

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B	This return/report is for: ☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan IMI CASH VALVE INC. PENSION PLAN	1b	Three-digit plan number (PN) ► 069
		1c	Effective date of plan 08/01/1962
2a	Plan sponsor's name and address (employer, if for single-employer plan) TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC 9 ROSZEL RD. PRINCETON, NJ 08540	2b	Employer Identification Number (EIN) 20-5073412
		2c	Plan sponsor's telephone number 561-988-7200
		2d	Business code (see instructions) 332900
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") TYCO INTERNATIONAL MANAGEMENT COMPANY 9 ROSZEL RD. ADMINISTRATIVE COMMITTEE PRINCETON, NJ 08540	3b	Administrator's EIN 02-0328430
		3c	Administrator's telephone number 561-988-7200
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. Sponsor's name TYCO INTERNATIONAL MANAGEMENT COMPANY	4b	EIN 20-5073412
		4c	PN 069
5a	Total number of participants at the beginning of the plan year	5a	80
b	Total number of participants at the end of the plan year	5b	80
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No	
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III	Financial Information		
7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 1168326	1327240
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 1168326	1327240
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 0	
(2)	Participants	8a(2)	
(3)	Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 299677	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	299677
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 76745	
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f	
g	Other expenses	8g 64018	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	140763
i	Net income (loss) (subtract line 8h from line 8c)	8i	158914
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 1I 3H

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		50000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	MINDY EBERT-FELDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	MINDY EBERT-FELDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

A Name of plan IMI CASH VALVE INC. PENSION PLAN	B Three-digit plan number (PN) 069
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC	D Employer Identification Number (EIN) 20-5073412

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	1163815
b Actuarial value	2b	1280197
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 20	661472
b For terminated vested participants	3b 55	556442
c For active participants:		
(1) Non-vested benefits	3c(1)	12139
(2) Vested benefits	3c(2)	27263
(3) Total active	3c(3) 5	39402
d Total	3d 80	1257316
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	8.18 %
6 Target normal cost	6	65000

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	10/11/2010
Signature of actuary	Date
VICTOR BUONOPANE	08-06320
Type or print name of actuary	Most recent enrollment number
MERCER	212-345-7000
Firm name	Telephone number (including area code)
1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	
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)	450857	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	450857	0
10	Interest on item 9 using prior year's actual return of <u>-26.97</u> %	-121596	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		101300
b	Interest on (a) using prior year's effective rate of <u>6.11</u> %		6189
c	Total available at beginning of current plan year to add to prefunding balance		107489
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	55000	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	274261	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.01 %
15	Adjusted funding target attainment percentage.....	15	101.81 %
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	103.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required 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 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 65
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	65000
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	65000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	65000	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
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 SB, Line 25 – Change in method

In accordance with plan sponsor elections:

- The funding target interest rate was changed from the 24-month average of segment rates with 1 month look-back and no phase-in to the full yield curve with 2 months look-back.
- The asset method was changed from the fair market value to an annual average of the adjusted market value over the last 25 months preceding and including the valuation date.

These changes are granted automatic approval by the IRS

Expected plan related (administrative) expenses are now included in the target normal cost, as required by the Worker, Retiree, and Employer Recovery Act of 2008.

Schedule SB, Part V – Statement of actuarial assumptions/methods

Actuarial assumptions

Discount rate elections	Full yield curve with 2 months look-back (November 2008)		
Mortality elections	2009 PPA separate static annuitant and nonannuitant mortality tables		
417(e) lump sums			
▪ Annuity substitution	N/A		
▪ Generational mortality option	N/A		
▪ Phase-in option	N/A		
Other economic assumptions			
▪ Salary increases	N/A		
▪ Flat-dollar benefit increases	N/A		
▪ Social Security wage base	N/A		
▪ Inflation	N/A		
▪ Expected investment return	8.00% for 2007 through 2009		
▪ Expenses	\$65,000 added to current year normal cost		
▪ Other	N/A		
Demographic assumptions			
Withdrawal	None		
Retirement	100% assumed to terminate at age 65		
Disability incidence	N/A		
Retirement age	Age 65		
Benefit commencement age for			
▪ Future vested deferred	Age 65		
▪ Current vested deferred	Age 65		
▪ Active retirements	Age 65		
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
▪ Percentage married	85.00%	75.00%	
▪ Spouse age difference	3 years younger	3 years older	
Form of payment	<u>Lump sum</u>	<u>Single life</u>	<u>66.67% J&S</u>
▪ Future and current vested deferred	0%	50%	50%

Schedule SB, Part V – Statement of actuarial assumptions/methods *(continued)*

Actuarial methods

Asset methods – effective January 1, 2009

We used financial data submitted by the trustee as of January 1, 2009 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value over the last 25 months preceding and including the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate based on IRS guidance. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430. A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

Participant methods – effective January 1, 2008

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.

Schedule SB, Part V – Statement of actuarial assumptions/methods *(continued)*

Actuarial methods

Benefits included or excluded

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

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:** Participants over normal retirement age are valued including the late retirement actuarial increase
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Plan sponsor elections – effective January 1, 2009

Funding interest rate

- Full yield curve with 2 months look-back (November curve)

Mortality assumption for funding target:

- Static annuitant and non-annuitant tables

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

- N/A

Asset valuation method:

- Average value with 25 months in average period and annual frequency of valuation

Schedule SB, Part V – Statement of actuarial assumptions/methods *(continued)*

Actuarial methods

Minimum funding method

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

A detailed description of the calculation follows:

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

Maximum deductible contribution method

The cushion amount is based on the funding target for minimum funding calculations.

Schedule SB, Part V – Summary of plan provisions

We have used and relied upon the plan documents, including amendments, supplied by the plan sponsor. The plan sponsor is solely responsible for the validity and completeness of this information.

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Plan Name	IMI Cash Valve Inc. Pension Plan
Employer identification number	20-5073412
Plan number	069
Effective date and plan year	Established August 1, 1962; calendar year
Most recent amendment	Effective January 1, 2009
Sponsoring employer	Tyco International Management Company, LLC
Participating employees	Employees or former employees of IMI Cash Valve, Inc. (prior to July 1, 1993, the A.W. Cash Valve Manufacturing Corporation) who are compensated on a salary or hourly wage basis, except for employees whose employment is governed by the terms of a collective bargaining agreement. Participation had frozen effective October 1, 2002.
Eligibility	Immediate
Employer contributions	100% employer funded
Participant contributions	None
Service considered	<ul style="list-style-type: none"> ▪ One year of Continuous Service is credited for each twelve consecutive months in which an employee completes one hour of service in each of the twelve consecutive months. ▪ Employment prior to January 1, 1963: Credited Service computed on the basis of the Employee's continuous service as determined by the Company's seniority records. ▪ Employment on and after January 1, 1963: computed on the basis of one year of Credited Service for each calendar year in which the Employee completes at least 1,750 Hours; and in any year in which the Employee completes less than 1,750 Hours, he shall receive one-tenth (1/10th) of a year credit for each 175 Hours so completed. ▪ With respect to an Employee who became a Participant of the Plan on or after July 1, 1988 and whose first day of employment was on or after his 60th birthday, Credited Service shall not include any period prior to July 1, 1988. ▪ Accruals under the plan ceased as of October 1, 2002.

Schedule SB, Part V – Summary of plan provisions *(continued)*

Normal retirement age	Age 65 or fifth anniversary of participation if later																				
Normal retirement benefit	Credited service times the monthly benefit rate shown below:																				
	<table> <tr> <th>Termination Date</th><th>Benefit Rate</th></tr> <tr> <td>7/1/84 – 10/12/85</td><td>\$18.00</td></tr> <tr> <td>10/13/85 – 5/18/86</td><td>\$19.00</td></tr> <tr> <td>5/19/86 – 5/18/88</td><td>\$20.00</td></tr> <tr> <td>5/19/88 – 8/23/89</td><td>\$21.00</td></tr> <tr> <td>8/24/89 – 8/23/91</td><td>\$22.50</td></tr> <tr> <td>8/24/91 – 8/23/92</td><td>\$23.00</td></tr> <tr> <td>8/24/92 – 8/23/93</td><td>\$23.50</td></tr> <tr> <td>8/24/93 – 8/23/94</td><td>\$24.00</td></tr> <tr> <td>On or after 8/24/94</td><td>\$24.50</td></tr> </table>	Termination Date	Benefit Rate	7/1/84 – 10/12/85	\$18.00	10/13/85 – 5/18/86	\$19.00	5/19/86 – 5/18/88	\$20.00	5/19/88 – 8/23/89	\$21.00	8/24/89 – 8/23/91	\$22.50	8/24/91 – 8/23/92	\$23.00	8/24/92 – 8/23/93	\$23.50	8/24/93 – 8/23/94	\$24.00	On or after 8/24/94	\$24.50
Termination Date	Benefit Rate																				
7/1/84 – 10/12/85	\$18.00																				
10/13/85 – 5/18/86	\$19.00																				
5/19/86 – 5/18/88	\$20.00																				
5/19/88 – 8/23/89	\$21.00																				
8/24/89 – 8/23/91	\$22.50																				
8/24/91 – 8/23/92	\$23.00																				
8/24/92 – 8/23/93	\$23.50																				
8/24/93 – 8/23/94	\$24.00																				
On or after 8/24/94	\$24.50																				
Late retirement benefit	Normal retirement benefit based on service through late retirement date																				
Early retirement benefit																					
(a) Eligibility	Age 55 and 10 years of Continuous Service																				
(b) Benefit	Accrued benefit at early retirement date Benefits can commence at early retirement date, reduced by .5% per month for each month that commencement precedes normal retirement.																				
Deferred vested benefit																					
(a) Eligibility	5 years of Continuous Service																				
(b) Benefit	Accrued benefit at termination payable at normal retirement age Benefits can commence at early retirement date with 10 years of Continuous Service, subject to same reduction factors as early retirement																				
Disability benefit																					
(a) Eligibility	10 years of Continuous Service and total and permanent disability (as determined by the Retirement Committee)																				
(b) Benefit	\$120 monthly benefit if participant remains disabled until normal retirement date. Benefit is recalculated upon normal retirement based on service before termination due to disability																				

Schedule SB, Part V – Summary of plan provisions *(continued)*

Death benefit	
(a) Eligibility	Spouse or registered domestic partner of vested participant
(b) Benefit	Annuity based on accrued benefit at death. Payable at normal retirement date in the normal form for married participants as if participant died on that date. Reduced benefit is available, subject to the same factors as early retirement.
Optional forms of retirement benefits	Life Annuity Life Annuity with 60, 120 or 180 Months Certain 50%, 75% or 100% Joint & Survivor Automatic cash out if lump sum is less than or equal to \$1,000. Lump sum may be elected if value is less than or equal to \$7,500.
Actuarial equivalence basis of optional forms	Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 6.00% compound annual interest rate and the 1971 Male Group Annuity Mortality Table, with ages set back two years for participants and three years for contingent annuitants.
Actuarial Equivalence for Lump Sum	The equivalent value when calculated under the mortality table and segment rates mandated by the IRS under PPA and 417(e)(3).
Funding medium	Master Trust administered by Northern Trust.
Changes since prior valuation	The benefit limitation under IRC Section 415(b) increased from \$185,000 in 2008 to \$195,000 in 2009. This change had no effect on the plan's liabilities.
Benefits not included in valuation	To the best of our knowledge, no benefits were excluded from the valuation.
Significant events	To the best of our knowledge, no significant events occurred during the year that would significantly affect valuation results.

Schedule SB, Line 26 – Schedule of active participant data

Age	Years of credited service as of January 1, 2009										
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
< 25											
25 – 29											
30 – 34											
35 – 39		1									1
40 – 44											
45 – 49		1	1								2
50 – 54		1									1
55 – 59						1					1
60 – 64											
65 – 69											
70+											
TOTAL		3	1			1					5

Credited service through October 1, 2002, the date that benefits were frozen under the plan. Eligibility and vesting service continue to be accrued until termination of employment.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

A Name of plan IMI Cash Valve Inc. Pension Plan	B Three-digit plan number (PN) <u>069</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Tyco International Management Company, LLC	D Employer Identification Number (EIN) 20-5073412
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a		1,163,815
b Actuarial value	2b		1,280,197
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	20	661,472
b For terminated vested participants	3b	55	556,442
c For active participants:			
(1) Non-vested benefits	3c(1)		12,139
(2) Vested benefits	3c(2)		27,263
(3) Total active	3c(3)	5	39,402
d Total	3d	80	1,257,316
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		8.18 %
6 Target normal cost	6		65,000

Statement by Enrolled Actuary

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

SIGN HERE	<u>VICTOR BUONOPANE</u> <u>VB</u> Signature of actuary VICTOR BUONOPANE Type or print name of actuary Mercer Firm name 1166 AVENUE OF THE AMERICAS NEW YORK NY 10036 Address of the firm	<u>10/11/2010</u> Date <u>08-06320</u> Most recent enrollment number <u>(212) 345-7000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	450,857	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	450,857	0
10 Interest on item 9 using prior year's actual return of <u>(26.97)%</u>	(121,596)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		101,300
b Interest on (a) using prior year's effective rate of <u>6.11 %</u>		6,189
c Total available at beginning of current plan year to add to prefunding balance		107,489
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	55,000	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	274,261	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	80.00 %
15 Adjusted funding target attainment percentage.....	15	101.81 %
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	103.10 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls

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

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

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

a Contributions allocated toward unpaid minimum required 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	0

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
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	65,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	65,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	65,000	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	0
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 SB, Line 21b – Explanation of Discount Rate Applicable Month Discrepancy

The full yield curve with an applicable look-back month of November 2008 was used to value funding liabilities as of January 1, 2009.

The applicable month has not been entered here due to restrictions within the EFAST2 system which did not allow for an entry in line 21b if the "N/A, full yield curve used" option was selected in line 21a. Since the applicable month was the second month preceding the month including the valuation date (November 2008), "2" would have been entered in line 21b had the system allowed an entry.

Line 21b was completed on the pdf attachment of the Schedule SB.