participant is eligible for disability retirement benefits if he is totally and permanently disabled so as to be unable thereby to engage in any employment.
• Benefit	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.

Schedule SB, Part V — Summary of Plan Provisions

In lieu of an immediate benefit the participant, at his option, may continue to accrue future benefits under the plan based on his salary at date of disability to his normal retirement date, at which time he would be entitled to receive the then accrued normal retirement benefit. Benefit accruals cease after June 30, 2004.

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

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	<p>Optional benefits may be elected as follows:</p> <ul style="list-style-type: none">(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. <p>Any form of benefit payment other than a qualified joint and survivor annuity must be approved by the participant's spouse and the spouse's approval must be notarized.</p>
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Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2013, the limit is \$205,000

Schedule SB, Part V — Summary of Plan Provisions**Historical Unit Values (ABI PP)**

Date	Unit Value
12/31/2008	48.366409
03/31/2009	46.278237
06/30/2009	50.980249
09/30/2009	56.344157
12/31/2009	57.888432
03/31/2010	59.790923
06/30/2010	56.099547
09/30/2010	60.798571
12/31/2010	64.009154
03/31/2011	66.164717
06/30/2011	66.855269
09/30/2011	60.498979
12/31/2011	63.830018
03/31/2012	68.554175
06/30/2012	66.766429
09/30/2012	69.571381
12/31/2012	70.927733

Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded***

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2013, are included in this valuation.

- **Most recent plan amendments included:** January 1, 2013.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) 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% 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.

Plan Provisions Specific to Funding***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

None.