Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [X] 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. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LAMB ELECTRIC (KENT, OHIO PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 12/29/1942

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

1100 CASSATT ROAD
P.O. BOX 1764
BERWYN, PA 19312

2b Employer Identification Number (EIN)
14-1682544

2c Sponsor's telephone number
601-647-2121

2d Business code (see instructions)
339900

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

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

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

AMETEK, INC.

1100 CASSATT ROAD
P.O. BOX 1764
BERWYN, PA 19312

3b Administrator's EIN
14-1682544

3c Administrator's telephone number
601-647-2121

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**	207
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**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
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**	
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:

1B 1G 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**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
LAMB ELECTRIC (KENT, OHIO PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

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

D Employer Identification Number (EIN)
14-1682544

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	2a		6688358
b	Actuarial value	2b		7357193
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	133	5434260
b	For terminated vested participants	3b	62	453329
c	For active participants:			
	(1) Non-vested benefits	3c(1)		31283
	(2) Vested benefits	3c(2)		530138
	(3) Total active	3c(3)	12	561421
d	Total	3d	207	6449010
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.31 %
6	Target normal cost	6		44617

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date
08-04831

MATHIEU LUSSIER, F.S.A., E.A.

Type or print name of actuary

Most recent enrollment number
215-246-7391

TOWERS WATSON PENNSYLVANIA, INC.

Firm name

Telephone number (including area code)

CENTRE SQUARE EAST, 1500 MARKET ST
PHILADELPHIA, PA 19102

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2577410	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	15421	0
9	Amount remaining (Item 7 minus item 8)	2561989	0
10	Interest on item 9 using prior year's actual return of -26.71 %	-684307	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		617076
	b Interest on (a) using prior year's effective rate of 5.92 %		36511
	c Total available at beginning of current plan year to add to prefunding balance		653587
	d Portion of (c) to be added to prefunding balance		191323
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)	1877682	191323

Part III Funding percentages

14	Funding target attainment percentage	14	81.99 %
15	Adjusted funding target attainment percentage	15	114.08 %
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	129.40 %
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
04/13/2009	3855				
			Totals ► 18(b)	3855	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	3790

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.32 %	6.45 %	6.69 %	☐ N/A, full yield curve used

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

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

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

Part VI Miscellaneous items

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

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

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

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 44617

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**: 44617

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	40827	0	40827

36 Additional cash requirement (item 34 minus item 35) — **36**: 3790

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 3790

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

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
LAMB ELECTRIC (KENT, OHIO PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
AMETEK, INC.

D Employer Identification Number (EIN)
14-1682544

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BANK OF NEW YORK MELLON

13-5160382

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

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

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

TOWERS PERRIN

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?
11 17	NONE	22771	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COVINGTON AND BURLING

53-0188411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	18487	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE MCKEOGH COMPANY

23-3003375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	11762	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

(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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
LAMB ELECTRIC (KENT, OHIO PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMETEK, INC.

D Employer Identification Number (EIN)
14-1682544

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: EMPLOYEES' MASTER RETIREMENT TRUST

b Name of sponsor of entity listed in (a): AMETEK,INC.

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)
14-1682544-060	M	0

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)

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

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
LAMB ELECTRIC (KENT, OHIO PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
AMETEK, INC.

D Employer Identification Number (EIN)
14-1682544

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)	396145	0
(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)	6298526	0
(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)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	6694671	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6694671	0

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)	3855	
	(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)		3855
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)		1434399
(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		1438254
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	661247	
(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)		661247
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)	55687	
(2) Contract administrator fees	2i(2)	642	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7038	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		63367
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		724614
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		713640
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		7408311

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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: ERNST AND 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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		326235
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
EMPLOYEES' RETIREMENT PLAN OF AMETEK, INC.	14-1682544	001

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
LAMB ELECTRIC (KENT, OHIO PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
AMETEK, INC.

D Employer Identification Number (EIN)
14-1682544

Part I Distributions

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

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

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

EIN(s): 13-5160382

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Ernst & Young LLP

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Index of Financial Statements
December 31, 2009 and 2008

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Ernst & Young LLP
Two Commerce Square
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2001 Market Street
Philadelphia, Pennsylvania 19103-7096

Tel: + 1 215 448 5000
Fax: + 1 215 448 4069
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Report of Independent Auditors

We were engaged to audit the accompanying statements of net assets available for benefits of each of the AMETEK, Inc. Selected Defined Benefit Pension Plans (the Plans) listed on pages 2 through 7 as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 31, 2008 and related statements of changes in accumulated plan benefits for the year ended December 31, 2008. 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 4, which was certified by The Bank of New York Mellon, the trustee of the Plans, 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 Plans' investment assets and executes investment transactions. The plan administrator has obtained certifications 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 Plans' 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 1, 2010

A member firm of Ernst & Young Global Limited

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Net Assets Available for Benefits
At December 31, 2009

	001	003	008	012	032	037	039	043
	Salaried (a)	U.S. Gauge Sellersville (b)	Lamb - Kent (c)	Chemical Products (Wapakoneta) (d)	Chemical Products (Nesquehoning) (e)	Hourly Employees (f)	Specialty Metal Products (g)	Aerospace - Union (h)
Assets:								
Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 4)	$252,534,377	$48,434,592	$7,408,311	$6,435,151	$5,406,232	$48,329,797	$22,217,191	$38,248,104
Employer contributions receivable	-	-	-	-	-	-	-	-
Net assets available for benefits	$252,534,377	$48,434,592	$7,408,311	$6,435,151	$5,406,232	$48,329,797	$22,217,191	$38,248,104

(a) Employees' Retirement Plan of AMETEK, Inc. ("Salaried")
(b) Pension Plan for Shop Employees of U.S. Gauge Division of AMETEK, Inc. ("U.S. Gauge Sellersville")
(c) Lamb Electric (Kent, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Lamb - Kent")
(d) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)")
(e) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)")
(f) AMETEK, Inc. Hourly Employees' Pension Plan ("Hourly Employees")
(g) Specialty Metal Products Division of AMETEK, Inc. Employees' Pension Plan ("Specialty Metal Products")
(h) AMETEK, Inc. Aerospace Division Pension Plan for Union Represented Employees ("Aerospace - Union")

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Net Assets Available for Benefits
At December 31, 2008

	001	003	008	012	032	037	039	043
	Salaried	**U.S. Gauge Sellersville**	**Lamb - Kent**	**Chemical Products (Wapakoneta)**	**Chemical Products (Nesquehoning)**	**Hourly Employees**	**Specialty Metal Products**	**Aerospace - Union**
Assets:								
Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 4)	$209,499,835	$41,079,826	$6,298,526	$4,897,047	$3,945,029	$39,381,789	$17,589,628	$31,254,239
Employer contributions receivable	9,400,000	2,071,016	396,145	447,781	552,269	1,943,234	1,062,902	1,495,645
Net assets available for benefits	$218,899,835	$43,150,842	$6,694,671	$5,344,828	$4,497,298	$41,325,023	$18,652,530	$32,749,884

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

	001	003	008	012	032	037	039	043
	Salaried	**U.S. Gauge Sellersville**	**Lamb - Kent**	**Chemical Products (Wapakoneta)**	**Chemical Products (Nesquehoning)**	**Hourly Employees**	**Specialty Metal Products**	**Aerospace - Union**
Additions:								
Increase in value of plan interest in net assets of AMETEK, Inc. Master Retirement Trust	$48,538,335	$9,519,599	$1,466,826	$1,257,212	$1,061,385	$10,129,330	$4,325,748	$7,465,221
Employer contributions	-	28,984	3,855	52,219	47,731	56,766	137,098	104,355
Total additions	48,538,335	9,548,583	1,470,681	1,309,431	1,109,116	10,186,096	4,462,846	7,569,576
Deductions:								
Retirement and death benefits paid	13,168,347	3,814,941	661,247	144,386	125,683	2,662,122	686,230	1,754,536
Administrative expenses	1,735,446	449,892	95,794	74,722	74,499	519,200	211,955	316,820
Total deductions	14,903,793	4,264,833	757,041	219,108	200,182	3,181,322	898,185	2,071,356
Net increase in net assets	33,634,542	5,283,750	713,640	1,090,323	908,934	7,004,774	3,564,661	5,498,220
Net assets available for benefits at beginning of year	218,899,835	43,150,842	6,694,671	5,344,828	4,497,298	41,325,023	18,652,530	32,749,884
Net assets available for benefits at end of year	$252,534,377	$48,434,592	$7,408,311	$6,435,151	$5,406,232	$48,329,797	$22,217,191	$38,248,104

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2008

	001	003	008	012	032	037	039	043
	Salaried	U.S. Gauge Sellersville	Lamb - Kent	Chemical Products (Wapakoneta)	Chemical Products (Nesquehoning)	Hourly Employees	Specialty Metal Products	Aerospace - Union
Additions, net of investment loss:								
Decrease in value of plan interest in net assets of AMETEK, Inc. Master Retirement Trust	($62,353,923)	($13,346,398)	($2,327,523)	($1,615,963)	($1,198,584)	($13,308,939)	($4,864,743)	($9,596,209)
Employer contributions	55,670,000	8,571,016	676,145	1,062,781	1,327,269	6,433,234	5,807,902	7,665,645
Total additions, net of investment loss	(6,683,923)	(4,775,382)	(1,651,378)	(553,182)	128,685	(6,875,705)	943,159	(1,930,564)
Deductions:								
Retirement and death benefits paid	12,922,420	3,838,612	672,371	120,913	146,197	2,263,203	581,154	1,675,612
Administrative expenses	1,388,469	352,985	65,897	50,430	50,823	432,938	132,963	250,697
Total deductions	14,310,889	4,191,597	738,268	171,343	197,020	2,696,141	714,117	1,926,309
Net (decrease) increase in net assets	(20,994,812)	(8,966,979)	(2,389,646)	(724,525)	(68,335)	(9,571,846)	229,042	(3,856,873)
Net assets available for benefits at beginning of year	239,894,647	52,117,821	9,084,317	6,069,353	4,565,633	50,896,869	18,423,488	36,606,757
Net assets available for benefits at end of year	$218,899,835	$43,150,842	$6,694,671	$5,344,828	$4,497,298	$41,325,023	$18,652,530	$32,749,884

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Accumulated Plan Benefits
At December 31, 2008

	001	003	008	012	032	037	039	043
	Salaried	**U.S. Gauge Sellersville**	**Lamb - Kent**	**Chemical Products (Wapakoneta)**	**Chemical Products (Nesquehoning)**	**Hourly Employees**	**Specialty Metal Products**	**Aerospace - Union**
Vested benefits:								
Participants and beneficiaries currently receiving payments	$101,030,182	$26,620,030	$4,615,460	$939,754	$930,851	$18,254,888	$5,631,790	$12,669,489
Other participants	61,106,576	8,753,059	563,089	2,232,393	1,724,398	12,022,111	7,554,658	10,234,939
Total vested benefits	162,136,758	35,373,089	5,178,549	3,172,147	2,655,249	30,276,999	13,186,448	22,904,428
Nonvested benefits	3,401,116	918,708	224,920	401,937	324,939	1,143,860	326,529	2,710,048
Actuarial present value of accumulated plan benefits at end of year	$165,537,874	$36,291,797	$5,403,469	$3,574,084	$2,980,188	$31,420,859	$13,512,977	$25,614,476

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2008

	001	003	008	012	032	037	039	043
	Salaried	**U.S. Gauge Sellersville**	**Lamb - Kent**	**Chemical Products (Wapakoneta)**	**Chemical Products (Nesquehoning)**	**Hourly Employees**	**Specialty Metal Products**	**Aerospace - Union**
Additions (deductions):								
Additional benefits accumulated	$2,259,726	$817,367	($108,368)	$23,806	$155,293	$327,756	$1,032,338	$990,997
Interest due to decrease in the discount period	12,946,014	2,852,768	446,200	275,274	220,974	2,457,633	973,765	1,941,141
Benefits paid	(12,922,420)	(3,838,612)	(672,371)	(120,913)	(146,197)	(2,263,203)	(581,154)	(1,675,612)
Plan amendments	-	-	-	-	-	-	-	7,765
Net increase (decrease) in the actuarial present value of accumulated plan benefits	2,283,320	(168,477)	(334,539)	178,167	230,070	522,186	1,424,949	1,264,291
Actuarial present value of accumulated plan benefits at beginning of year	163,254,554	36,460,274	5,738,008	3,395,917	2,750,118	30,898,673	12,088,028	24,350,185
Actuarial present value of accumulated plan benefits at end of year	$165,537,874	$36,291,797	$5,403,469	$3,574,084	$2,980,188	$31,420,859	$13,512,977	$25,614,476

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2009 and 2008

1. Summary of Significant Accounting Policies

Allocation of the Master Retirement Trust

At December 31, 2009 and 2008, the assets of the AMETEK, Inc. ("AMETEK" or the "Company") Pension Plans (the "Plans") were held by The Bank of New York Mellon Corporation ("Trustee") as Trustee of the AMETEK, Inc. Employees' Master Retirement Trust ("Trust").

Assets attributable to the individual plans participating in the Trust are equitable shares, which are based on each Plan's proportionate share of total net assets of the Trust as of the end of each month, excluding unpaid contributions. Contributions received, benefits paid and shared and direct administrative expenses are accounted for as direct cash flows designated to the individual plans during the period. The Trustee allocates earned income, realized gains and losses and unrealized gains and losses to individual plans based on each Plan's pro rata share of the fair value of the Trust's net assets at the end of the period.

Investment valuation

Investments in marketable equity securities and in fixed income securities are carried at fair value based on either the last reported sale or an average of the bid and ask prices on the last business day of the plan year. Investments whose fair values have not been measured by quoted prices in an active market are valued at the redemption prices established by the issuer and/or fund based on what it would expect to receive if it were to liquidate those investments at year end. Temporary investments are valued at the redemption prices established by the Trustee and/or the issuer. See Note 4.

Portfolio managers of the Trust may enter into certain types of futures and option contracts in order to enhance liquidity or protect the total return of the Trust's portfolio from market volatility. Realized and unrealized gains and losses from these contracts are included in investment income.

Purchases and sales of securities are reflected on the trade dates. Gains and losses on sales of securities are based on the average cost of securities. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned.

Actuarial cost methods

The actuarial cost methods utilized by consulting actuaries are as prescribed by Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC"), as amended by the Pension Protection Act of 2006, and regulatory guidance from the U.S. Treasury and the Internal Revenue Service ("IRS").

Administrative expenses

Administrative expenses of all Plans are paid by the Trust and are charged to the respective Plans.

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

1. Summary of Significant Accounting Policies (continued)

Use of estimates

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

Risks and uncertainties

The Trust 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 such changes could materially affect the amounts reported in the statements of net assets.

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.

2. Description of the Plans

Contributions, benefits and eligibility

All of the Plans are noncontributory defined benefit pension plans covering employees of AMETEK who meet certain age and service requirements. The Plans comply with applicable laws and regulations. For a more detailed description of the Plans participating in the Trust, the pension plan documents should be referred to for each of the plans listed on page 2.

AMETEK's contributions, which are determined annually on an actuarial basis, along with net appreciation (depreciation) in the fair value of the investments, are designed to sufficiently fund the benefits to be paid to Plan participants. The contributions of AMETEK are calculated using the assumptions and methods prescribed by ERISA and the IRC, as amended by the Pension Protection Act of 2006, and applicable regulations. Generally, the minimum required contribution is the plan's target normal cost (the value of benefits to be earned during the year) and seven-year amortization of any funding shortfall (the excess of the funding target over assets). The Plans have met the ERISA minimum funding requirements.

Should the Plans terminate at some future time, their assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

The actuarial present value of accumulated plan benefits under the Plans was calculated by the consulting actuaries, based on the latest available data as of December 31, 2008. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

2. Description of the Plans (continued)

Participation in the Salaried and Specialty Metal Products plans is limited to salaried employees joining AMETEK prior to January 1, 1997. All salaried employees joining AMETEK on or subsequent to January 1, 1997 are eligible to participate in a retirement feature offered within other defined contribution plans sponsored by AMETEK.

Effective January 1, 2010, the net assets of the Lamb – Kent, Hourly Employees' and Specialty Metal Products plans were merged into the Salaried plan. While participation in the Salaried plan is closed to salaried employees hired or rehired on or after January 1, 1997 as described above, hourly employees at participating divisions will participate in the Salaried plan once they meet the Hourly Employees' plan's related eligibility requirements.

Significant actuarial assumptions at December 31, 2008

Assumed rate of return on investments

The assumed rate of return on investments is 8.25% compounded annually, net of investment expenses.

Funding interest rate

Liabilities are calculated using the segment rates as prescribed in IRC Section 430(h)(2). The segment rates are equivalent to the following effective interest rates:

Plan	Effective interest rate
Salaried	6.42%
U.S. Gauge Sellersville	6.34%
Lamb – Kent	6.31%
Chemical Products (Wapakoneta)	6.53%
Chemical Products (Nesquehoning)	6.52%
Hourly Employees	6.48%
Specialty Metals Products	6.49%
Aerospace – Union	6.44%

Mortality basis

Mortality is based on a variation of the RP-2000 Mortality Table with separate rates for annuitants and non-annuitants.

Retirement

Retirement under the various Plans is assumed to take place based on retirement rates which generally result in assumed retirement at ages ranging from 62 to 65.

Actuarial Assumptions

These actuarial assumptions are based on the presumption that the Plans will continue. Were the Plans to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The effect of the plan merger amendments effective January 1, 2010 described in Note 8 are excluded from the accumulated plan benefits and changes in accumulated plan benefits presented as of and for the year ended December 31, 2008.

2. Description of the Plans (continued)

Employee Retirement Benefits

Plan	Amount per Month per Year of Credited Service	Years of Service Limitation
Salaried	*a) For Salaried Plan participants other than former Haveg Salaried Plan, Microfoam Salaried Plan, Plymouth Products, Aerospace Non-union Plan, Drexelbrook Engineering Pension Plan and Cameca Instruments Pension Plan participants:* One-twelfth of 32% of final average annual compensation up to covered compensation plus one-twelfth of 40% of final average annual compensation above covered compensation. Effective for retirements or terminations occurring on or after January 1, 1990, there is an additional pension benefit equal to one-twelfth of 1/2% of final average annual compensation multiplied by the projected number of years of service at age 65, in excess of 15 years (but not in excess of 25 years). Benefit calculated above is multiplied by the ratio of service at retirement or termination to service at normal retirement. Retirement benefit is reduced if credited service at normal retirement is less than 15 years.	None
	b) For participants of the former Haveg Salaried Plan (merged into Salaried Plan on August 1, 1991): Benefit equal to the sum of 1.15% of average monthly earnings for the plan year up to "covered compensation" plus 1.35% of average monthly earnings in excess of covered compensation for each year of credited service not in excess of 35, plus 1.35% of average monthly earnings for each year of credited service in excess of 35 years.	None
	c) For participants of the former Microfoam Salaried Plan (merged into Salaried Plan on July 1, 1992): Benefit equal to the greater of (a) 1.2% of average monthly pay multiplied by credited service, or (b) the sum of 1.08% of average monthly pay plus 0.35% of average monthly pay above "covered compensation" multiplied by credited service, not in excess of 35 years; plus 1.35% of average monthly pay for each year of credited service in excess of 35 years.	None
	d) For Covered Employees of the former Plymouth Products Division of AMETEK, Inc.: Same as section a) above, except that average annual compensation is determined by treating compensation earned with Culligan after July 31, 1997 as though it were earned with AMETEK. The amount that will be recognized is limited to 1996 compensation, increased by 5% per year, compounded annually. Credited service with Culligan after July 31, 1997 shall be included for vesting and certain benefit eligibility purposes, but not for benefit determination.	None

2. Description of the Plans (continued)

Employee Retirement Benefits (continued)

Plan	Amount per Month per Year of Credited Service	Years of Service Limitation
Salaried	*e) For participants of the former Aerospace Non-union Plan (merged with the Salaried Plan on December 31, 1999):* Amount equal to sum of one-twelfth of (a) and (b), where (a) is equal to 32.5% of average annual compensation not in excess of covered compensation, plus 40% of average annual compensation in excess of covered compensation, with such sum multiplied where service is less than 15 years at normal retirement by ratio that years of service bears to 15 (never more than one), and (b) is equal to 0.5% of average annual compensation multiplied by years of service at normal retirement date which are in excess of 15 years, but not in excess of 25 years. Benefit calculated above is multiplied by the ratio of service at retirement or termination to service at normal retirement.	None
	f) For participants of the former Drexelbrook Engineering Pension Plan (merged with the Salaried Plan on January 1, 2005): The sum of (a) the accrued benefit determined under the prior plan up to April 30, 1989, plus (b) 0.75% of average compensation up to covered compensation plus 1.5% of average compensation in excess of social security covered compensation for each year of service from May 1, 1989 (maximum 10 years). Effective December 31, 1999 accruals for Drexelbrook participants were frozen. No further benefits will accrue but vesting will continue.	None
	g) For participants of the former CAMECA Instruments, Inc. Defined Benefit Plan (merged with the Salaried Plan on December 31, 2007): 35% of average compensation, reduced proportionately for service less than 25 years. Service prior to January 1, 1983 is excluded.	None
U.S. Gauge Sellersville	$26.00 times credited service for terminations on or after September 1, 2000.	None
Lamb – Kent	*For employees whose employment commencement date was prior to September 15, 1987:* $19.00 times credited service for terminations on or after September 15, 2000. *For employees whose employment commencement date is on or after September 15, 1987:* $12.00 times credited service for terminations on or after September 15, 2000.	None

2. Description of the Plans (continued)

Employee Retirement Benefits (continued)

Plan	Amount per Month per Year of Credited Service		Years of Service Limitation
Chemical Products (Wapakoneta)	$40.00	service January 15, 2004 – January 14, 2007	None
	$41.00	service January 15, 2007 – January 14, 2008	
	$42.00	service January 15, 2008 – January 14, 2009	
	$43.00	service January 15, 2009 – January 14, 2010	
	$44.00	service January 15, 2010 – January 14, 2011	
	$45.00	service January 15, 2011 – January 14, 2012	
	$46.00	service on and after January 15, 2012	
Chemical Products (Nesquehoning)	$21.00	service pre – October 1, 2003	None
	$23.00	service October 1, 2003 – September 30, 2006	
	$31.00	service October 1, 2006 – September 23, 2007	
	$36.00	service September 24, 2007 – September 23, 2008	
	$38.00	service September 24, 2008 – September 23, 2009	
	$41.00	service post – September 24, 2009	
Hourly Employees:			
Aerospace – Binghamton	$24.00	September 19, 1994 to present	30
Electromech-anical, N.C.	$11.00	January 1, 2002 to present	30
Feasterville (PMT)	$10.00	January 1, 1990 to present	30
Haveg – Hourly	$25.00	retire or terminate on or after May 18, 2002	None
Lamb – Cambridge	$21.00	April 1, 1997 to present	30
Lamb – Racine	$18.00	January 1, 2001 to present	30
Largo (Mansfield and Green)	$ 7.00	service through December 31, 1996	30
	$10.00	service January 1, 1997 to present	
Microfoam – Fresno	$12.00	January 1, 1993 to present	30

2. Description of the Plans (continued)

Employee Retirement Benefits (continued)

Plan	Amount per Month per Year of Credited Service		Years of Service Limitation
Hourly Employees (continued):			
Panalarm	$10.00	January 1, 1995 to present, for years of service earned prior to January 1, 1995	30
	$15.00	January 1, 1995 to present, for years of service earned on or after January 1, 1995	
	$20.00	service January 1, 1998 to present	
P&AI	$12.00	October 1, 1988 to present	30
U.S. Gauge – Allentown	$ 7.00	July 1, 1989 to present	30
U.S. Gauge – Bartow	$12.00	January 1, 1997 to present	30
Specialty Metal Products	One-twelfth of the larger of (a) 1.4% of the participant's career earnings or (b) the sum of 1.28% of the participant's career average earnings up to covered compensation, plus 1.65% of the participant's career average earnings in excess of covered compensation multiplied by his years of service, up to a maximum of 35 years.		35
Aerospace – Union	Effective January 1, 1993 to present, sum of one-twelfth of (a) 1.65% of compensation in each plan year up to the Breakpoint, plus 2.10% of remainder, not to exceed the Breakpoint, for each of first 34 years of credited service, plus (b) 1.65% of compensation in plan year for each year over 34 years. Compensation is limited to $48,000 for the years 1997 – 2002, $50,000 for the years 2003 – 2005, and $50,500 for 2006 and later. The Breakpoint is covered compensation for years prior to 2005, $42,000 for the years 2005 – 2007, covered compensation for the period January 1, 2008 through July 31, 2008, $41,000 for the period August 1, 2008 – December 31, 2011, and covered compensation thereafter.		None

2. Description of the Plans (continued)

Early Retirement Benefits

Salaried	Age 55 or over with 10 or more years of service. Benefit is reduced 6.667% per year prior to Normal Retirement Date ("NRD").
U.S. Gauge Sellersville	Age 60 or over with 10 or more years of service. Benefit is reduced 6.667% per year prior to age 62. An employee who a) reached age 61 as of October 1, 1995 or attained age 61 before January 1, 1996 with ten years of credited service at that time and elected early retirement, or b) who reached age 61 after January 1, 1996, but before July 31, 2000, with ten years of credited service at the time he or she reached age 61 and elected early retirement, received one additional year credited to their age for early retirement eligibility purposes.
Lamb - Kent	Age 55 or over with 15 or more years of service. Benefit is reduced 4.8% per year prior to NRD. Employees who had reached 62 but not age 65 with 15 or more years of service as of the dates shown in the table below and who retired during the period indicated in the table below were granted an unreduced early retirement pension.

Reached Age 62 but not 65 at:	Retired:
September 15, 1987	September 15, 1987 – October 1, 1987
September 15, 1991	September 15, 1991 – October 1, 1991
January 1, 1992	January 1, 1992 – January 1, 1993
November 1, 1994	November 1, 1994
December 31, 1995	January 1, 1996
December 31, 1996	January 1, 1997
September 15, 2000 – September 15, 2003	September 15, 2000 – September 15, 2003

Chemical Products (Wapakoneta)	Age 60 or over with 10 or more years of service. Benefit is reduced 6.667% per year prior to NRD.
Chemical Products (Nesquehoning)	Age 55 or over with 10 or more years of service. Benefit is reduced 6.0% per year prior to NRD.
Hourly Employees	Age 60 or over (age 55 for Electromechanical, Feasterville, Lamb – Cambridge and Largo participants) with 10 or more years of service (15 years for Lamb – Cambridge participants). Benefit is reduced 6.667% per year prior to NRD (4.8% per year for Lamb – Cambridge participants).
Specialty Metal Products	Age 50 or over with 10 or more years of service and sum of age plus service totals 65 or more, or sum of age plus service totals 90 or more. Benefit is reduced 4% per year prior to NRD (if age plus service totals 90 or more, benefit is unreduced at age 60 and reduced 4% per year prior to age 60).

2. Description of the Plans (continued)

Early Retirement Benefits (continued)

Aerospace – Union	Age 55 or over with 5 or more years of service. Benefit is unreduced at age 60, reduced 8% per year prior to age 60. Participants who reached age 60 prior to December 31, 2008 and who elected to retire effective August 1, 2008 or November 1, 2008 (or the first day of the month following attainment of age 60, if later) received enhanced early retirement benefits as follows: Regular Early Retirement Supplement of $15 per month per year of service, payable until age 63 (Regular Supplement was $12 per month per year of service until age 62 without enhancement) Special Early Retirement Supplement of $300 per month until age 63 (Special Supplement was $225 until age 62 without enhancement) Postretirement Lump Sum Death Benefit of $15,000 (death benefit was $13,000 without enhancement)

Pre-Retirement Death Benefits

All Plans provide the statutory qualified pre-retirement surviving spouse annuity. In addition, the plans listed below provide additional pre-retirement death benefits as follows:

Salaried	60 times the accrued monthly pension, reduced for early commencement, for an unmarried participant who dies while entitled to an early retirement pension which has not yet commenced.
Lamb - Kent	Present value of 60 times the accrued monthly pension at date of death.
Chemical Products (Nesquehoning)	$100 per year of credited service up to a maximum of ten years.
Aerospace – Union	Lump sum amount equal to the present value of employee retirement benefit for five years.

2. Description of the Plans (continued)

Post-Retirement Death Benefits

Salaried	$5,000
U.S. Gauge Sellersville	$3,000
Lamb - Kent	(A) For a pensioner receiving a Joint and Survivor annuity, $1,000. For a pensioner receiving other than a Joint and Survivor annuity, the larger of (a) 120 times the monthly pension, less the aggregate payments received prior to death, or (b) $1,000. (B) $3,000 for pensioners who have completed 15 years of credited service. This amount is in addition to any amount payable under Part (A).
Chemical Products (Wapakoneta)	$6,500 for employees retiring on or after January 20, 2004.
Chemical Products (Nesquehoning)	The remainder of 60 times the pensioner's monthly pension less aggregate payments received prior to death.
Hourly Employees	$1,000 except as follows: $2,000 for former Hunter Spring Plan and the two East Moline Plans; $3,000 for Binghamton participants; $10,500 for Haveg participants; and $5,000 for Lamb Cambridge participants.
Aerospace – Union	Only for those employees who transferred their employment directly from GE, $13,000 (if retired after May 18, 2002) will be paid upon death of the retiree.

3. Related Party Transactions

At December 31, 2009 and 2008, the Trust held an investment in AMETEK common stock. At December 31, 2009 and 2008, the investment consisted of 679,200 shares having a cost of $757,647 and a market value of $25,972,657 – 2009 and $20,518,632 – 2008. The Trust received $163,008 in related dividends in both 2009 and 2008. During 2009 and 2008, there were no party-in-interest transactions which are prohibited by ERISA Section 406 and for which there is no statutory or administrative exemption.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2009 and 2008

4. Investment Information

All investment information disclosed in the accompanying financial statements including plan interest in the AMETEK, Inc. Employees' Master Retirement Trust at December 31, 2009 and 2008 and change in value of plan interest in net assets of AMETEK, Inc. Employees' Master Retirement Trust for the years ended December 31, 2009 and 2008, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

The following is a summary of the value of the net assets held by the Trust at December 31, 2009 and 2008. Certain reclassifications of prior year amounts have been made to conform to the current year presentation.

	2009		2008	
	Cost	Fair Value	Cost	Fair Value
Assets				
Investments:				
Cash and temporary investments	$ 2,964,876	$ 2,936,060	$ 58,903,346	$ 58,877,753
Equity securities:				
AMETEK common stock	757,647	25,972,657	757,647	20,518,632
Diversified common stocks	88,080,456	111,641,233	88,336,695	77,390,518
Common collective trusts	42,745,105	44,454,523	46,000,000	35,445,385
Partnership interests	40,000,000	40,919,502	53,491,845	44,360,699
Real estate investment trust	—	—	902,107	652,237
Total equity securities	171,583,208	222,987,915	189,488,294	178,367,471
Fixed income securities and other:				
U.S. Government and investment grade	84,340,795	85,241,629	26,392,156	27,165,868
Global asset allocation and other*	51,820,818	56,319,154	28,177,623	23,570,346
Diversified mutual funds	52,408,360	50,153,570	70,725,718	57,217,114
Total fixed income securities and other	188,569,973	191,714,353	125,295,497	107,953,328
Hedge funds	17,559,627	18,958,246	17,559,627	17,409,761
Total investments	$ 380,677,684	436,596,574	$ 391,246,764	362,608,313
Receivable for securities sold and other		4,363,794		55,797,711
Total assets		440,960,368		418,406,024
Liabilities				
Accounts payable for securities purchased		10,447,418		63,371,522
Net assets		$ 430,512,950		$ 355,034,502

* This category primarily represents partnership interests.

4. Investment Information (continued)

Investment managers have discretionary authority for the purchase and sale of investments based on agreements with the investment managers and subject to certain limiting provisions of ERISA.

Investment income (loss)

A summary of the investment income (loss) on investments held by the Trust for the years ended December 31, 2009 and 2008 was as follows:

	2009		2008	
	Net Appreciation in Fair Value During Year	Fair Value at End of Year	Net (Depreciation) in Fair Value During Year	Fair Value at End of Year
Fair value as determined by quoted market price:				
Investments at fair value				
Fixed income (1)	$ 18,804,854	$ 111,110,047	$ (21,731,801)	$ 166,803,853
Equities (2)	53,612,796	306,528,281	(88,619,492)	178,394,699
Fair value estimated:				
Equities (3)	1,548,485	18,958,246	(8,112,487)	17,409,761
Net appreciation (depreciation), at fair value	73,966,135	$ 436,596,574	(118,463,780)	$ 362,608,313
Dividends and interest on investments	10,096,546		9,612,868	
Total investment income (loss)	$ 84,062,681		$ (108,850,912)	

(1) Fixed income includes cash and temporary investments, government obligations, corporate obligations, diversified mutual funds and partnership interests.
(2) Equities include preferred stocks, common stocks, common collective trusts and partnership interests.
(3) Equities include a hedge fund.

4. Investment Information (continued)

The Plans utilize a valuation hierarchy for disclosure of the inputs to the valuation used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follows. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument. Level 3 inputs are unobservable inputs based on the Plans' own assumptions used to measure assets and liabilities at fair value. A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Level 1 investments are unadjusted, observable inputs from active markets. Temporary cash investments are stated at cost, which approximates fair value. Quoted market prices are used to value investments when available. Investments in securities traded on exchanges are valued at the last reported sale prices on the last business day of the year or, if not available, the last reported bid prices. Real estate investments are valued on a quarterly basis using discounted cash flow models which consider long-term lease estimates, future rental receipts and estimated residual values. Fixed income securities are primarily measured using a market approach pricing methodology, where observable prices are obtained by market transactions involving identical or comparable securities of issuers with similar credit ratings. Mutual funds are valued at quoted market prices which represent the net asset values of shares held by the Plan at year end.

Level 2 investments are equity funds and fixed income funds that are valued by the vendor using observable market inputs. Common collective trusts and partnership interests are valued based on the plan's unit of ownership and net asset value of the investment entity's pooled investments. Hedge funds are considered level 3 investments as their values are determined by the sponsor using unobservable market data.

A summary of the fair value of plan assets at December 31, 2009 and 2008 was as follows:

	2009			2008		
Asset Category	**Total**	**Level 1**	**Level 2**	**Total**	**Level 1**	**Level 2**
			(In thousands)			
Cash and temporary investments	$ 2,936	$ 2,936	$ —	$ 51,305	$ 51,305	$ —
Equity securities:						
AMETEK common stock	25,973	25,973	—	20,519	20,519	—
Diversified common stocks	111,951	111,951	—	77,390	77,390	—
Common collective trusts	44,455	—	44,455	35,445	—	35,445
Partnership interests	40,919	—	40,919	44,361	44,361	—
Real estate investment trust	—	—	—	652	652	—
Fixed income securities and other:						
U.S. Government and investment grade	78,849	62,531	16,318	27,166	27,166	—
Global asset allocation and other*	56,319	—	56,319	23,570	23,570	—
Diversified mutual funds	50,153	50,153	—	57,217	57,217	—
Hedge funds	18,958	—	—	17,410	—	—
Total investments	$ 430,513	$ 253,544	$ 158,011	$ 355,035	$ 302,180	$ 35,445

* This category primarily represents partnership interests.

4. Investment Information (continued)

The table below sets forth a summary of changes in the fair value of the Plans' level 3 assets (in thousands):

	Hedge Funds
Balance, January 1, 2008	$ 43,450
Realized losses*	(1,512)
Unrealized losses relating to instruments still held at the reporting date*	(6,600)
Purchases, sales, issuances and settlements, net	(17,928)
Balance, December 31, 2008	17,410
Realized gains (losses)*	—
Unrealized gains relating to instruments still held at the reporting date*	1,548
Purchases, sales, issuances and settlements, net	—
Balance, December 31, 2009	$ 18,958

* Reported in Increase (decrease) in value of plan interest in net assets of AMETEK, Inc. Master Retirement Trust in the Statement of Changes in Net Assets Available for Benefits.

The objectives of the Plans' investment strategy are to maximize the Plans' funded status and minimize Company contributions and Plan expense. Because the goal is to optimize returns over the long term, an investment policy that favors equity holdings has been established. Since there may be periods of time where both equity and fixed-income markets provide poor returns, an allocation to alternative assets may be made to improve the overall portfolio's diversification and return potential. The Company periodically reviews its asset allocation, taking into consideration plan liabilities, plan benefit payment streams and the investment strategy of the pension plans. The actual asset allocation is monitored frequently relative to the established targets and ranges and is rebalanced when necessary.

The equity portfolio is diversified by market capitalization and style. The equity portfolio also includes an international component.

The objective of the fixed-income portion of the pension assets is to provide interest rate sensitivity for a portion of the assets and to provide diversification. The fixed-income portfolio is diversified within certain quality and maturity guidelines in an attempt to minimize the adverse effects of interest rate fluctuations.

Other than investments in hedge funds, certain investments are prohibited. Prohibited investments include venture capital, private placements, unregistered or restricted stock, margin trading, commodities, short selling and rights and warrants. Foreign currency futures, options and forward contracts may be used to manage foreign currency exposure.

5. Income Tax Status

The Plans have received determination letters from the IRS dated as follows:

Employees' Retirement Plan of AMETEK, Inc. (001)	January 3, 2003
Pension Plan for Shop Employees of U.S. Gauge Division of AMETEK, Inc. (003)	March 7, 2002
Lamb Electric (Kent, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan (008)	March 18, 2002
Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan (012)	March 18, 2002
Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan (032)	March 18, 2002
AMETEK, Inc. Hourly Employees' Pension Plan (037)	October 24, 2002
Specialty Metal Products Division of AMETEK, Inc. Employees' Pension Plan (039)	January 3, 2003
AMETEK, Inc. Aerospace Division Pension Plan for Union Represented Employees (043)	March 7, 2002

The determination letters state that each of the Plans qualifies under Section 401(a) of the IRC and, therefore, the related trusts are exempt from taxation. Subsequent to the issuance of the determination letters, all of the Plans were amended and restated. Once qualified, the Plans are required to operate in conformity with the IRC to maintain their qualification. On January 29, 2010, the Plan Sponsor submitted applications to the IRS for new determination letters for the plans described above, except for the Lamb – Kent, Hourly Employees' and Specialty Metal Products plans which were merged into the Salaried plan effective January 1, 2010 as described in Note 8, in accordance with the IRC's five-year remedial amendment cycle requirement and responses are pending. With the exception of the Chemical Products (Wapakoneta) Plan, the Plan Sponsor believes the Plans are being operated in compliance with the applicable requirements of the IRC and therefore believes the Plans are qualified and the related trusts are tax-exempt. The Plan Sponsor has indicated that it will take the necessary steps, if any, to bring the Chemical Products (Wapakoneta) Plan's operations into compliance with the IRC.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2009 and 2008

6. Participating Plans

The following is a list of the Plans participating in the AMETEK, Inc. Employees' Master Retirement Trust and their respective percentage interest in the Trust at December 31, 2009 and 2008:

Serial Number	Name of Plan	Percentage Interest in the Master Retirement Trust 2009	2008
001	Employees' Retirement Plan of AMETEK, Inc.	58.66%	58.75%
003	Pension Plan for Shop Employees of U.S. Gauge Division of AMETEK, Inc.	11.25%	11.58%
008	Lamb Electric (Kent, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan	1.72%	1.80%
012	Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan	1.49%	1.43%
032	Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan	1.26%	1.21%
037	AMETEK, Inc. Hourly Employees' Pension Plan (1)	11.23%	11.09%
039	Specialty Metal Products Division of AMETEK, Inc. Employees' Pension Plan	5.16%	5.01%
043	AMETEK, Inc. Aerospace Division Pension Plan for Union Represented Employees	8.88%	8.79%
046	EDAX, Inc. Pension Plan for Hourly Employees – District Lodge No. 15 (2)	0.35%	0.34%

(1) Consists of hourly participants at the following current and former operations of AMETEK:

Aerospace Binghamton	Hunter Spring	Microfoam Fresno
East Moline	Lamb Cambridge	P&AI
Electromechanical, N.C	Lamb Racine	Panalarm
Feasterville (PMT)	Largo (Mansfield & Green)	U.S. Gauge Allentown
Haveg	Microelectronics	U.S. Gauge Bartow

(2) The EDAX, Inc. Pension Plan is a participating Plan in the AMETEK, Inc. Employees' Master Retirement Trust. An audit is not required as it is considered a small pension plan, as defined by Form 5500.

7. Differences Between Financial Statements and Form 5500

The following is a reconciliation of assets available for benefits per the financial statements to the Plan's Form 5500 at December 31, 2009:

	001 Salaried	008 Lamb – Kent	037 Hourly Employees	039 Specialty Metal Products
Assets available for benefits per the financial statements	$ 252,534,377	$ 7,408,311	$ 48,329,797	$ 22,217,191
Plan mergers*	77,955,299	(7,408,311)	(48,329,797)	(22,217,191)
Assets available for benefits per Form 5500	$ 330,489,676	$ —	$ —	$ —

* As discussed in Note 8 below, the Lamb – Kent, Hourly Employees' and Specialty Metal Products plans were merged into the Salaried plan effective January 1, 2010, whereas, for Form 5500 purposes, these plan mergers were recorded as of December 31, 2009.

8. Plan Amendments

During 2009, all of the plans were amended to incorporate changes required under IRC Section 415, the Pension Protection Act of 2006, the Worker, Retiree, and Employer Recovery Act of 2008 and the Heroes Earnings Assistance and Relief Tax Act of 2008, which were effective as of January 1, 2008.

In December 2009, the Lamb – Kent, Hourly Employees' and Specialty Metal Products plans were amended to merge the plans' net assets into the Salaried plan effective January 1, 2010.

In December 2009, the Aerospace – Union plan was amended, effective October 1, 2009, for participants who reached age 60 and retire on or before March 31, 2010, and execute their retirement election on or after October 1, 2009, but no later than November 14, 2009, are eligible to receive early retirement benefits. If a participant is eligible for the early retirement benefits based on the qualifications above and retires with 25 or more years of credited service, the participant shall not be required to retire within the time period described in the Aerospace – Union plan.

In March 2010, the Chemical Products (Wapakoneta) plan was amended to increase the employee retirement benefit amount per month per year of credited service as follows: $44.00 for service from January 15, 2010 through January 14, 2011; $45.00 for service from January 15, 2011 through January 14, 2012; and $46.00 for service on and after January 15, 2012.

9. Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-06, *Fair value Measurements and Disclosures* ("ASU 2010-06"). ASU 2010-06 provides amendments that clarify existing disclosures and require new disclosures related to fair value measurements providing greater disaggregated information on each class of assets and liabilities and more robust disclosures on transfers between levels 1 and 2 and activity in level 3 fair value measurements. The new disclosures and clarifications of existing disclosures are effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures about activity in level 3 fair value measurements. Those disclosures are effective for fiscal years beginning after December 15, 2010 and for interim periods within those fiscal years. The Plan is currently evaluating the impact of adopting ASU 2010-06 on our fair value measurement disclosures.

In September 2009, the FASB issued ASU 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* ("ASU 2009-12"). ASU 2009-12 amended Accounting Standards Codification ("ASC") 820 to allow entities to use net asset value 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 net asset value is calculated in a manner consistent with investment company accounting. ASC 2009-12 was effective for interim and annual periods ending after December 15, 2009. The adoption of ASC 2009-12 did not have a material impact on the Plans' financial statements. See Note 4.

In May 2009, the FASB issued ASC Subsequent Events Topic 855 ("ASC 855"). ASC 855 establishes general standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or are available to be issued. ASC 855 was effective for interim and annual reporting periods ending after June 15, 2009. The adoption of ASC 855 did not have an impact on the Plans' financial statements. The Plans' management evaluated all events and transactions that occurred after December 31, 2009 up through October 1, 2010, the date the Plans' financial statements were available to be issued. During this period, the Plans did not have any material recognizable or non-recognizable subsequent events other than those disclosed in the notes to the Plans' financial statements.

In April 2009, the FASB issued ASC 820-10-65-4, *Transition Related to FASB Staff Position FAS 157-4, Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* ("ASC 820-10-65-4"). ASC 820-10-65-4 amends ASC 820 and provides additional guidance for estimating fair value in accordance with ASC 820 when the volume and level of activity for the asset or liability have significantly decreased and also includes guidance on identifying circumstances that indicate a transaction is not orderly for fair value measurements. ASC 820-10-65-4 is applied prospectively with retrospective application not permitted. ASC 820-10-65-4 was effective for interim and annual periods ending after June 15, 2009. The adoption of ASC 820-10-65-4 did not have a material impact on the Plans' financial statements. See Note 4.

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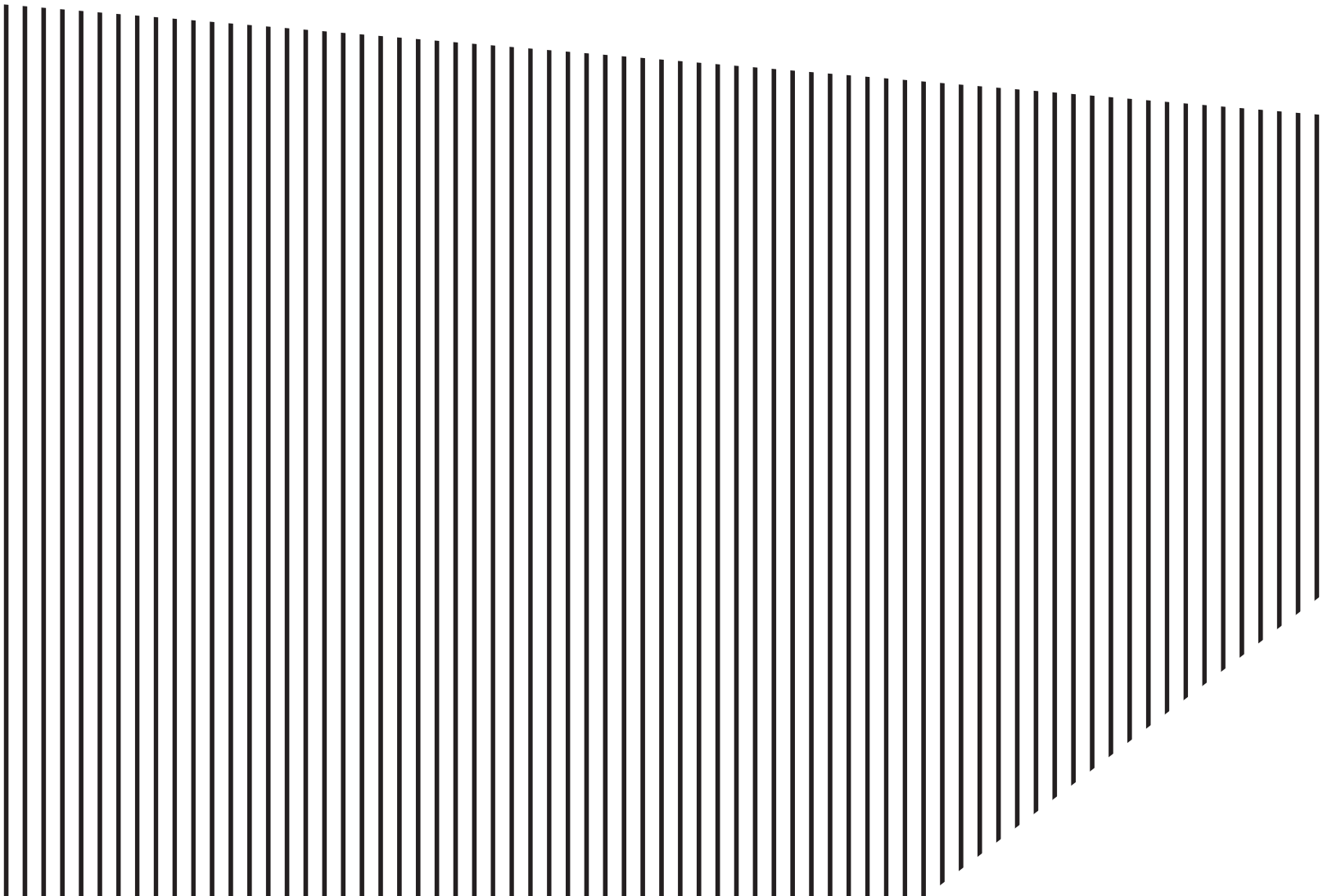

SCHEDULE SB (Form 5500)

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

LAMB ELECTRIC (KENT, OH) HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

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

AMETEK, INC.

D Employer Identification Number (EIN)

14-1682544

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

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

Part I Basic Information

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

2 Assets:

a	Market value	2a	6,688,358
b	Actuarial value	2b	7,357,193

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	133	5,434,260
b	For terminated vested participants	3b	62	453,329
c	For active participants:			
	(1) Non-vested benefits	3c(1)		31,283
	(2) Vested benefits	3c(2)		530,138
	(3) Total active	3c(3)	12	561,421
d	Total	3d	207	6,449,010

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5	Effective interest rate	5	6.31 %
6	Target normal cost	6	44,617

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 MATHIEU LUSSIER MC — 10/06/2010

Signature of actuary — Date

MATHIEU LUSSIER, F.S.A., E.A. — 08-04831

Type or print name of actuary — Most recent enrollment number

TOWERS WATSON PENNSYLVANIA, INC. — (215)246-7391

Firm name — Telephone number (including area code)

Centre Square East, 1500 Market St

Philadelphia PA 19102

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	2,577,410	0
8	Portion used to offset prior year's funding requirement (item 35 from prior year)	15,421	0
9	Amount remaining (item 7 minus item 8)	2,561,989	0
10	Interest on item 9 using prior year's actual return of (26.71)%	(684,307)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (item 38 from prior year)		617,076
	b Interest on (a) using prior year's effective rate of 5.92 %		36,511
	c Total available at beginning of current plan year to add to prefunding balance		653,587
	d Portion of (c) to be added to prefunding balance		191,323
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)	1,877,682	191,323

Part III Funding percentages

14	Funding target attainment percentage	14	81.99 %
15	Adjusted funding target attainment percentage	15	114.08 %
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	129.40 %
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
04/13/2009	3,855				
			Totals ► 18(b)	3,855	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	3,790

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.32 %	6.45 %	6.69 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous items

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

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	44,617

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**	44,617

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	40,827	0	40,827

36 Additional cash requirement (item 34 minus item 35)	**36**	3,790
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	3,790
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
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

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

EIN: 14-1682544 PN: 008

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Plan Name/No.	AMETEK Lamb Kent Hourly Employees' Pension Plan/008
Effective Date	September 1, 1969. Amended and restated effective January 1, 2002.
Participation	Each hourly-paid employee at the Kent, Ohio location within the bargaining unit represented by the Union becomes a participant on his date of hire, or September 1, 1969 if later.
Definitions	
Plan Year	Twelve-month period ending December 31.
Vesting Service	Service from date of hire as a covered employee.
Accrual Service	Prior to October 1, 1976, years (and fractions thereof) of Vesting Service. Beginning on October 1, 1976, 1/12th of a year for each month in which the covered employee completes at least one hour of service.
Normal Retirement Date (NRD)	First of month coinciding with or next following attainment of age 65.
Accrued Monthly Pension	Hired prior to September 15, 1987: $19.00 times accrual service. Hired September 15, 1987 or later: $12.00 times accrual service. (Increased from $18.00 and $11.00, respectively, at September 15, 2000.)
Actuarial Equivalence	The conversion factors for optional forms of payment are determined using the UP 1984 Unisex mortality table for participants.and the UP 1984 Unisex mortality table set back 3 years for beneficiaries, and an interest rate of 8%.

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

EIN: 14-1682544 PN: 008

Schedule SB, Part V – Summary of Plan Provisions

Eligibility for Benefits

Normal Retirement	Retire on or after NRD.
Early Retirement	Retire before NRD but on or after both attaining age 55 and completing 15 years of vesting service.
Disability Retirement	Retire after completing 2 years of vesting service due to a total and permanent disability incurred while a covered employee which results in entitlement to a Social Security disability pension.
Deferred Vested	Terminate for reasons other than death or retirement after completing 5 years of vesting service.
Preretirement Death	Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit, or after 10 years of vesting service.
Postretirement Death	Die while receiving a normal, early or disability retirement benefit.

Benefits Paid Upon the Following Events

Normal Retirement	Accrued monthly pension at actual retirement date.
Early Retirement commencement.	Accrued monthly pension at early retirement date, reduced 4.8% per year for pre-NRD
Disability Retirement immediately.	Accrued monthly pension at date of disability, minimum $50.00, with payments commencing
Vested Termination commencement.	Accrued monthly pension at termination date, reduced 4.8% per year for pre-NRD

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions

Preretirement Death	Married, vested: 50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date. Spouse may elect benefit payment to single participants as outlined below. Not married: Beneficiary may elect 60 monthly payments of participant's accrued monthly pension, or lump sum actuarial equivalent payment.
Postretirement Death	Sum of (1) and (2): (1) Receiving benefits in joint and survivor or single life form: $1,000. Receiving benefits in single life with certain period form: larger of (1) 120 times pension being paid to participant at the time of his death, less payments received prior to death, or (2) $1,000. (2) If deceased participant had completed 15 years of vesting service (ten years if disability retiree): $3,000.
Forms of Payment	Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.

Changes in Benefits Valued Since Prior Year

None.

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

EIN: 14-1682544 PN: 008

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions and Methods

Economic Assumptions	Contributions
Funding interest rate basis:	
▸ Applicable month	January 2009
▸ Transition from current liability rates	No
Funding interest rates:	
▸ First segment rate	5.32%
▸ Second segment rate	6.45%
▸ Third segment rate	6.69%
▸ Effective interest rates:	
– Corporate Salaried	6.42%
– Aerospace Union	6.44%
– Specialty Metal	6.49%
– U.S. Gauge	6.34%
– Hourly Plan	6.48%
– Lamb Kent	6.31%
– Westchester Nesquehoning	6.52%
– Westchester Wapakoneta	6.53%
– EDAX	6.51%
Annual rates of increase:	
▸ Salaries	3.75%

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

- Future Social Security wage bases — 3.25%
- Statutory limits on compensation and benefits — N/A

Demographic and Other Assumptions

Mortality for contributions:

- 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)

  IRS 2009 Prescribed 417(e)(3) (unisex) for lump sum conversion (applies to Drexelbrook participants only)
- Disabled — Same as Healthy Mortality

Termination — Rates varying by age and, for certain plans, by service during a select period.

Sample rates:

During Select Period

	Years of Service				
Plan	*<2*	*3*	*6*	*9*	*>10*
Corporate Salaried	.200	.150	.090	N/A	N/A
Aerospace Non-Union; Aerospace Union	.250	.175	.100	N/A	N/A
U.S. Gauge	.175	.125	.085	N/A	N/A
All other plans	N/A	N/A	N/A	N/A	N/A

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

After Select Period

	Age		
Plan	*25*	*35*	*45*
Corporate Salaried	.080	.056	.042
Aerospace Non-Union**; Aerospace Union	.085	.064	.044
Specialty Metal*; U.S. Gauge; Westchester Nesquehoning; Hourly Plan — Lamb Racine and Process & Analytical divisions only	.099	.049	.017
Westchester Wapakoneta*	.049	.025	.007
Lamb Kent; Hourly Plan — all divisions other than Lamb Racine and Process & Analytical	.149	.074	.027
EDAX	.053	.045	.032

* Rates for females are set forward five years.

** Aerospace Non-Union merged into Salaried Plan effective 12/31/99 but continues to use different termination rates.

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Disability

Rates varying by age and sex.

Sample Rates:

	Age/Sex					
	25		*40*		*55*	
Plan	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Corporate Salaried; Specialty Metal	.00038	.00047	.00117	.00211	.00722	.00952
EDAX	.00163	.00089	.00435	.00392	.01906	.01566
All other plans	.00093	.00096	.00314	.00357	.01502	.01490

Retirement

Rates varying by age

Sample rates:

	Age			
Plan	*55*	*60*	*62*	*65*
Corporate Salaried	.06	.08	.25	.40
Aerospace Union	N/A	.20	.45	.75
Specialty Metal	.05	.04	.15	.67
Lamb Kent	.04	.04	.30	.75
U.S. Gauge	N/A	.03	.30	.75
Westchester Nesquehoning	.05	.02	.30	.67
Westchester Wapakoneta	.00	.00	.00	1.00
Hourly Plan	.00	.00	.00	1.00
EDAX	.00	.00	1.00	.00

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Form of payment	Plan	Assumption
	Corporate Salaried (Drexelbrook)	100% of participants elect a lump sum
	Corporate Salaried (Cameca)	100% of participants elect a life annuity
	Corporate Salaried (all others)	100% of participants elect a 5-year certain and continuous
	All other plans	100% of participants elect a life annuity
Percentage married	100% for EDAX, 80% for all other plans	
Spouse age	Wife three years younger than husband	
Valuation pay (where applicable)	Base pay for the year preceding the valuation date plus the average of the bonuses accrued for the two years preceding the valuation date, adjusted to the valuation year using the assumed salary increase rate.	

Actuarial Methods

Contributions:

▸ Target normal cost and funding target	Present value of accrued benefits
▸ Actuarial value of assets	24-month smoothing of gains and losses. The actuarial value of assets must be within 10% of the market value of assets.

Benefits Not Valued

All benefits described in the Plan Provisions section were valued. Towers Watson is not aware of any significant benefits required to be valued that were not.

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan

EIN: 14-1682544 PN: 008

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Change in Methods and Assumptions Since Last Year

Contributions

The funding interest rate was changed from the segment interest rates for January 2008 valuations to the segment interest rates for January 2009 valuations.

The required mortality table used to calculate the funding target and target normal cost was changed from separate RP-2000 tables for annuitants and non-annuitants for 2008 to separate RP-2000 tables for annuitants and non-annuitants for 2009.

The mortality assumption for lump sums (Drexelbrook participants only) was changed to the 2009 IRS-prescribed 417(e)(3)(unisex) table.

An assumption for administration expenses was added to reflect IRS regulations under PPA.

The asset method was changed from a three-month average to a 24-month smoothing of gains and losses; within 10% of the market value of assets.

Data Sources

Towers Watson used asset data supplied by the company. The company furnished participant data as of the valuation date. The company also provided contribution information, the postretirement benefit asset, postretirement benefit liability and amounts recognized in accumulated other comprehensive income as of fiscal year-end. Data were reviewed for reasonableness and consistency, but no audit was performed. Towers Watson is not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

AMETEK, INC.

AMETEK Lamb Electric, Kent Hourly Employees' Pension Plan
EIN: 14-1682544
Plan Num: 008
Attachment to 2009 Schedule SB
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

In reference to Item 22, the weighted average retirement age is computed as follows.

(A)	(B)	(C)	(D)	(E)
Age	Retirement Rate	Hypothetical Number of Employees	Number Retiring	(A)*(D)
55	0.040	100,000	4,000	220,000
56	0.030	96,000	2,880	161,280
57	0.030	93,120	2,794	159,258
58	0.030	90,326	2,710	157,180
59	0.030	87,616	2,628	155,052
60	0.040	84,988	3,400	204,000
61	0.150	81,588	12,238	746,518
62	0.300	69,350	20,805	1,289,910
63	0.200	48,545	9,709	611,667
64	0.400	38,836	15,534	994,176
65	0.750	23,302	17,477	1,136,005
66	0.500	5,825	2,913	192,258
67	0.500	2,912	1,456	97,552
68	0.500	1,456	728	49,504
69	0.500	728	364	25,116
70	1.000	364	364	25,480
			Total:	6,224,956
			Average Retirement Age:	62

Ametek, Inc.
Lamb Electric Division of Ametek, Inc. Hourly Employee's Pension Plan
EIN: 14-168544; Plan Number: 008
Attachment- 2009 Schedule SB
Line 26- Schedule of Active Participant Data

Age Nearest Birthday		Completed Years of Service								
		0	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	Over 34
15 - 19	Number	0	0	0	0	0	0	0	0	0
20 - 24	Number	0	0	0	0	0	0	0	0	0
25 - 29	Number	0	0	0	0	0	0	0	0	0
30 - 34	Number	0	0	0	0	0	0	0	0	0
35 - 39	Number	0	0	0	0	0	0	0	0	0
40 - 44	Number	0	0	0	1	1	0	0	0	0
45 - 49	Number	0	0	0	0	1	0	0	0	0
50 - 54	Number	0	0	0	0	1	0	1	0	0
55 - 59	Number	0	0	0	0	0	0	0	0	0
60 - 64	Number	0	0	0	1	0	0	0	0	4
Over 64	Number	0	0	0	0	0	1	0	1	0

Average Age = 56.8 Average Service = 26.8

Attachment to 2009 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name LAMB ELECTRIC (KENT, OH) HOURLY EMPLOYEES' PENSION PLAN **EIN:** 14-1682544
Plan Sponsor's Name AMETEK, INC. **PN:** 008

Describe the change:
Actuarial value of assets was changed from 3-month average using four month-end market values of plan assets adjusted for contributions and benefit payments to 24-month smoothing of gains and losses (the actuarial value of assets must be within 10% of the market value of assets).

Assumed plan related expenses 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.