

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>GOODRICH CORPORATION EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1934</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1934</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1934</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GOODRICH CORPORATION</u> <u>FOUR COLISEUM CTR, 2730 W TYVOLA RD</u> <u>CHARLOTTE, NC 28217</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0252680</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>704-423-7000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0252680</u>	2c Sponsor's telephone number <u>704-423-7000</u>	2d Business code (see instructions) <u>336410</u>	
2b Employer Identification Number (EIN) <u>34-0252680</u>					
2c Sponsor's telephone number <u>704-423-7000</u>					
2d Business code (see instructions) <u>336410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	KENNETH LEVINE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	KEVIN HESLIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GOODRICH CORPORATION FOUR COLISEUM CTR, 2730 W TYVOLA RD CHARLOTTE, NC 28217	3b Administrator's EIN 34-0252680
	3c Administrator's telephone number 704-423-7000
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 40914
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 8196
b Retired or separated participants receiving benefits.....	6b 17276
c Other retired or separated participants entitled to future benefits.....	6c 12187
d Subtotal. Add lines 6a , 6b , and 6c	6d 37659
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 2334
f Total. Add lines 6d and 6e	6f 39993
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 125
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 3F 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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
--	--	---

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>GOODRICH CORPORATION EMPLOYEES PENSION 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>GOODRICH CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0252680</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>1473421269</u>
b Actuarial value	2b <u>1620763396</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>19496</u> <u>1006200979</u>
b For terminated vested participants	3b <u>12717</u> <u>249798757</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>36234264</u>
(2) Vested benefits	3c(2) <u>325020654</u>
(3) Total active	3c(3) <u>8701</u> <u>361254918</u>
d Total	3d <u>40914</u> <u>1617254654</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>8.15</u> %
6 Target normal cost	6 <u>38470127</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/17/2010</u>
Signature of actuary	Date
<u>LYNNETTE VAUGHN</u>	<u>08-06464</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON PENNSYLVANIA INC.</u>	<u>704-348-3300</u>
Firm name	Telephone number (including area code)
<u>100 N. TRYON STREET, SUITE 4100</u> <u>CHARLOTTE, NC 28202-4034</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)	233000000	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	38745541	0
9	Amount remaining (Item 7 minus item 8).....	194254459	0
10	Interest on item 9 using prior year's actual return of <u>-19.04</u> %	-36985800	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		136412068
b	Interest on (a) using prior year's effective rate of <u>6.22</u> %		-1304930
c	Total available at beginning of current plan year to add to prefunding balance		135107138
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	157268659	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	90.49 %
15	Adjusted funding target attainment percentage.....	15	100.21 %
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	92.05 %
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
04/15/2009	21000000	0			
12/31/2009	43000000	0			
02/22/2010	40764936	0			
Totals ►			18(b)	104764936	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 97583720
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	38470127
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	38470127
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	9794996	0
36 Additional cash requirement (item 34 minus item 35).....	36	28675131
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	97583720
38 Interest-adjusted excess contributions for current year (see instructions).....	38	68908589
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<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>GOODRICH CORPORATION EMPLOYEES PENSION 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>GOODRICH CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>34-0252680</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

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

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

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

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

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

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

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

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

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

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

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

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)

GOODRICH CORP MSTR TST FOR PENSION

83-0487146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	MASTER TRUST	5963003	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS

04-2647786

(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?
13	CONTRACT ADMINISTRATOR	1534866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

23-1159360

(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?
13	ACTUARY	225756	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUMMIT RETIREMENT PLAN SERVICES

31-1498244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTING (PENSION)	86106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTING (PENSION)	49917	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 GOODRICH CORPORATION EMPLOYEES PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GOODRICH CORPORATION				D Employer Identification Number (EIN) 34-0252680	
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: GOODRICH CORP. MSTR TST FOR PEN					
b Name of sponsor of entity listed in (a): GOODRICH CORPORATION					
c EIN-PN 83-0487146-012		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1554772975	
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-	

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

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

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

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

SCHEDULE 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 GOODRICH CORPORATION EMPLOYEES PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOODRICH CORPORATION	D Employer Identification Number (EIN) 34-0252680	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	74250000	40764936
(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)	1400436432	1554772975
(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	1474686432	1595537911

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	2141675	2067410
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2141675	2067410

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1472544757	1593470501
---	----	------------	------------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	104764936	
(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)		104764936
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		162794428
(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		267559364

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	136414443	
(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)		136414443
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)	1942298	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8276879	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10219177
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		146633620

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		120925744
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: ERNST & YOUNG

(2) EIN: 34-6565596

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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

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

A Name of plan <u>GOODRICH CORPORATION EMPLOYEES PENSION 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>GOODRICH CORPORATION</u>	D Employer Identification Number (EIN) <u>34-0252680</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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>04-6568107</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>45</u>

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

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

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

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

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

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

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: 42.0% Investment-Grade Debt: 48.0% High-Yield Debt: 0.0% Real Estate: 10.0% Other: 0.0%

- 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):

FINANCIAL STATEMENTS

Goodrich Corporation Employees' Pension Plan
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Ernst & Young LLP

Goodrich Corporation Employees' Pension Plan

Financial Statements

Years Ended December 31, 2009 and 2008

Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	2
Statements of Changes in Net Assets Available for Benefits.....	3
Notes to Financial Statements.....	4



Ernst & Young LLP

Suite 3800

100 North Tryon Street
Charlotte, NC 28202

Tel: +1 704 372 6300

Fax: +1 704 331 2073

www.ey.com

Report of Independent Auditors

The Goodrich Corporation
Benefit Design and Administration Committee
Goodrich Corporation Employees' Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Goodrich Corporation Employees' Pension Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements 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 investment information summarized in Note 5, which was certified by the Bank of New York Mellon, the trustee of the Plan, except for comparing such 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 investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

October 12, 2010

Goodrich Corporation Employees' Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
<hr/>		
Assets		
Investments, at fair value (<i>Notes 1 and 5</i>):		
Investment in The Goodrich Corporation Master		
Trust for Qualified Employee Benefit Plans	\$ 1,554,772,975	\$ 1,400,436,432
Receivables:		
Employer contributions receivable	40,764,936	74,250,000
Total assets	1,595,537,911	1,474,686,432
<hr/>		
Liabilities		
Accrued administrative expenses	2,067,410	2,141,675
<hr/>		
Net assets available for benefits	\$ 1,593,470,501	\$ 1,472,544,757
<hr/>		

See accompanying notes.

Goodrich Corporation Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2009	2008
Additions		
Employer contributions	\$ 104,764,936	\$ 149,250,000
Plan interest in net investment income of The Goodrich Corporation Master Trust for Qualified Employee Benefit Plans <i>(Note 5)</i>	162,794,428	—
Total additions	267,559,364	149,250,000
Deductions		
Plan interest in net investment losses of The Goodrich Corporation Master Trust for Qualified Employee Benefit Plans <i>(Note 5)</i>	—	304,870,873
Benefits paid directly to participants	136,414,443	138,843,008
Administrative expenses	10,219,177	11,594,757
Total deductions	146,633,620	455,308,638
Net increase (decrease)	120,925,744	(306,058,638)
Net assets available for benefits at beginning of year	1,472,544,757	1,778,603,395
Net assets available for benefits at end of year	\$ 1,593,470,501	\$ 1,472,544,757

See accompanying notes.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements

December 31, 2009

1. Significant Accounting Policies

Basis of Accounting

The financial statements of Goodrich Corporation Employees' Pension Plan (Plan) are prepared on the accrual basis.

New Accounting Guidance Adopted in 2009

The Accounting Standards Codification (ASC) has become the source of authoritative United States generally accepted accounting principles (U.S. GAAP). ASC changed the referencing of financial accounting standards and did not change or alter existing U.S. GAAP.

The Plan adopted a new accounting standard included in ASC 855, *Subsequent Events*, which requires the Plan to recognize in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits. Plan management has evaluated subsequent events through October 12, 2010, the date these financial statements were issued.

The Plan adopted a new accounting standard included in ASC 815, *Derivatives and Hedging*, which requires enhanced disclosures about its derivatives and hedging activities in order to improve the transparency of financial reporting. See *Derivatives* section under "Valuation of Investments."

The Plan adopted a new accounting standard included in ASC 860, *Transfers and Servicing*, which requires enhanced disclosures about its continuing involvement with transferred financial assets. See Note 9, Securities Lending.

The Plan adopted a new accounting standard included in ASC 820, *Fair Value Measurements and Disclosures*, which allows entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the NAV is calculated in a manner consistent with investment company accounting. The Plan utilized this practical expedient to measure the fair value of commingled funds, real estate and the securities lending collateral fund and provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. See the "Valuation of Investments" section of this Note and Note 9, Securities Lending, for these disclosures. This standard did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

1. Significant Accounting Policies (continued)

The Plan adopted a new accounting standard included in ASC 820 which provides additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. This standard also provided guidance on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. Adoption did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

New Accounting Guidance Not Yet Adopted

In January 2010, new accounting guidance was issued to amend ASC 820, *Fair Value Measurements and Disclosure*. This guidance requires certain new disclosure requirements and amends certain existing disclosure requirements. It is effective for the first reporting period beginning after December 15, 2009. Upon adoption, Plan management will include the additional disclosures to comply with this standard.

Valuation of Investments

The Plan's investments are held by The Goodrich Corporation Master Trust for Qualified Employee Benefit Plans (Master Trust), a master investment trust administered by The Bank of New York Mellon (Trustee). Participation units of the Master Trust are stated at the underlying fair value of the trust investments.

The assets of the Plan are measured at fair value. The Company defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The following three levels of inputs are used to measure fair value:

Level 1 – quoted prices in active markets for identical assets and liabilities.

Level 2 – observable inputs other than quoted prices in active markets for identical assets and liabilities.

Level 3 – unobservable inputs in which there is little or no market data available, which require the reporting entity to develop its own assumptions.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

1. Significant Accounting Policies (continued)

The Plan's assets as of December 31, 2009 have been classified as Level 1, Level 2 or Level 3 within the fair value hierarchy. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Fair values are principally determined using a market approach based on quoted prices or other relevant information from observable market transactions involving identical or comparable assets. When market prices are not available, fair values are estimated using an income approach to discount future cash flows combined with observable market inputs for similar assets with comparable terms and credit quality. Following is a description of the various classes of Plan assets categorized by the methods and inputs used for valuing them.

Common Stock and Real Estate Investment Trusts (REITs) – Level 1

These are individual equities traded on an open market where quoted prices are determinable and available. The investments are valued using a market approach primarily based on prices obtained from the primary or secondary exchanges on which they are traded.

United States Treasuries – Level 1

U.S. Treasury bonds, bills and STRIPS are valued using a market approach primarily based on prices obtained from the primary or secondary exchanges on which they are traded.

Derivatives – Level 2

Derivatives are related to futures and forward contracts used to manage a portion of the interest rate and currency exposure. Futures contracts are held within the fixed income portfolios to manage the interest rate exposure in the Master Trust and are designed to offset 30% to 60% of the effects of interest rate changes on the Plan's funded status. Forward contracts are held within the international and Global Tactical Asset Allocation (GTAA) portfolios to manage the currency exposure in the Master Trust and to add value to total return related to investments in international securities denominated in currencies other than the U.S. dollar. No individual currency exposure can be targeted at a net short position. The maximum net exposure to any one of the major currencies is not permitted to exceed the percentage weight of that currency in the benchmark plus 25% and any non-major currency is not permitted to exceed the percentage weight of that currency in the benchmark plus 15%.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

1. Significant Accounting Policies (continued)

The derivative financial instruments are valued using a market approach based on prices obtained from primary or secondary exchanges for exchange-traded derivatives or using proprietary pricing models which incorporate observable inputs including volatility, index levels, interest rates, yield curves, prepayment speeds, default rates, and other market-corroborated inputs.

Commingled Funds (Applicable to Money Market, Equity and Fixed Income Investments) – Level 2

The commingled funds are institutional investment instruments valued at the fair value of the ownership interests in the funds. The NAV per unit (provided by the fund administrator) is the primary input into the valuation of the ownership interest. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, divided by the number of shares outstanding. Commingled investment funds generally are leveled based upon the observability of the prices or inputs used to value the underlying portfolio instruments, which are money market, U.S. and international equity, and fixed income securities. These instruments are valued using a market approach with either unadjusted quotes in active markets

(Level 1) or quoted prices for similar assets or other observable inputs (Level 2). The Company is required to classify these assets according to the lowest level used in their valuation, which accordingly classifies them within Level 2. In addition to the NAV, consideration is given to any specific rights or obligations that pertain to investments in the commingled investment fund, which if deemed significant, may adjust the fair value of the ownership interest and result in a lower, less observable fair value hierarchy level. There are no significant specific rights or obligations pertaining to these commingled funds that require an adjustment to the fair value.

A portion of the assets are invested in a global tactical asset allocation (GTAA) fund. The GTAA is a specialized commingled fund which utilizes a variety of daily valued funds to tactically gain exposure to certain U.S. and international equity and fixed income markets. For reporting classes, the component investments of the GTAA are separated into the equity or fixed income commingled fund classifications, as applicable.

Withdrawals from the commingled funds can be made daily with a two-day advance written request. Certain of the Plan's commingled investments, which represented approximately 4.3% of the Master Trust assets at December 31, 2009, were in a fund that had imposed a 4% per

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

1. Significant Accounting Policies (continued)

month withdrawal limitation in March 2009 due to liquidity and valuation issues around investors' interests in the securities lending cash collateral pool held by the fund. This limitation did not impact the Plans' ability to generate sufficient liquidity to service ongoing needs from other Plan investments. The Company systematically moved assets out of the restricted fund to a non securities lending fund with no withdrawal limitations and completed the transition in August 2010.

Government, Corporate and Asset-Backed Obligations – Level 2

Individual fixed income securities, primarily government, corporate and asset and mortgage backed obligations, are valued either (1) based on market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders, including consideration of yield or price of securities of comparable quality, coupon, maturity and type or (2) based on quotes from bankers, brokers, dealers or other qualified appraisers. Fair value is within a "bid-ask spread" and is considered to be the price at which the security would be exited. These investments are valued principally using a market approach, which may include matrix pricing to value securities on quoted prices combined with their relationships to other benchmark quoted securities and indices. Certain securities may be valued using an income approach based on cash flows and observable inputs such as discount rates, industry research reports, the value of underlying assets or guarantees and issue structure.

Securities Lending Collateral Fund – Level 2

The Company participates in a securities lending program which uses a money market commingled fund as the collateral fund which is invested in liquid assets of investment grade companies. The entire collateral fund is valued using a NAV derived from the fair value of the underlying securities. Please see above discussion in Commingled Funds.

Real Estate – Level 3

The assets are two institutional real estate commingled funds valued using the NAV. The underlying assets are valued using unobservable inputs from the fund manager principally annual third party appraisals based on market, income or cost valuation techniques. Unobservable inputs would include prices of sales of similar properties, estimates of operating income, discount rates and estimates of reproduction or replacements costs.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

1. Significant Accounting Policies (continued)

Withdrawals from the two real estate funds can be made once per quarter, subject to available cash, upon a 45-day advance written request. To the extent that redemption requests exceed available cash, distributions are pro rated based on the fair market value of participants' relative interests in the total net asset value of the funds as of the valuation date prior to that quarter's redemptions. During 2009, the Plan was subject to a redemption queue; however, this did not impact its ability to generate sufficient liquidity to service ongoing needs from other Plan investments. As of September 25, 2010, there was no remaining redemption queue.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by covered employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the employees' average compensation during the last four years of credited service. The accumulated plan benefits for active employees are generally based on their average compensation during the four years preceding the valuation date. Benefits payable under all circumstances – retirement, death and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

2. Description of the Plan

The Plan is a defined benefit plan that covers certain employees of the Goodrich Corporation (Company or Plan Sponsor) and certain of its subsidiaries and provides for retirement and death benefits. The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants.

The Company has the right under the Plan to discontinue such contributions at any time and terminate the Plan. In the event of a termination of the Plan, the net assets of the Plan will be distributed to the participants based on priorities established by the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Generally, the net assets would be set aside first for the payment of vested benefits and then for the payment of accrued but nonvested benefits.

To the extent that assets were not available to pay these benefits, distributions would be made on a pro-rata basis; however, the Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits, subject to certain limitations prescribed by ERISA. Any amount of Plan assets remaining after the payment of all vested and nonvested benefits would be returned to the Company.

Additional information about the Plan, the vesting and benefit provisions provided by the Plan, and the PBGC's benefit guarantee is contained in the Summary Plan Description and Plan documents. Copies of these documents are available from the Company's human resource department.

3. Funding Policy

The Company's funding policy is to contribute amounts at least sufficient to satisfy regulatory funding standards but which do not exceed the maximum tax deductible contribution limit. Effective January 1, 2008, the Pension Protection Act of 2006 (PPA) amended ERISA and significantly changed the rules used to determine minimum funding requirements for qualified defined benefit pension plans in the United States. The funding targets contained in the law are generally consistent with the Company's internal targets. The Plan's funding objectives include avoidance of benefit restrictions under the PPA and at-risk status designation of the Plan.

Under the PPA, minimum funding requirements require an employer contribution to the Plan sufficient to fund the Plan's target normal cost and a seven year amortization of the funding shortfall. As of January 1, 2009, the Company's independent actuaries have certified the Plan's

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

3. Funding Policy (continued)

Adjusted Funding Target Attainment Percent (AFTAP) which was above the 94% threshold established by the PPA for 2009 to be exempt from the funding shortfall amortization component of the minimum funding requirement. The Plan has met minimum funding requirements prescribed by ERISA, as amended.

Effective with the January 1, 2008 valuation, the actuarial cost method used to calculate the funding target and target normal cost is the present value of accrued benefits, as required by the PPA. As required by the PPA effective with the January 1, 2009 valuation, expenses of \$4.1 million were included in target normal cost.

4. Accumulated Plan Benefits

The Company's independent actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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. The actuarial calculations were made using the accrued benefit cost method.

The accumulated plan benefit information for the Plan as of December 31, 2008, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 968,095,013

Other participants

504,493,114

Total vested benefits

1,472,588,127

Nonvested benefits

19,454,869

Total accumulated plan benefits

\$ 1,492,042,996

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

The change in the actuarial present value of accumulated plan benefits during 2008 is accounted for as follows:

Actuarial present value, December 31, 2007	\$ 1,443,394,597
Increase due to:	
Benefits Accumulated	29,199,874
Decrease in discount period	123,792,166
Assumption changes	39,440,270
Plan amendments	42,172
Decrease due to:	
Experience gains	(4,983,075)
Benefits paid	(138,843,008)
Actuarial present value, December 31, 2008	<u>\$ 1,492,042,996</u>

Significant assumptions underlying the actuarial computations were as follows:

Interest rate	8.75% net of expenses
Mortality basis:	
Healthy	RP 2000 Healthy Combined Mortality with projections using Scale AA phased out by 2015
Disabled	1944 RRB Male Ultimate Disabled Mortality Table
Retirement	Rates varying by age

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

The increase in accumulated plan benefits from assumption changes was due primarily to (1) the change in interest rate from 9.00% to 8.75% to reflect long-term return expectations and (2) the benefit commencement date for 40% of the deferred vested participants entitled to unreduced benefits at age 62 has been accelerated from age 65. All others remain assumed to commence at age 65 to reflect experience. The change in accumulated plan benefits from plan amendments was due to the reflection of the changes in the Internal Revenue Service (IRS) maximum benefits and pay.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

5. Investments

The Plan's investments are held by the Master Trust in a bank-administered trust fund which was established for the investment of assets of the Plan and other retirement plans sponsored by the Company. The Plan's investments are presented at fair value. Please see Note 1 "Valuation of Investments" for discussion of the methodologies and assumptions used to determine the fair value of the Plan's investments. All investment information disclosed in the accompanying financial statements and notes including investments held at December 31, 2009 and 2008, and net appreciation/depreciation in fair value of investments, interest and dividends for the years ended December 31, 2009 and 2008, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

As of December 31, 2009 and 2008, the investment in the Master Trust represents the Plan's proportionate interest in the assets of the Master Trust. The Plan's investment in the Master Trust represented 75.2% and 75.4% of the total net assets of the Master Trust at December 31, 2009 and 2008, respectively. The interest and dividend income from investments and the net realized and unrealized appreciation or depreciation in fair value of investments in the Master Trust were allocated to the participating plans based upon their percentage interests in the Master Trust.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

5. Investments (continued)

The tables below present the classes and fair value levels for the assets of the total Master Trust as of the end of each Plan year, December 31, 2009 and 2008.

	Balance December 31, 2009	Level 1	Level 2	Level 3
Investment at fair value:				
Derivatives	\$ (1,097,153)	\$ –	\$ (1,097,153)	–
Short-term investments:				
Commingled money market funds	115,632,711	–	115,632,711	–
Commingled money market fund: collateral held under securities lending agreements (excluding noncash collateral)	29,084,520	–	29,084,520	–
Equity:				
Common stock/REITs	557,205,486	557,205,486	–	–
Common stock – loaned	(18,816,213)	(18,816,213)	–	–
Commingled equity funds	511,459,693	–	511,459,693	–
Fixed income:				
United States treasuries	56,801,356	56,801,356	–	–
Government, corporate and asset- backed obligations	456,182,713	–	456,182,713	–
United States government securities – loaned	(5,184,396)	(3,204,959)	(1,979,437)	–
Corporate obligations – loaned	(4,877,543)	–	(4,877,543)	–
Commingled fixed income funds	235,065,375	–	235,065,375	–
Real estate	125,876,850	–	–	125,876,850
Securities on loan	28,878,152	22,021,172	6,856,980	–
	<u>2,086,211,551</u>	<u>\$ 614,006,842</u>	<u>\$ 1,346,327,859</u>	<u>\$ 125,876,850</u>
Other assets:				
Cash	2,325,320			
Net receivable/payable related to investment transactions	8,666,531			
Obligations under securities lending agreements	(29,757,156)			
Total investments at fair value	<u>\$ 2,067,446,246</u>			

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

5. Investments (continued)

	Balance December 31, 2008	Level 1	Level 2	Level 3
Investment at fair value:				
Derivatives	\$ 1,152,246	\$ –	\$ 1,152,246	\$ –
Short-term investments:				
Commingled money market funds	164,260,918	–	164,260,918	–
Commingled money market fund: collateral held under securities lending agreements (excluding noncash collateral)	58,493,331	–	58,493,331	–
Equity:				
Common stock/REITs	330,413,269	330,413,269	–	–
Common stock – loaned	(6,241,344)	(6,241,344)	–	–
Commingled equity funds	370,647,335	–	370,647,335	–
Fixed Income:				
United States treasuries	254,946,858	254,946,858	–	–
Government, corporate and asset-backed obligations	320,766,477	–	320,766,477	–
United States government securities – loaned	(50,737,781)	(36,241,011)	(14,496,770)	–
Corporate obligations – loaned	(87,948)	–	(87,948)	–
Commingled fixed income funds	225,790,149	–	225,790,149	–
Real estate	196,984,785	–	–	196,984,785
Securities on loan	57,067,073	42,482,356	14,584,717	–
	<u>1,923,455,368</u>	<u>\$ 585,360,128</u>	<u>\$ 1,141,110,455</u>	<u>\$ 196,984,785</u>
Other assets:				
Cash	2,735,790			
Net receivable/payable related to investment transactions	(10,685,961)			
Obligations under securities lending agreements	(59,165,967)			
Total investments at fair value	<u>\$ 1,856,339,230</u>			

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

5. Investments (continued)

The table below sets forth a summary of the changes in the fair value of the total Master Trust's Level 3 investments, which are real estate investments:

	Year Ended December 31	
	2009	2008
	<i>(Dollars in Millions)</i>	
Fair value at the beginning of the year	\$ 197.0	\$ 267.7
Acquisitions	8.3	12.1
Dispositions	(14.7)	(52.6)
Realized gain	0.4	16.2
Change in fair value	(65.1)	(46.4)
Transfers in (out)	—	—
Fair value at the end of the year	<u>\$ 125.9</u>	<u>\$ 197.0</u>

The realized gain and the change in fair value of these investments were reflected in the Statement of Changes in Net Assets Available for Benefits in the line titled "Plan interest in net investment income of the Goodrich Corporation Master Trust for Qualified Employee Benefit Plans" for the year ended December 31, 2009, and "Plan interest in net investment losses of the Goodrich Corporation Master Trust for Qualified Employee Benefit Plans" for the year ended December 31, 2008.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

5. Investments (continued)

Net appreciation (depreciation) in fair value for each asset in the total Master Trust for each Plan year is presented below:

	Year Ended December 31	
	2009	2008
	<i>(Dollars in Millions)</i>	
Net appreciation (depreciation) in fair value:		
Level 1 – determined by quoted prices		
Common stock/REITs	\$ 108.0	\$ (242.6)
United States treasuries	(32.3)	1.6
Level 2 – determined by observable inputs:		
Derivatives	(7.8)	66.7
Government, corporate and asset/mortgage-backed obligations	31.0	(15.6)
Commingled money market fund: collateral held under securities lending agreements	–	(0.7)
Commingled equity and fixed income funds	133.4	(239.9)
Level 3 – determined by unobservable inputs:		
Real estate	(64.7)	(30.2)
Net appreciation (depreciation) in fair value	<u>\$ 167.6</u>	<u>\$ (460.7)</u>

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

5. Investments (continued)

A summary of the total Master Trust's activity for each Plan year is presented below:

	Year Ended December 31	
	2009	2008
Assets payable to participating plans at beginning of year	\$ 1,856,339,230	\$ 2,286,145,891
Transfers in related to employer contributions	182,000,000	170,000,000
Investment income (loss):		
Earned income – interest, dividends, and other income	51,266,519	55,565,291
Net realized and unrealized appreciation (depreciation) in fair value of investments	167,615,209	(460,713,871)
	218,881,728	(405,148,580)
Distributions to participating plans	(189,774,712)	(194,658,081)
Assets payable to participating plans at end of year	\$ 2,067,446,246	\$ 1,856,339,230

6. Income Tax Status

The Plan has received a determination letter from the IRS dated July 17, 2002, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related Master Trust (see Note 5) is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Benefit Design and Administration Committee and the Benefit Plan Asset Committee of the Plan Sponsor believe the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan, as amended, is qualified and the related Master Trust is tax-exempt.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

7. Transactions with Parties-in-Interest

Certain legal and administrative expenses are paid by the Company. Administrative fees relating to accounting, actuarial, benefits administration and investment advisory services are paid by the Plan. In addition, the Plan pays certain legal fees related to the Plan design and administration. Other than as described above or pursuant to certain trust agreements (see Notes 1 and 5), the Plan does not have agreements or transactions with parties-in-interest.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Securities Lending

In April 2006, the Master Trust entered into a securities lending agreement which authorizes the Trustee to engage in the lending of certain Master Trust assets. Securities lending is an investment management strategy that utilizes the existing securities (government bonds, corporate bonds or equities) of the Master Trust to earn additional income by loaning securities to a select group of approved broker-dealers. In return for the loaned securities, the Trustee simultaneously receives collateral in the form of cash or United States Treasury bills as a safeguard against possible default of any borrower on the return of the loan. Each security lending transaction is collateralized by a margin requirement, as specified in the terms of the securities borrowing agreements, from a minimum of 102% to a maximum of 105% of the fair value of the securities loaned plus accrued interest. The collateral is marked-to-market on a daily basis to maintain the margin requirement.

Goodrich Corporation Employees' Pension Plan

Notes to Financial Statements (continued)

9. Securities Lending (continued)

During 2008, certain investments in the collateral fund of the Master Trust became impaired due to the bankruptcy of the issuer of the investments. The value of these securities will not be known until the bankruptcy proceedings are concluded. However, the Trustee entered into support agreements with the investors, including the Master Trust that segregated these assets from the rest of the collateral fund and created floor values for the valuation of these impaired investments. The impaired assets are valued using the greater of the average of the street broker quotes or the support agreement of 80%. The unrealized loss in the collateral fund related to these companies at December 31, 2009 and 2008, is \$672,636.

At December 31, 2009 and 2008, the Master Trust had securities on loan of \$28,878,152 and \$57,067,073, respectively, and debtors provided the Trustee with cash collateral totaling \$29,757,156 and \$59,165,967, respectively. Cash received by the Trustee is invested in money market securities by the Master Trust and accordingly, recorded at fair value in the financial statements with a corresponding obligation to repay the collateral in accordance with the securities borrowing agreements. There was no noncash collateral provided to the Master Trust at December 31, 2009 or 2008. The income earned by the Master Trust under the securities lending program with the Trustee in 2009 and 2008 was \$110,743 and \$1,225,814, respectively.

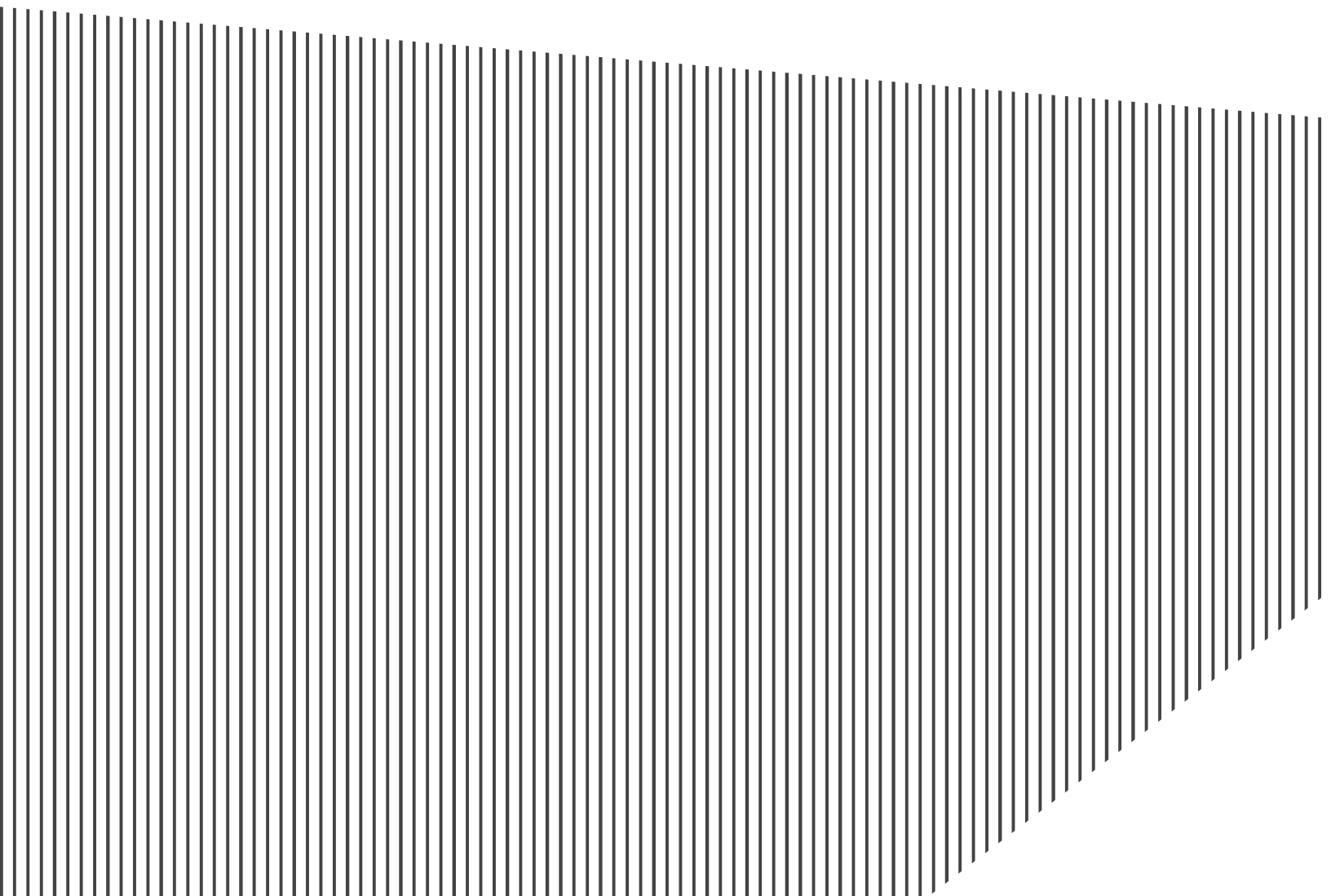
Certain of the Plan's commingled investments also participate in securities lending activities on terms similar to those of the Master Trust securities lending agreement. One of those investments imposed withdrawal limitations during 2009 due to liquidity and valuation issues around investors' interests in the securities lending cash collateral pool held by the fund (see Note 1, Commingled Funds (Applicable to Money Market, Equity and Fixed Income Investments) – Level 2).

About Ernst & Young

Ernst & Young is a global leader in assurance, tax, transaction and advisory services. Worldwide, our 144,000 people are united by our shared values and an unwavering commitment to quality. We make a difference by helping our people, our clients and our wider communities achieve their potential.

For more information, please visit www.ey.com

Ernst & Young refers to the global organization of member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. This Report has been prepared by Ernst & Young LLP, a client serving member firm located in the United States.



Goodrich Corporation
Goodrich Corporation Employees' Pension Plan
EIN: 34-0252680 PN: 001 Plan Year: 2009
Schedule SB Line 26 – Schedule of Active Participant Data

Attained Age		Completed Years of Service									
		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	Count	6	19	1	0	0	0	0	0	0	0
	Average Earnings										
25 to 29	Count	60	218	39	1	0	0	0	0	0	0
	Average Earnings	57,664	57,340	56,478							
30 to 34	Count	59	359	204	30	0	0	0	0	0	0
	Average Earnings	59,249	67,264	64,971	64,949						
35 to 39	Count	52	392	297	84	9	2	0	0	0	0
	Average Earnings	71,101	70,863	70,063	83,947						
40 to 44	Count	47	386	442	142	71	21	0	0	0	0
	Average Earnings	60,919	75,108	80,413	82,632	88,008	91,311				
45 to 49	Count	38	445	803	166	132	76	28	3	0	0
	Average Earnings	71,730	81,277	91,762	85,914	77,469	97,008	95,120			
50 to 54	Count	30	341	912	179	115	82	55	25	10	0
	Average Earnings	74,133	76,628	93,221	80,574	76,209	89,844	100,334	84,000		
55 to 59	Count	14	197	722	128	96	68	17	23	19	4
	Average Earnings		74,063	85,797	77,518	73,599	82,433		89,739		
60 to 64	Count	11	101	399	93	75	31	14	19	13	21
	Average Earnings		72,216	90,840	80,364	68,765	79,548				86,048
65 to 69	Count	1	17	135	14	7	4	5	1	3	5
	Average Earnings			93,322							
70 & up	Count	0	3	27	7	3	0	0	0	2	21
	Average Earnings			86,666							52,279

Economic Assumptions

Funding interest rate basis:

- | | |
|---|--------------------------------------|
| ▶ Applicable month | Average during month of October 2008 |
| ▶ Yield curve basis | Full Yield Curve |
| ▶ Transition from current liability rates | No |

Funding interest rates:

- | | |
|---------------------------|-------|
| ▶ 10-year rate | 8.85% |
| ▶ 20-year rate | 8.16% |
| ▶ 30-year rate | 7.48% |
| ▶ Effective interest rate | 8.15% |

Annual rates of increase

- | | |
|---|-------|
| ▶ Salaries: | 4.50% |
| ▶ Future Social Security wage bases | 4.50% |
| ▶ Statutory limits on compensation and benefits | N/A |
| ▶ Interest crediting rate for Rohr cash balance account | 6.00% |

Demographic Assumptions

Mortality for contribution:

- | | |
|------------|---|
| ▶ Healthy | Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2024 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2016 using Scale AA) |
| ▶ Disabled | Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2024 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2016 using Scale AA) |

Termination

Rates varying by age and service

Sample rates per 1,000 participants:

<u>Age</u>	<u>0-1</u>	<u>1-2</u>	<u>2-3</u>	<u>3-4</u>	<u>4 -5</u>	<u>5 & Over</u>
25	500	250	200	200	150	150
40	350	250	150	150	100	75

55 150 100 100 100 100 75

Disability

For Goodrich, rates varying by age and sex.

Sample rates per 1,000 participants:

<u>Sex</u>	<u>Age 30</u>	<u>Age 40</u>	<u>Age 50</u>	<u>Age 60</u>
Male	1.200	1.470	3.565	13.800
Female	1.800	2.205	5.350	20.700

For Rohr, rates varying by age and sex.

Sample rates per 1,000 participants

<u>Sex</u>	<u>Age 30</u>	<u>Age 40</u>	<u>Age 50</u>	<u>Age 60</u>
Male	0.400	1.100	4.600	16.100
Female	0.600	1.800	5.600	12.700

Retirement

Rates varying by age.

Sample rates per 1,000 participants:

<u>Age</u>	<u>Rate</u>
55	50
62	150
65	500
71	1,000

Benefit commencement date:

- ▶ Pre-retirement death benefits The later of the death of the active participant or the date the participant would have been eligible for early retirement
- ▶ Deferred vested benefit 40% of those eligible for unreduced benefits at age 62 commence at age 62, otherwise commencement assumed at age 65
- ▶ Disability benefit Upon disablement for those eligible for immediate payment or age 65 for those eligible for continued accruals
- ▶ Retirement benefit Upon termination of employment

Administrative expense:

- ▶ Contributions Expenses of \$4.1 million is included in target normal cost.

Form of payment

Five year certain and continuous for pay related formulas and Troy Wage Plan participants. Lump sum for Rohr cash balance benefit. Life annuity for Chandler Evans and other dollar per month formulas. No other optional forms are assumed to be elected.

Percentage married

60%

Spouse Age Wives three years younger than husbands.

Actuarial Methods

Contributions:

- ▶ Valuation date First day of plan year
- ▶ Funding target Present value of accrued benefit.
- ▶ Target normal cost Present value of plan benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets.
- ▶ Actuarial value of assets Average of fair market value of assets on valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension protection Act of 2006 (PPA). These rules produce smoothed value that reflect the underlying market value of plan assets but fluctuate less than market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.

Benefits Not Valued

All benefits were valued except for benefits payable in the event of future reduction in force or plan shutdowns, the potential refund of employee contributions with interest upon death before retirement, and the lump sum option for the former Tremco plan participants. For benefit provision with staggered effective dates, benefit level in effect at December 31, 2009 is recognized.

Change in Assumptions and Methods Since Prior Valuation

Contributions

The funding interest rate was changed from the full corporate bond yield curve based on average rates during the month prior to the valuation date (December), to the full corporate bond yield curve based on average rates for the third month prior to the valuation date (October), as provided under the Pension Protection Act of 2006 (PPA).

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements to comply with PPA requirements.

The actuarial value of assets method was changed from fair

market value to “smoothing” average of market value of assets as of January 1, 2009 and the prior two valuation dates.

Assumed administrative expenses of \$4.1 million were added to the target normal cost.

The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Data Sources

Towers Perrin used asset data supplied by the trustee. Goodrich Corporation, through its third party administrator, furnished participant data as of the valuation date. Goodrich Corporation furnished the dates and amounts of the 2008 contributions that will be paid in 2009. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made by the Towers Perrin actuaries, with Goodrich approval, when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2009 or fiscal plan year beginning 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 Goodrich Corporation Employees' Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Goodrich Corporation	D Employer Identification Number (EIN) 34-0252680
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	1,473,421,269	
b Actuarial value.....	2b	1,620,763,396	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	19,496	1,006,200,979
b For terminated vested participants	3b	12,717	249,798,757
c For active participants:			
(1) Non-vested benefits.....	3c(1)		36,234,264
(2) Vested benefits.....	3c(2)		325,020,654
(3) Total active	3c(3)	8,701	361,254,918
d Total.....	3d	40,914	1,617,254,654
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	8.15 %	
6 Target normal cost.....	6	38,470,127	

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	Lynnette Vaughn 	09/17/2010
	Signature of actuary	Date
Lynnette Vaughn	Type or print name of actuary	08-06464
TOWERS WATSON PENNSYLVANIA INC.	Firm name	Most recent enrollment number
100 N. TRYON STREET, SUITE 4100		(704) 348-3300
CHARLOTTE	NC 28202-4034	Telephone number (including area code)
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

Schedule SB (Form 5500) 2009

Page 2-

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)	233,000,000	N/A
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	38,745,541	0
9	Amount remaining (Item 7 minus item 8).....	194,254,459	0
10	Interest on item 9 using prior year's actual return of <u>19.04</u> %	(36,985,800)	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		136,412,068
b	Interest on (a) using prior year's effective rate of <u>6.22</u> %		(1,304,930)
c	Total available at beginning of current plan year to add to prefunding balance		135,107,138
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	157,268,659	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	90.49 %
15	Adjusted funding target attainment percentage.....	15	100.21 %
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	92.05 %
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
04/15/2009	21,000,000				
12/31/2009	43,000,000				
02/22/2010	40,764,936				
Totals ►			18(b)	104,764,936	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 97,583,720

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

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

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
b Applicable month (enter code)			21b 3
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI Miscellaneous items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment			27
Part VII Reconciliation of unpaid minimum required contributions for prior years			
28 Unpaid minimum required contribution for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)			29 0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)			30 0
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions)			31 38,470,127
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)			34 38,470,127
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	9,794,996	0	9,794,996
36 Additional cash requirement (item 34 minus item 35)			36 28,675,131
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)			37 97,583,720
38 Interest-adjusted excess contributions for current year (see instructions)			38 68,908,589
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)			39 0
40 Unpaid minimum required contribution for all years			40 0

Plan Provisions – Goodrich Corporation Employees' Pension Plan

Effective Date	Most recent amendment was dated December 29, 2005.
Covered Employees	All salaried employees hired prior to January 1, 2006.
Participation Date	Date of becoming a covered employee. As of January 1, 2006, no new participants are allowed to participate.
Definitions	
Vesting service	Elapsed time since date of employment by Goodrich Corporation.
Benefit service	<p>Years and months of service as a covered employee as of the hire date.</p> <p>Service for employees who opted out of the plan through Retirement Choice is limited to service prior to June 30, 2006.</p> <p>No earlier than January 1985 for Carolina Rubber Hose (CRH);</p> <p>October 1989 for Arrowhead; January 1991 for Simmonds; June 1994 for QSI; and January 1997 for Tramco. Service for Gastonia employees includes service to date of hire at Gastonia (but not before January 1987); service for Safeway employees begins January 1994; service for Freedom Textile Chemical begins May 4, 1992; August 23, 1998 for UPCo; January 1, 1999 for Cincinnati Salaried, C.H. Patrick and Cartersville; and March 31, 1999 for AMMI; January 1, 2002 for Coltec and Rohr.</p>
Pensionable pay	Base pay including 401(k) deferral plus bonus and overtime.
Final average earnings	The average of the highest 48 consecutive months out of 120 months of pensionable pay ending on the participant's termination date.
Covered compensation	The average of the Social Security taxable wage base during the highest 35-year period prior to and including the year in which the participant retires, dies or otherwise terminates employment.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65. (Age 65 with 5 years of Service for Chandler Evans).

Annual accrued benefit Benefit service beginning on January 1, 2002 times 1.15% of final average earnings plus benefit service up to 35 years times .45% of final average earnings in excess of Covered Compensation.

For benefit service prior to January 1, 2002, the annual accrued benefit is based on the applicable prior plan formula.

Chandler Evans, a division of Coltec, is not covered by the pay-related formula. Prior to March 1, 2003, their accrued benefit was \$30 per month multiplied by years of benefit service. As of March 1, 2003, their accrued benefit is \$33 per month multiplied by years of benefit service. As of March 1, 2006, their accrued benefit is \$38 per month multiplied by years of benefit service.

Monthly preretirement spouse benefit 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.

Postponed retirement Retirement after NRD.

Deferred vested Termination for reasons other than death or retirement after completing five years of vesting service.

Preretirement spouse benefits Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Supplemental benefit Early retirement before age 62 with 30 years of benefit service.

Disability benefit Date of employment.

Monthly Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

Early retirement Monthly pension benefit determined as of early retirement date, reduced 4.0% for each year of payment before age

62. (Reduced 5.0% for each year before age 62 for Chandler Evans.)

In the case of Safeway and former Tremco participants, the frozen accrued benefit as of December 31, 1994 is a minimum benefit with former plan reduction factors applied (3.6% from age 65). In the case of Landing Gear, the frozen accrued benefit as of December 31, 1996 is a minimum benefit with former plan reduction factors.

Postponed retirement

Monthly pension benefit determined as of actual retirement date.

Termination with deferred vested benefit

Monthly accrued pension benefit determined as of termination date, reduced 4% for each year of payment before age 62 to age 55, as with early retirement.

Supplemental benefit

The sum of \$545 basic amount plus \$10 per year that age is greater than 55; plus \$22 per year of benefit service greater than 30, less the early retirement benefit. Payable to age 62.

Death with preretirement spouse benefit

Monthly preretirement spouse benefit is payable. In-service death is company-paid; death after termination is paid by employee through actuarial reduction of benefit.

Disability benefit

Monthly accrued benefit based on pensionable pay as of disability date payable at NRD. Service continues to accrue while disabled. For Chandler Evans, the monthly accrued benefit based on service as of disability date, payable immediately.

Normal form of payment

The normal form of retirement benefit provides for a five-year certain and continuous annuity for unmarried participants and, on an actuarial equivalent basis, a 50% joint and survivor annuity for married participants.

Optional forms of payment

Optional forms of payment included life annuity, 50% joint and survivor annuity, 100% joint and survivor annuity, five, ten and fifteen years certain and continuous annuity, social security level income annuity, and lump sum less than \$15,000. Actuarial equivalence for optional forms uses 1994 GAM (75% male/25% female) for participant mortality and 25% male/75% female for joint annuitant mortality, and an interest rate of 6%.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing

the dollar limits automatically as such changes become effective.

Plan Provisions Effective After January 1, 2009

No future plan changes were recognized in determining minimum and maximum contributions. Towers Perrin is not aware of any future plan changes which are required to be reflected.

Changes in Plan Provisions Since Prior Year

Plan provisions have not changed since the prior year except to reflect changes in the IRS maximum on benefits and pay.

Goodrich Corporation Employees' Pension Plan

EIN: 34-0252680 PN: 001

Schedule H - Part IV, Question 4i

Plan Year: 01/01/2009 - 12/31/2009

Schedule of Assets Held for Investment Purposes at End of Year

<u>Identity</u>	<u>Description</u>	<u>Units</u>	<u>Cost</u>	<u>Current Value</u>
Goodrich Corp Master Trust for EB Plans	Master Trust	N/A	N/A	\$1,554,772,975

Goodrich Corporation
Goodrich Corporation Employees' Pension Plan
EIN: 34-0252680 PN: 001 Plan Year: 2009
Schedule SB, line 25 - Change in Method

- The funding interest rate was changed from the full corporate bond yield curve based on average rates during the month prior to the valuation date (December), to the full corporate bond yield curve based on average rates for the third month prior to the valuation date (October), as provided under the Pension Protection Act of 2006 (PPA).
- The actuarial value of assets method was changed from fair market value to "smoothing" average of market value of assets as of current valuation date and the prior two valuation dates.
- Assumed administrative expenses of \$4.1 million were added to the target normal cost.
- The valuation software used to produce the actuarial information submitted on this schedule has been refined to reflect evolving understanding of PPA requirements, and such modifications may be considered to be a method change. The percentage changes in funding target, target normal cost and plan assets due to the refinements in the software are each less than 2% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations), and the modifications to the software were designed to produce results no less accurate than the results produced by the software prior to the change. Therefore the change in funding method due to a change in valuation software receives automatic approval under IRS Announcement 2010-3.

Goodrich Corporation
 Goodrich Corporation Employees' Pension Plan
 EIN: 34-0252680 PN: 001 Plan Year: 2009
 Schedule SB, line 22 - Description of Weighted Average Retirement Age

<i>Retirement Age (1)</i>	<i>Assumed Rate (2)</i>	<i>Participants At Beginning (3)</i>	<i>Participants Retiring: (2)x(3) (4)</i>	<i>(1)*(4) (5)</i>
55	0.050	1,000.00	50.00	2,750.00
56	0.050	950.00	47.50	2,660.00
57	0.050	902.50	45.13	2,572.41
58	0.050	857.37	42.87	2,486.46
59	0.050	814.50	40.73	2,403.07
60	0.075	773.77	58.03	3,481.80
61	0.075	715.74	53.68	3,274.48
62	0.150	662.06	99.31	6,157.22
63	0.150	562.75	84.41	5,317.83
64	0.150	478.34	71.75	4,592.00
65	0.500	406.59	203.30	13,214.50
66	0.250	203.29	50.82	3,354.12
67	0.250	152.47	38.12	2,554.04
68	0.500	114.35	57.18	3,888.24
69	0.500	57.17	28.59	1,972.71
70	0.500	28.58	14.29	1,000.30
71	1.000	14.29	<u>14.29</u>	<u>1,014.59</u>
			1,000.00	62,693.77
62,693.77	/	1,000	=	63.00