

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan KAYDON CORPORATION RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1984
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) KAYDON CORPORATION 315 EAST EISENHOWER PARKWAY SUITE 300 ANN ARBOR, MI 48108
2b	Employer Identification Number (EIN) 13-3186040
2c	Sponsor's telephone number 734-680-2000
2d	Business code (see instructions) 332110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	ANTHONY T. BEHRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") KAYDON CORPORATION 315 EAST EISENHOWER PARKWAY ANN ARBOR, MI 48108	3b Administrator's EIN 13-3186040 3c Administrator's telephone number 734-680-2000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1274
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	643
b Retired or separated participants receiving benefits.....	6b	314
c Other retired or separated participants entitled to future benefits.....	6c	310
d Subtotal. Add lines 6a , 6b , and 6c	6d	1267
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	64
f Total. Add lines 6d and 6e	6f	1331
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	60

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

A Name of plan <u>KAYDON CORPORATION RETIREMENT PLAN</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>KAYDON CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3186040</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>2009</u>
2	Assets:
a	Market value 2a <u>45707388</u>
b	Actuarial value 2b <u>50278126</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>342</u> <u>17751587</u>
b	For terminated vested participants 3b <u>307</u> <u>6644367</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>1127577</u>
(2)	Vested benefits 3c(2) <u>16197124</u>
(3)	Total active 3c(3) <u>745</u> <u>17324701</u>
d	Total 3d <u>1394</u> <u>41720655</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.11</u> %
6	Target normal cost 6 <u>2011808</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>10/06/2010</u>
Signature of actuary	Date
<u>SCOTT R. NIEMEYER</u>	<u>08-06157</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>314-621-0084</u>
Firm name	Telephone number (including area code)
<u>10 SOUTH BROADWAY 11TH FLOOR</u> <u>ST. LOUIS, MO 63102-1739</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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	8912422	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	1474625	
9	Amount remaining (Item 7 minus item 8).....	7437797	
10	Interest on item 9 using prior year's actual return of <u>-32.15</u> %	-2391252	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		11887915
b	Interest on (a) using prior year's effective rate of <u>6.16</u> %		167367
c	Total available at beginning of current plan year to add to prefunding balance		12055282
d	Portion of (c) to be added to prefunding balance.....		11054749
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	5046545	11054749

Part III Funding percentages			
14	Funding target attainment percentage.....	14	81.92 %
15	Adjusted funding target attainment percentage.....	15	120.51 %
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	104.42 %
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
04/14/2009	563913				
09/15/2010	208773				
Totals ►			18(b)	772686	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	734435
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2011808
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
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 (item 31 + item 32a + item 32b – item 33).....	34	2011808
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	1277373	1277373
36 Additional cash requirement (item 34 minus item 35).....	36	734435
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	734435
38 Interest-adjusted excess contributions for current year (see instructions).....	38	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

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

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

<div>A Name of plan</div> <div>KAYDON CORPORATION RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>KAYDON CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>13-3186040</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HEWITT ASSOCIATES

10 S. BROADWAY 11TH FLOOR
ST. LOUIS, MO 63102

36-2235791

(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	PARTYININTEREST	111357	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

STATE STREET BANK & TRUST COMPANY

125 SUNNYNOLL CT, STE 200
WINSTON-SALEM, NC 27106

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	PARTYININTEREST	42633	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WARNER NORCROSS & JUDD

111 LYON STREET NW
GRAND RAPIDS, MI 49503

38-1422647

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	PARTYININTEREST	24870	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

BUCKHEAD CAPITAL MANAGEMENT LLC

3330 CUMBERLAND BLVD, 650
ATLANTA, GA 30339

58-2552872

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	PARTYININTEREST	30502	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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan KAYDON CORPORATION RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KAYDON CORPORATION				D Employer Identification Number (EIN) 13-3186040	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: KAYDON CORPORATION MASTER TRUST FD					
b Name of sponsor of entity listed in (a): KAYDON CORPORATION					
c EIN-PN 13-3186040-015		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54826441	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan KAYDON CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 KAYDON CORPORATION	D Employer Identification Number (EIN) 13-3186040	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7600000	208773
(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)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	38318962	54826441
(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)		

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	45918962	55035214

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	17961	34651
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17961	34651

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	45901001	55000563
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	772686	
(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)		772686

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)		

(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)		

(3) Rents	2b(3)		
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(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		10791392
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11564078

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2211838	
(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)		2211838
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)	136227	
(2) Contract administrator fees	2i(2)	42633	
(3) Investment advisory and management fees	2i(3)	30502	
(4) Other	2i(4)	43316	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		252678
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2464516

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9099562
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: CONN GENEVA ROBINSON LLC

(2) EIN: 38-3012028

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>KAYDON CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KAYDON CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3186040</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>04-1867445</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>2</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

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

Stock: 64.0% Investment-Grade Debt: 19.0% High-Yield Debt: _____% Real Estate: _____% Other: 17.0%

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

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

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

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

Conn Geneva & Robinson

CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Board of Directors of
Kaydon Corporation:

We were engaged to audit the financial statements of the Kaydon Corporation Retirement Plan as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by State Street Bank and Trust Company, N.A., the trustee of the Plan, except for comparing the 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 investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Conn Geneva
& Robinson

Muskegon, Michigan
September 17, 2010

Kaydon Corporation Retirement Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2009	2008
Assets		
Investments <i>(Notes B and D)</i>		
Plan interest in Kaydon Corporation Master Retirement Trust	\$ 54,826,441	\$ 38,318,962
Contribution receivable	208,773	7,600,000
Total assets	55,035,214	45,918,962
Liabilities		
Accrued administrative expenses	34,651	17,961
Net Assets Available for Benefits	\$ 55,000,563	\$ 45,901,001

See accompanying notes to financial statements.

Kaydon Corporation Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31,	
	2009	2008
Additions (Reductions)		
Investment income (loss)		
Plan interest in Kaydon Corporation Master Retirement		
Trust income (loss) (Note D)	\$ 10,791,392	\$ (15,511,848)
Company contributions (Note C)	772,686	13,640,000
Total additions (reductions)	11,564,078	(1,871,848)
Deductions		
Benefits paid to participants	2,211,838	2,042,314
Administrative expenses	252,678	274,618
Total deductions	2,464,516	2,316,932
Net Increase (Decrease)	9,099,562	(4,188,780)
Net Assets Available for Benefits		
Beginning of year	45,901,001	50,089,781
End of Year	\$ 55,000,563	\$ 45,901,001

See accompanying notes to financial statements.

Kaydon Corporation Retirement Plan

Notes to Financial Statements

Note A: Description of the Plan

The Kaydon Corporation Retirement Plan provides retirement income for all full-time employees of Kaydon Corporation, Kaydon Ring & Seal, Inc., Industrial Tectonics, Inc. and Kaydon Custom Filtration Corporation who are not covered by a collective bargaining agreement, provided retirement benefits are a part of the division-specific benefit package. The amount of benefits to be provided at the time of retirement for these participants depends upon the participant's age, years of service, compensation and retirement date. The Plan also provides for early retirement, disability retirement, deferred vested retirement and surviving spouse benefits.

On February 12, 2009, the Company adopted an amendment to freeze the Plan effective March 15, 2009. As a result, participation in the Plan is limited to those participants whose date of employment is prior to March 15, 2009.

Note B: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

Estimates are required to be used by management in the preparation of financial statements in conformity with generally accepted accounting principles that affect the reported amounts of assets, liabilities and plan benefit obligations, disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions, deductions and changes in plan benefit obligations during the reporting period. Management believes its estimates to be reasonable; however, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value as determined by the custodians of the Plan, based on quoted market prices. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The fair value of the Plan's interest in the Kaydon Corporation Master Trust (the "Trust") is based on the beginning of year value of the Plan's interest in the Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through September 17, 2010, the date the financial statements were available to be issued.

Kaydon Corporation Retirement Plan

Notes to Financial Statements – Continued

Note C: Funding Policy

The Company's funding policy is to contribute at least the greater of the minimum required employer contribution as defined in the Pension Protection Act of 2006 ("PPA") or the amount required so that the benefit limitation restrictions for pension plans under PPA are not triggered. The Company made contributions of \$772,686 and \$13,640,000 for the years ended December 31, 2009 and 2008, which satisfied the minimum funding requirements of the ERISA.

Excluding certain plan administration costs, investment management expenses, actuarial fees, certain legal fees and PBGC premiums, the Plan sponsor absorbs all other significant costs to the Plan.

Note D: Assets Held in Master Trust

As discussed in Note A, the assets of the various Kaydon Corporation pension plans are combined in the Kaydon Corporation Master Retirement Trust (the Trust). Each of the plans holds an undivided interest in the assets of the Trust. Investment income is allocated between the plans on the basis of each plan's proportionate interest in the assets of the Trust. At December 31, 2009 and 2008, the Plan's interest in the Trust was approximately 54% and 53%, respectively.

The Trust is administered under the terms of a trust agreement between the Company and State Street Bank and Trust Company, N.A., respectively, which provides, among other things, that the trustee shall manage investments of the Trust pursuant to directions of authorized investment advisors and shall keep account of all receipts and disbursements, benefit payments and other transactions and shall provide annually a report setting forth such transactions and the status of the Trust at the end of the period. The amounts in the accompanying statements were accumulated from the reports of the trustee.

The following presents the fair values of assets in the Trust:

	December 31,	
	2009	2008
Investments		
Money market fund	\$ 718,709	\$ 10,333,768
Mutual funds	93,658,789	57,534,817
Common stock	7,159,965	4,480,096
Investment income receivable	25,014	8,365
Due to broker	(544)	(109,774)
Total Assets	\$ 101,561,933	\$ 72,247,272

Kaydon Corporation Retirement Plan

Notes to Financial Statements - Continued

Note D: Assets Held in Master Trust – Continued

Investment income (loss) in the Trust is as follows:

	Years ended December 31,	
	2009	2008
Net appreciation (depreciation) in fair value of of investments		
Mutual funds	\$ 16,355,260	\$ (29,546,689)
Common stock	1,426,263	(1,903,472)
Interest and dividends	2,289,459	2,266,246
Net Investment Income (Loss)	\$ 20,070,982	\$ (29,183,915)

The closing prices reported in the active markets in which the securities are traded are used to value the investments in the Master Trust. The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as:

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 718,709	\$ -	\$ -	\$ 718,709
Mutual funds	93,658,789	-	-	93,658,789
Common stock	7,159,965	-	-	7,159,965
	\$ 101,537,463	\$ -	\$ -	\$ 101,537,463

	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 10,333,768	\$ -	\$ -	\$ 10,333,768
Mutual funds	57,534,817	-	-	57,534,817
Common stock	4,480,096	-	-	4,480,096
	\$ 72,348,681	\$ -	\$ -	\$ 72,348,681

Note E: Information Certified by the Plan's Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

- Assets in the trust fund amounting to \$54,826,441 and \$38,318,962 at December 31, 2009 and 2008, respectively.
- Net investment income (loss) of \$10,791,392 and \$(15,511,848) for the years ended December 31, 2009 and 2008, respectively.

Kaydon Corporation Retirement Plan

Notes to Financial Statements - Continued

Note E: Information Certified by the Plan's Custodian – Continued

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note F: Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum service distributions, attributable under the Plan's provisions to the participants for services that have been rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated plan participants or their beneficiaries.

The actuarial present value of accumulated plan benefits for the year ended January 1, 2009, the date of the latest available actuarial valuation, was determined by the plan's actuary, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Actuarial Assumptions

The significant assumptions used in the valuation for the year ended January 1, 2009 are as follows:

Actuarial method	Standard Unit Credit Cost Method
Discount Rate	6.25% for 2009 and 6.5% for 2008
Rate of Return	8.0% per annum
Mortality Tables	
Nondisabled lives	RP-2000 Combined Healthy Mortality Table with future mortality improvement projections to 2009 using Scale AA
Disabled lives	RP-2000 Disabled Retiree Mortality Table
Retirement age	Actives - retirement rates from age 55 to age 65; Terminated vested - age 64
Salary Scale	Age-graded salary scale with a weighted average of 5% for 2009 and 4% for 2008 (not age-graded)

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

Kaydon Corporation Retirement Plan

Notes to Financial Statements - Continued

Note F: Actuarial Present Value of Accumulated Plan Benefits - Continued

The actuarial present values of accumulated plan benefits for those benefits related to the Plan are as follows:

	January 1,	
	2009	2008
Vested benefits:		
Participants currently receiving payments	\$ 20,433,382	\$ 19,108,580
Other participants	29,155,853	25,532,826
Total vested benefits	49,589,235	44,641,406
Nonvested benefits	1,150,047	765,806
Total actuarial present value of accumulated plan benefits	\$ 50,739,282	\$ 45,407,212

The net change in the actuarial present value of accumulated plan benefits for those benefits related to the Plan is as follows:

	Years ended January 1,	
	2009	2008
Actuarial present value of accumulated plan benefits, beginning of year	\$ 45,407,212	\$ 44,130,916
Increase (decrease) during the year due to:		
Benefit payments	(2,042,314)	(1,863,033)
Benefits accumulated	2,768,048	2,350,156
Interest accumulation	2,886,138	2,592,778
Changes in assumptions	1,720,198	(1,803,605)
Net increase	5,332,070	1,276,296
Actuarial present value of accumulated plan benefits, end of year	\$ 50,739,282	\$ 45,407,212

Kaydon Corporation Retirement Plan

Notes to Financial Statements - Continued

Note G: Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

- 1) All outstanding administrative expenses of the Plan
- 2) monthly benefits attributable to participants who were retirement-eligible at least three (3) years prior to the termination date, whether or not benefits were in payment status, and whether or not a monthly benefit is payable to the participant or to his/her beneficiary
- 3) Vested benefits insured by the Pension Benefit Guarantee Corporation (PBGC) up to the applicable limits and payable to:
 - a) Participants who had terminated employment prior to the termination date,
 - b) Active participants, and
 - c) Beneficiaries of all such participants if the participant had died prior to the termination date.
- 4) All other vested benefits (that is, vested benefits not insured by the PBGC)
- 5) All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early 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 benefits protection is subject to certain limitations.

Note H: Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 13, 2003 that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

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

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

A Name of plan Kaydon Corporation Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Kaydon Corporation	D Employer Identification Number (EIN) 13-3186040
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>2009</u>		
2 Assets:		
a Market value.....	2a	45,707,388
b Actuarial value.....	2b	50,278,126
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 342	17,751,587
b For terminated vested participants.....	3b 307	6,644,367
c For active participants:		
(1) Non-vested benefits.....	3c(1)	1,127,577
(2) Vested benefits.....	3c(2)	16,197,124
(3) Total active.....	3c(3) 745	17,324,701
d Total.....	3d 1,394	41,720,655
4 If the plan is at-risk, check the box and complete items (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	8.11 %
6 Target normal cost.....	6	2,011,808

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***Scott R. Niemeyer*
Signature of actuary

10/06/2010

Date

Scott R. Niemeyer

08-06157

Type or print name of actuary

Most recent enrollment number

Hewitt Associates LLC

(314) 621-0084

10 South Broadway 11th Floor
Firm name

Telephone number (including area code)

St. Louis

MO 63102-1739

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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	8,912,422	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	1,474,625	0
9 Amount remaining (Item 7 minus item 8).....	7,437,797	0
10 Interest on item 9 using prior year's actual return of <u>(32.15)</u> %	(2,391,252)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		11,887,915
b Interest on (a) using prior year's effective rate of <u>6.16</u> %		167,367
c Total available at beginning of current plan year to add to prefunding balance		12,055,282
d Portion of (c) to be added to prefunding balance.....		11,054,749
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	5,046,545	11,054,749

Part III Funding percentages

14 Funding target attainment percentage.....	14	81.92 %
15 Adjusted funding target attainment percentage.....	15	120.51 %
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	104.42 %
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
04/14/2009	563,913				
09/15/2010	208,773				
Totals ▶			18(b)	772,686	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	734,435

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

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

Discount rate:

Segment rates:

1st segment:
%2nd segment:
%3rd segment:
%☒ N/A, full yield curve used

Applicable month (enter code)

2

Weighted average retirement age

64

Mortality table(s) (see instructions)

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

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

Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.

☒

Yes

☐

No

Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.

☒

Yes

☐

No

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

Unpaid minimum required contribution for all prior years

0

Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)

0

Remaining amount of unpaid minimum required contributions (item 28 minus item 29)

0

Target normal cost, adjusted, if applicable (see instructions)

2,011,808

Amortization installments:

Outstanding Balance

Installment

Net shortfall amortization installment

0

0

Waiver amortization installment

0

0

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

Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)

2,011,808

Carryover balance

Prefunding balance

Total balance

Balances used to offset funding requirement

1,277,373

0

1,277,373

Additional cash requirement (item 34 minus item 35)

734,435

Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)

734,435

Interest-adjusted excess contributions for current year (see instructions)

0

Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)

0

Unpaid minimum required contribution for all years

0

Schedule SB Attachment (Form 5500)—2009 Plan Year
Kaydon Corporation Retirement Plan
EIN: 13-3186040 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 14, 2009	\$ 563,913	8.11%	\$ 551,640
September 15, 2010	<u>208,773</u>	8.11%	<u>182,795</u>
Total Contribution	\$ 772,686		\$ 734,435

Schedule SB Attachment (Form 5500)—2009 Plan Year
Kaydon Corporation Retirement Plan
EIN: 13-3186040 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	1.00%	0.9800	0.55
57.5	1.00%	0.9702	0.56
58.5	1.00%	0.9605	0.56
59.5	1.00%	0.9509	0.57
60.5	3.00%	0.9414	1.71
61.5	5.00%	0.9131	2.81
62.5	20.00%	0.8675	10.84
63.5	10.00%	0.6940	4.41
64.5	15.00%	0.6246	6.04
65	100.00%	0.5309	34.51
Weighted Average			63.67

Schedule SB Attachment (Form 5500)—2009 Plan Year
Kaydon Corporation Retirement Plan
EIN: 13-3186040 PN: 001

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

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1.
Maximum Tax Expected Benefit Increase	See Table 1.
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 4.00% per year.
Optional Payment Form Election Percentage	100% single life annuity.
Optional Payment Form Conversion Interest Rate	N/A.
Optional Payment Form Conversion Mortality	N/A.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	Age 64.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non- Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Kaydon Corporation Retirement Plan
EIN: 13-3186040 PN: 001

Valuation Compensation	2008 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Trust Expenses Included in Target Normal Cost	0.40% of market value of assets.
Expected Return on Assets	
2007 Plan Year	6.09%.
2008 Plan Year	6.43%.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Kaydon Corporation Retirement Plan
 EIN: 13-3186040 PN: 001

Table 1
Salary Merit Increase Rates

Age	Rate	Age	Rate
15	12.00%	45	3.70%
16	12.00%	46	3.70%
17	12.00%	47	3.70%
18	12.00%	48	3.70%
19	12.00%	49	3.70%
20	12.00%	50	4.15%
21	12.00%	51	4.15%
22	12.00%	52	4.15%
23	12.00%	53	4.15%
24	12.00%	54	4.15%
25	7.10%	55	3.00%
26	7.10%	56	3.00%
27	7.10%	57	3.00%
28	7.10%	58	3.00%
29	7.10%	59	3.00%
30	7.00%	60	3.00%
31	7.00%	61	3.00%
32	7.00%	62	3.00%
33	7.00%	63	3.00%
34	7.00%	64+	3.00%
35	6.40%		
36	6.40%		
37	6.40%		
38	6.40%		
39	6.40%		
40	5.80%		
41	5.80%		
42	5.80%		
43	5.80%		
44	5.80%		

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Table 2
Retirement Rates

Age	Rate
55	2.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	3.00%
61	5.00%
62	20.00%
63	10.00%
64	15.00%
65+	100.00%

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Table 3—Page 1 of 2
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	35.000%	22.750%	21.000%	19.250%	17.500%	13.125%
16	35.000%	22.750%	21.000%	19.250%	17.500%	13.125%
17	35.000%	22.750%	21.000%	19.250%	17.500%	13.125%
18	35.000%	22.750%	21.000%	19.250%	17.500%	13.125%
19	35.000%	22.750%	21.000%	19.250%	17.500%	13.125%
20	35.000%	22.750%	21.000%	19.250%	17.500%	13.125%
21	35.000%	22.750%	21.000%	19.250%	17.500%	13.125%
22	33.400%	21.710%	20.040%	18.370%	16.700%	12.525%
23	31.600%	20.540%	18.960%	17.380%	15.800%	11.850%
24	30.200%	19.630%	18.120%	16.610%	15.100%	11.325%
25	28.600%	18.590%	17.160%	15.730%	14.300%	10.725%
26	27.200%	17.680%	16.320%	14.960%	13.600%	10.200%
27	25.600%	16.640%	15.360%	14.080%	12.800%	9.600%
28	25.400%	15.730%	14.520%	13.310%	12.100%	9.075%
29	25.400%	15.470%	13.800%	12.650%	11.500%	8.625%
30	25.400%	15.470%	13.200%	11.880%	10.800%	8.100%
31	25.400%	15.470%	13.200%	11.220%	10.200%	7.650%
32	25.400%	15.470%	13.200%	11.220%	9.600%	7.200%
33	25.400%	15.470%	13.200%	11.220%	9.500%	6.750%
34	25.400%	15.470%	13.200%	11.220%	9.500%	6.375%
35	25.400%	15.470%	13.200%	11.220%	9.500%	5.925%
36	25.400%	15.470%	13.200%	11.220%	9.500%	5.550%
37	25.400%	15.470%	13.200%	11.220%	9.500%	5.175%
38	25.400%	15.470%	13.200%	11.220%	9.500%	4.875%
39	25.400%	15.470%	13.200%	11.220%	9.500%	4.500%
40	25.400%	15.470%	13.200%	11.220%	9.500%	4.200%
41	25.400%	15.470%	13.200%	11.220%	9.500%	3.900%
42	25.400%	15.470%	13.200%	11.220%	9.500%	3.675%
43	25.400%	15.470%	13.200%	11.220%	9.500%	3.375%
44	25.400%	15.470%	13.200%	11.220%	9.500%	3.150%

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Table 3—Page 2 of 2
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	25.400%	15.470%	13.200%	11.220%	9.500%	2.925%
46	25.400%	15.470%	13.200%	11.220%	9.500%	2.700%
47	25.400%	15.470%	13.200%	11.220%	9.500%	2.550%
48	25.400%	15.470%	13.200%	11.220%	9.500%	2.325%
49	25.400%	15.470%	13.200%	11.220%	9.500%	2.175%
50	25.400%	15.470%	13.200%	11.220%	9.500%	2.025%
51	25.400%	15.470%	13.200%	11.220%	9.500%	1.950%
52	25.400%	15.470%	13.200%	11.220%	9.500%	1.800%
53	25.400%	15.470%	13.200%	11.220%	9.500%	1.725%
54+	25.400%	15.470%	13.200%	11.220%	9.500%	1.650%

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Table 4
Disability Rates – Funding

Age	Male	Female	Age	Male	Female
15	0.0075%	0.0075%	45	0.0400%	0.0600%
16	0.0075%	0.0075%	46	0.0450%	0.0675%
17	0.0075%	0.0075%	47	0.0525%	0.0750%
18	0.0075%	0.0075%	48	0.0625%	0.0825%
19	0.0075%	0.0075%	49	0.0700%	0.0900%
20	0.0075%	0.0075%	50	0.0825%	0.1000%
21	0.0075%	0.0075%	51	0.0975%	0.1100%
22	0.0075%	0.0075%	52	0.1150%	0.1225%
23	0.0075%	0.0075%	53	0.1325%	0.1350%
24	0.0075%	0.0075%	54	0.1525%	0.1475%
25	0.0075%	0.0075%	55	0.1725%	0.1600%
26	0.0075%	0.0075%	56	0.1925%	0.1725%
27	0.0075%	0.0075%	57	0.2150%	0.1850%
28	0.0075%	0.0100%	58	0.2375%	0.2000%
29	0.0075%	0.0100%	59	0.2625%	0.2125%
30	0.0075%	0.0100%	60	0.2875%	0.2250%
31	0.0075%	0.0125%	61	0.3150%	0.2400%
32	0.0075%	0.0125%	62	0.3450%	0.2525%
33	0.0075%	0.0150%	63	0.3775%	0.2625%
34	0.0075%	0.0150%	64	0.4100%	0.2725%
35	0.0100%	0.0175%	65+	0.0000%	0.0000%
36	0.0100%	0.0200%			
37	0.0125%	0.0225%			
38	0.0150%	0.0250%			
39	0.0175%	0.0300%			
40	0.0200%	0.0325%			
41	0.0225%	0.0375%			
42	0.0250%	0.0425%			
43	0.0300%	0.0475%			
44	0.0350%	0.0550%			

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following changes:

- A change in the salary increase assumption from 5% to the scale shown in Table 1.
- A change in the assumed disability rates to better reflect anticipated plan experience.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall, as such approval of the Commissioner is not required.

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Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following changes:

- A change in the asset valuation method from an average value method to the two year smoothed value method as of January 1, 2009.
- A change in the interest rate assumption to the full yield curve with a two month lookback (October 2008 yield curve).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009
 Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	9	9	1							
25-29	20 \$39,895	34 \$42,621	7	3						
30-34	17	32 \$52,950	11	9	1					
35-39	12	25 \$54,445	17	16	4					
40-44	25 \$49,844	41 \$59,429	18	19	14	5				
45-49	15	50 \$68,158	19	24 \$67,166	10	12	11			
50-54	10	36 \$74,855	17	14	8	16	12	12	1	
55-59	2	18	17	11	4	12	4	11	1	
60-64		4	7	9	3	7	3	4	3	
65-69		1	1	3		3				
70+			1							

N-745

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Schedule SB, Part V—Summary of Plan Provisions

Salaried

Effective Date

The effective dates of adoption of the Kaydon Corporation Retirement Plan are as follows:

Baltimore Plant	July 1, 1986
Bearings Division	July 1, 1971
Greeneville Plant	January 1, 1969
LaGrange Plant	January 1, 1969
Cooper Bearing	December 20, 1992

Participation

January 1st following date of employment.

Normal Retirement

Eligibility

Age 65.

Benefit

Monthly Benefit for life equal to one-twelfth of the sum of (a) and (b):

- a. the larger of
 - i. 1% of average compensation plus 0.58% of average compensation in excess of Covered Compensation, multiplied by Years of Service (to a maximum of 30 years).
 - ii. Frozen benefit on January 31, 1995, equal to 30% of Average compensation amount (reduced by one twenty-fifth (1/25th) for each year of service less than 25 years).
- b. the Prior Plan benefit.

The accrued benefit for any participant will not be less than the benefit that had accrued as of December 31, 1991, based on the prior plan formula.

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Early Retirement

Eligibility

Age 55 with ten years of service.

Benefit

If benefit (a)(i) applies, the benefit accrued based on average compensation, covered compensation, and years of service as of the actual retirement date. If benefit (a)(ii) applies, the normal retirement benefit that would have accrued if active service had continued to normal retirement date, multiplied by the ratio of service to termination to the service that would have existed at normal retirement.

The benefit is reduced if payments start prior to age 65. The reductions are 5/12% for each month before age 65.

The Prior Plan Benefit is reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months. Prior plan benefits set forth in Appendix "A" of the plan document are unreduced if the participant is age 60 and has completed 30 years of service.

Disability Retirement

Eligibility

Ten years of service.

Benefit

Normal retirement benefit based on service participant would have completed had employment continued to normal retirement and compensation at time of disability. The benefit shall commence at the later of age 65 or following the last payment from the long term disability plan.

Deferred Vested

Eligibility

Five years of service except for Cooper Bearing employees employed prior to December 20, 1992, who are eligible after two years of service.

Benefit

Same as early retirement benefit except for Cooper Bearing employees employed prior to December 20, 1992, who have the following vested percentages multiplied by the same early retirement benefit:

Years of Service	Vested %
Less than 2 years	0%
2	20%
3	40%
4	60%
5	100%

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Preretirement Surviving Spouse Benefit

Eligibility

Eligible for a vested benefit.

Benefit

Upon the death of a participant eligible for a vested benefit, a monthly benefit is payable for the surviving spouse's lifetime. The amount of the benefit is equal to the participant's accrued benefit reduced for the form of payment and for early commencement if benefits are not deferred.

Normal Form of Payment

Single Participant

Life annuity.

Married Participant

50% Joint and Survivor Annuity. This benefit is the actuarial equivalent of the benefit payable as a life annuity.

Optional Forms of Payment

Ten-year certain and life
100% Joint and Survivor
75% Joint and Survivor
66-2/3% Joint and Survivor
Lump sum under \$10,000

Maximum Benefit

Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan.

Source of Funds

The Company pays the entire cost of the Plan.

Definitions

Year of Service

A plan year during which a Participant completes one thousand hours of service. In year of hire or termination a partial year of service will be credited. The employee will receive 1/12 of a year of service for each month an hour of service is credited.

Compensation

Total cash compensation paid to an employee for services rendered plus the employee's incentive earnings.

Average Compensation

Average compensation for the three highest consecutive calendar years during the 10 most recent calendar years.

Prior Plan Benefit

For certain highly compensated employees the benefit accrued as of December 31, 1988. For Cooper Bearing employees the benefit accrued as of December 19, 1992, under the Cooper Bearing Company Pension Plan. For all other employees the benefit accrued under the plan as of December 31, 1991.

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Covered Compensation

A year of birth table that is updated annually. The table is based on the 35-year average of Social Security wage bases, ending in the year that the participant attains (or will attain) Social Security retirement age.

Actuarial Equivalence

For lump sum purposes, mortality and interest rates as set in 417(e). For other purposes, 1983 GAM, weighted 75% male and 7.5% interest.

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Greeneville

Effective Date

The effective date of adoption is February 3, 1972.

Participation

All employees who are members of the United Steelworkers of America AFL-CIO, Local Union No. 6884 participate in the plan.

Normal Retirement

Eligibility

Age 65.

Benefit

\$27.00 per month multiplied by years of credited service (effective January 1, 2008). Prior benefit multipliers include \$22.00 effective January 1, 2001, \$23.00 effective January 1, 2002, \$24.00 effective January 1, 2003, \$25.00 effective January 1, 2004, and \$26.00 effective January 1, 2007.

Early Retirement

Eligibility

Age 55 with ten years of service.

Benefit

The normal retirement benefit based on service to date of retirement, but reduced 5/9 of 1% for the first 60 months and 5/18 of 1% for the next 60 months in which payments begin prior to age 65.

Total and Permanent Disability Retirement

Eligibility

Age 40 with 10 years of service.

Benefit

Normal retirement benefit based on service to date of disability. Benefits commence after five months of disability.

Deferred Vested

Eligibility

Five years of service.

Benefit

The accrued normal retirement benefit payable at age 65. Benefits may commence early with ten years of service. Benefits are reduced for early commencement in the same manner as for early retirement.

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Preretirement Surviving Spouse Benefit

Eligibility

Eligible for a vested benefit.

Benefit

Early Retirement Eligible—50% of the benefit the participant was entitled to receive under the early retirement provisions had he retired the day before his death and elected payment in the form of a 50% joint and survivor benefit. This benefit is payable for the life of the spouse.

Not Early Retirement Eligible—50% of the benefit to which the participant was entitled under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected a postretirement joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse, beginning when the participant would have been eligible to retire early.

Definitions

Credited Service

Credited Service is determined as follows:

Hours Credited	Credited Service
0–159	0.0
160–319	0.1
320–479	0.2
480–639	0.3
640–799	0.4
800–959	0.5
960–1,119	0.6
1,120–1,279	0.7
1,280–1,439	0.8
1,440–1,599	0.9
1,600 or more	1.0

Vesting Service

One year of vesting service is credited for each year a participant completes 1,000 or more Hours of Service.

Normal Form of Payment

Single Participant

Life Annuity.

Married Participant

50% Joint and Survivor Annuity. This benefit is the actuarial equivalent of the benefit payable as a life annuity.

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Optional Forms of Payment

Ten-year certain and life
100% Joint and Survivor
75% Joint and Survivor
66-2/3% Joint and Survivor
Lump sum under \$10,000

Actuarial Equivalence

For lump sum purposes, mortality and interest rates as set in 417(e). For other purposes, 1983 GAM, weighted 75% male and 7.5% interest.

Changes in Plan Provisions since the Prior Year

The January 1, 2009 funding valuation reflects the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$230,000 in 2008 to \$245,000 in 2009.
- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable lookback month.
- Line 11a(b) does not match the amount reported on line 38 of the 2008 SB, because the amount reported on line 38 did not reflect the modified determination of excess contributions provided in final regulations 1.430(f)-1(b)(1)(ii)(B).