

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	▶ ☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>IMI CASH VALVE INC. UNION PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>070</u>	
	1c Effective date of plan	<u>08/01/1962</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC</u> <u>9 ROSZEL RD.</u> <u>PRINCETON, NJ 08540</u>	2b Employer Identification Number (EIN) <u>20-5073412</u>	2c Sponsor's telephone number <u>561-988-7200</u>	2d Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2011	MINDY EBERT-FELDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2011	MINDY EBERT-FELDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TYCO INTERNATIONAL MANAGEMENT COMPANY ADMINISTRATIVE COMMITTEE 9 ROSZEL RD. PRINCETON, NJ 08540	3b Administrator's EIN 02-0328430 3c Administrator's telephone number 561-988-7200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	100
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	46
c Other retired or separated participants entitled to future benefits.....	6c	49
d Subtotal. Add lines 6a , 6b , and 6c	6d	95
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	99
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>IMI CASH VALVE INC. UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>070</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>20-5073412</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>2297869</u>
b	Actuarial value 2b <u>2324999</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>49</u> <u>1494680</u>
b	For terminated vested participants 3b <u>51</u> <u>1151843</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>100</u> <u>2646523</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.58</u> %
6	Target normal cost 6 <u>80000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/06/2011</u>
Signature of actuary	Date
<u>VICTOR BUONOPANE</u>	<u>11-06320</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>212-345-7000</u>
Firm name	Telephone number (including area code)
<u>1166 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10036</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
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)	426587	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	75000	0
9	Amount remaining (Item 7 minus item 8).....	351587	0
10	Interest on item 9 using prior year's actual return of <u>29.76</u> %	104632	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>8.21</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	249000	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	207219	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.02 %
15	Adjusted funding target attainment percentage.....	15	80.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.71 %
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	
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: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	80000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	422882	70675
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	150675
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	150675	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 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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan IMI CASH VALVE INC. UNION PENSION PLAN	B Three-digit plan number (PN) ▶	070
C Plan sponsor's name as shown on line 2a of Form 5500 TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC	D Employer Identification Number (EIN) 20-5073412	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	46741	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'BRIEN, RILEY & RYAN, P.C.

04-3176941

(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?
10	NONE	10620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	7541	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 ☐

(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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan IMI CASH VALVE INC. UNION PENSION PLAN	B Three-digit plan number (PN)	070
C Plan sponsor's name as shown on line 2a of Form 5500 TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC	D Employer Identification Number (EIN) 20-5073412	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	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)	2297869	2328321
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2297869	2328321

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	34664	20645
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	34664	20645

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2263205	2307676
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Part II Income and Expense Statement

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

Income

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

		(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)		267422
(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		267422

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	140162	
(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)		140162
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)	66440	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6618	
(4) Other	2i(4)	9733	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		82791
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		222953

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		44469
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: O'BRIEN, RILEY & RYAN

(2) EIN: 04-3176941

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan IMI CASH VALVE INC. UNION PENSION PLAN		B Three-digit plan number (PN) ► 070
C Plan sponsor's name as shown on line 2a of Form 5500 TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC		D Employer Identification Number (EIN) 20-5073412
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): 36-1561860		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

Stock: _____% 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): _____

Certified Public Accountants

400 Blue Hill Drive, Suite 2A
Westwood, MA 02090
781.410.2300
781.320.8608 fax

Report of Independent Accountants

To the Participants and Administrator
of the IMI Cash Valve, Inc. Union Pension Plan

We were engaged to audit the financial statements of the IMI Cash Valve, Inc. Union Pension Plan as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying table of contents. 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 information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

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

Westwood, Massachusetts
October 4, 2011

O'Brien, Riley & Ryan P.C.

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

Discount rate sponsor elections		Funding	
Segment rates or full yield curve		Segment	
Look-back months		0	
First 5 years		4.60%	
Next 15 years		6.65%	
Over 20 years		6.76%	
Mortality sponsor elections		Section 430(h)(3) prescribed 2010 PPA separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 or 15 years based on Scale AA	
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% per year for years 2008 through 2010	
Expected expenses		\$ 80,000 added to current year normal cost.	
Demographic assumptions			
Withdrawal		N/A	
Disability incidence		N/A	
Benefit commencement age for			
Current vested deferred		65	
Spouse assumptions		Male participants	Female participants
• Percentage married		85.0%	75.0%
• Spouse age difference		3 years younger	3 years older

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

Form of payment	<u>Lump sum</u>	<u>Single life</u>	<u>75% J&S</u>
Current vested deferred	0%	60%	40%
Unpredictable contingent event assumptions	N/A		

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**Asset methods –**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding 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. 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 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 the market value.

Participant methods –

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

- **Participants included:** The plan sponsor provides us with data on all employees 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**Minimum funding methods –**

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

A detailed description of the calculation follows:

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

Maximum deductible contribution method

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

Schedule SB, Line 24 – Change in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2009 to 2010 in accordance with PPA and the sponsor changed their interest rate election from full yield curve with a two month look-back to segment rates with 0 months look-back.
- Expense normal cost increased from \$ 75,000 to \$ 80,000 to reflect our expectations for the current plan year.

These changes were made to better reflect anticipated plan experience and comply with the requirements of the Pension Protection Act of 2006.

Schedule SB, Line 32 – Schedule of amortization bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases			
Year established	Outstanding balance	Years remaining	Installment
2010	\$ 422,882	7	\$ 70,675
Total	\$ 422,882		\$ 70,675

Schedule SB, Part V – Summary of Plan Provisions

Plan Name	IMI Cash Valve Inc. (Union) Pension Plan
Employer identification number	20-5073412
Plan number	070
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 members of the United Paperworkers International Union Local 7904. There are no active employees as of January 1, 2010
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.

Schedule SB, Part V – Summary of Plan Provisions

Normal retirement age	Age 65 or fifth anniversary of participation if later	
Normal retirement benefit	Credited service times the monthly benefit rate shown below:	
	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 .6% 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)	

Schedule SB, Part V – Summary of Plan Provisions

(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
Death benefit	
(a) Eligibility	Spouse 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 cashout 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	None

Schedule SB, Part V – Summary of Plan Provisions**Benefits included or excluded**

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

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **IRC Section 436 benefit restrictions:** Not applicable for this valuation
- **Late retirement increases:** Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Significant events

To the best of our knowledge, no events occurred during the year that would significantly affect the valuation results.

IMI Cash Valve, Inc. Union Pension Plan
Financial Statements
December 31, 2010

IMI Cash Valve, Inc. Union Pension Plan

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Supplemental Schedules: *

* Certain schedules are included with Form 5500 of the Master Trust (Annual Return/Report of Employee Benefit Plan) filed with the Department of Labor for the plan year ended December 31, 2010 and are not required to be disclosed for this Plan.

Certified Public Accountants

400 Blue Hill Drive, Suite 2A
Westwood, MA 02090
781.410.2300
781.320.8608 fax

Report of Independent Accountants

To the Participants and Administrator
of the IMI Cash Valve, Inc. Union Pension Plan

We were engaged to audit the financial statements of the IMI Cash Valve, Inc. Union Pension Plan as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying table of contents. 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 information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

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

Westwood, Massachusetts
October 4, 2011

O'Brien, Riley & Ryan P.C.

IMI Cash Valve, Inc. Union Pension Plan
Statement of Net Assets Available for Benefits

	December 31,	
	2010	2009
Assets		
Investment in the Tyco Master Trust, at fair value	\$ 2,328,321	\$ 2,297,869
Liabilities		
Administrative Expenses Payable	20,645	34,664
Net Assets Available for Benefits	<u>\$ 2,307,676</u>	<u>\$ 2,263,205</u>

The accompanying notes are an integral part of the financial statements.

IMI Cash Valve, Inc. Union Pension Plan
Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2010	2009
Additions		
Plan Interest in the Tyco Master Trust		
Net Investment Income	\$ 267,422	\$ 538,203
Total Additions	267,422	538,203
Deductions		
Benefit Payments	140,162	134,099
Administrative Expenses	82,789	83,349
Total Deductions	222,951	217,448
Net Increase	44,471	320,755
Net Assets Available for Benefits		
Beginning of Year	2,263,205	1,942,450
End of Year	<u>\$ 2,307,676</u>	<u>\$ 2,263,205</u>

The accompanying notes are an integral part of the financial statements.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

1. DESCRIPTION OF PLAN

The following brief description of the IMI Cash Valve, Inc. Union Pension Plan (the "Plan") is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a trustee, noncontributory, defined benefit pension plan covering substantially all employees of IMI Cash Valve, Inc. (the "Company") who are represented by a union for collective bargaining purposes. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986, as amended (the "Code").

Effective September 30, 2006, in anticipation of the plan to separate Tyco International Ltd. ("TIL") into three separate, unrelated publicly traded companies consisting of Covidien Ltd. ("Covidien"), TE Connectivity, formerly Tyco Electronics Ltd., and TIL (the "Separation"), the Plan was amended to change the Plan Sponsor from Tyco International (US) Inc. to Citrine Management Corp. ("CMC"). On February 8, 2007, CMC changed its name to Tyco International Management Company ("TIMCO"). On June 29, 2007, TIL was separated into three unrelated publically traded companies. TIMCO converted on August 13, 2010, from a Nevada corporation to a Nevada limited liability company. TIMCO's new legal name is Tyco International Management Company, LLC ("TIMCO LLC" or "Plan Sponsor" or "Tyco") and TIMCO LLC is currently the Plan Sponsor of the Plan.

The Company is part of a controlled group of entities with TIMCO LLC.

Funding Policy

The Company's funding policy is to make all required contributions to the pension plan in accordance with applicable pension laws and regulations. Additional, voluntary contributions (in excess of required minimum amounts) are periodically considered based on their individual merits. No Company contributions were necessary during 2010 and 2009 in order to meet the minimum funding requirements under Internal Revenue Service regulations.

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

Disability and Death Benefits

Participants who terminate employment due to total and permanent disability or spouses of vested participants who die may be entitled to receive benefits under this Plan.

Administrative Expenses

Insurance premiums, trustee service charges, audit fees, investment related fees and certain administrative and actuarial fees are paid by the Plan. All other expenses associated with the administration of the Plan are paid by the Company.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

Pension Benefits

Participants who have completed 5 or more years of service or attained the age of 65 are entitled to monthly pension benefits beginning at normal retirement age of 65. The amount of monthly benefit to be provided for each participant is equal to the product of the years of benefit service multiplied by \$24.50.

The Plan permits early retirement at ages 55 to 64 after completion of 10 years of vesting service. Unless otherwise elected, participants who are married at retirement receive the value of their benefits in the form of a joint and survivor annuity. Such joint and survivor benefits continue to the spouse during the spouse's lifetime at a rate equal to 50% of the rate the benefits were payable to the participant. Participants may elect to receive a smaller annuity benefit with higher rates of continuing payments. If a participant terminates before reaching the later of sixty-five or five years of service, he/she forfeits the right to receive the participant's accumulated Plan benefits. Participants may elect to receive the value of their accumulated Plan benefits as lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity for a certain period.

Plan Administration

The Plan has an Administrative Committee and an Investment Committee. The Administrative Committee acts in the capacities of Plan administrator and Plan fiduciary. The Investment Committee acts in the capacity of Plan fiduciary. Committee members are appointed by the Board of Directors of TIMCO LLC. The Investment Committee appoints the investment managers to manage the assets of the Tyco Master Trust (the "Master Trust").

Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

Plan Termination, continued

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Actuarial Valuation Method and Assumptions

Independent actuaries are employed by the Company to determine the Plan's required contributions, present value of accumulated benefits, and prior service costs using the traditional unit credit method. The significant actuarial assumptions including mortality, salary increases, and investment returns, used by the independent actuaries in the January 1, 2010 valuation are summarized as follows:

Investment Return Rate:	6.58% Effective interest rate based on funding segment rates: 4.6% for the first 5 years, 6.65% for the next 15 years, and 6.76% for years after 20 years
Retirement:	Weighted Average Age 65
Mortality:	IRC Section 430(h)(3) separate static annuitant and non-annuitant mortality tables

Certain actuary assumptions discussed above have changed since the January 1, 2009 valuation. The actuarial assumptions used in the January 1, 2009 valuation were: a) the effective investment return rate for 2009 was 8.21% based on the IRS November 2008 full yield curve, b) the mortality table was the 2009 PPA separate static annuitant and non-annuitant mortality tables.

The effect of these changes is included in footnote 3 under the caption change in actuarial assumptions.

Basis of Accounting

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

Investment Valuation and Income Recognition

The investment in the Master Trust is shown at estimated fair value since no quoted market price for this investment is available. The fair value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated net investment income or loss less actual distributions and allocated administrative expenses. Net investment income or loss and certain administrative expenses are allocated to the individual plans based upon the ratio of the plans holdings in the Master Trust of the prior month end.

Other significant accounting policies include: investment transactions are recorded on the trade date, gains or losses on sales of investments are recorded as the difference between proceeds and cost, cost is determined on a specific identification basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

Investment Valuation and Income Recognition, continued

Fair value is the price that would be received by the Plan to sell an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements require the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: inputs are based upon quoted prices (unadjusted) in active markets for identical assets or liabilities which are accessible as of the measurement date.

Level 2: inputs are based upon quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and model-derived valuations for the asset or liability that are derived principally from or corroborated by market data for which the primary inputs are observable, including forward interest rates, yield curves, credit risk and exchange rates.

Level 3: inputs for the valuations are unobservable and are based on management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques such as option pricing models and discounted cash flow models.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The fair values of the underlying investments of the Master Trust are determined as follows:

Cash and cash equivalents are primarily invested in a money market mutual fund. The fair value is determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

103-12 investment entities are pooled investments and the underlying assets are valued individually by the custodian except that income and expenses are valued on the accrual basis. The value of the underlying assets are net of any expenses, charges, or other liabilities incurred or accrued by the pooled fund in accordance with procedures consistently followed and uniformly applied. The net value of the pooled fund assets are divided by the total number of units of the pooled fund in existence as of the relevant valuation date. The values are supported by actual redemption prices (level 2 inputs).

Common stocks are valued by obtaining prices on recognized and highly liquid exchanges (level 1 inputs).

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

Investment Valuation and Income Recognition, continued

Common collective trusts are valued based on their net asset values, as reported by custodians of the common collective trusts and as supported by actual redemption prices (level 2 inputs). Included in the common collective trusts are money market funds which are valued at the net asset value per share as quoted by such companies or funds as of the valuation date. The money market funds are institutional commingled funds. Although not traded on active markets the net asset value per share is observable. Cash is valued at the amounts deposited in the fund, plus accrued interest (level 1 inputs).

Corporate bonds primarily consist of more than 200 corporate investment grade and high yield credit bonds ("Corporate credits"), as well as Asset Backed Securities ("ABS"). The Corporate credits are generally priced using the most recent bid prices or potentially the mean of the latest bid and ask prices. ABS are generally valued using matrix pricing through recognized financial models utilized by the investment manager and the custodian that incorporate other observable inputs such as cash flow, security structure, or market information, when there is no broker/dealer quote available (level 2 inputs).

Partnership/joint venture interests are valued by the custodian based on the underlying assets which includes publicly traded common stock, commercial paper, futures, foreign exchange forwards and money market funds. Redemption value is based on current ownership percentage at the end of the calendar month. Redemption frequency is on a monthly basis, upon 15 days advance notice (level 2 inputs).

U.S. government securities are direct obligations of the U.S. government or its agencies. These securities are generally priced using the most recent bid prices or potentially the mean of the latest bid and ask prices. This category also includes mortgage backed securities ("MBS") issued by U.S. government agencies that may utilize models, such as a single cash flow model, that incorporate data on interest rate movements, pass-thru securities markets, bid evaluations, and other pertinent data (level 2 inputs).

Registered investment companies are valued by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs). Some registered investment companies have private open-ended mutual funds which are valued based on their net asset values, as reported by custodians of the registered investment companies and as supported by actual redemption prices (level 2 inputs).

Other investments includes swap, municipal bond, non-U.S. government bonds, and sundry assets which are valued either by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs) or by third party pricing sources obtained by the custodian which may utilize models that incorporate pertinent data to determine pricing and non-U.S. sovereign debt securities, where the custodian will utilize available broker/dealer quotes (level 2 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Payment of Benefits

Benefits are recorded when paid.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated December 12, 2002, that the Plan and related trust are designed in compliance with applicable sections of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes is required.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

3. ACCUMULATED BENEFITS

The actuarial present value of accumulated benefits is as follows:

	January 1, 2010
	<hr/>
Vested benefits:	
Participants or beneficiaries currently receiving payments	\$ 1,494,680
Other participants	1,151,843
	<hr/>
	2,646,523
Nonvested benefits	<hr/>
	-
Total actuarial present value of accumulated benefits	<hr/>
	\$ 2,646,523
	<hr/>

The change in the actuarial present value of accumulated benefits is as follows:

	Fiscal Year Ended January 1, 2010
	<hr/>
Actuarial present value of accumulated benefits at beginning of fiscal year	\$ 2,166,403
Increase (decrease) during the year attributable to:	
Benefits accumulated	16,212
Change in actuarial assumptions	426,109
Passage of time	171,898
Benefits paid	(134,099)
	<hr/>
Total changes	480,120
	<hr/>
Actuarial present value of accumulated benefits at end of fiscal year	\$ 2,646,523
	<hr/>

The actuarial present value of accumulated benefits as of January 1, 2010 is based upon an effective interest rate of 6.58% based on funding segment rates. See Note 2.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

4. INFORMATION CERTIFIED BY THE TRUSTEE

The following summarized information and certain underlying detail included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by The Northern Trust Company, the trustee for the Plan, as of and for the years ended December 31, 2010 and 2009.

	December 31,	
	2010	2009
	<u> </u>	<u> </u>
Investment in the Tyco Master Trust	\$ 2,328,321	\$ 2,297,869
	<u> </u>	<u> </u>
Plan Interest in the Tyco Master Trust		
Net Investment Income	\$ 267,422	\$ 538,203
	<u> </u>	<u> </u>

5. INVESTMENT IN THE MASTER TRUST

As of December 31, 2010 and 2009, the Plan's sole investment is in the Master Trust, which was established for the investment of assets of the Plan and several other TIMCO and affiliated companies' sponsored retirement plans. The assets of the Master Trust are held by its trustee, The Northern Trust Company, for the years ended December 31, 2010 and 2009. Each participating retirement plan has an undivided interest in the assets of the Master Trust except for any other securities, which, if applicable, are identifiable with individual plans. The Plan's interest in the net assets of the Master Trust is less than 1% at December 31, 2010 and 2009.

The Master Trust discontinued its securities lending program during 2009.

The following financial information was obtained from data that has been prepared and certified to as complete and accurate by the trustee of the Master Trust. Such financial information has not been audited by the Plan's independent accountants.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

The following table presents net assets of the Master Trust. Investments that represent 5 percent or more of the Master Trust net assets have been separately identified.

	December 31,	
	2010	2009
ASSETS:		
Investments, at fair value		
Cash and Cash Equivalents	\$ 1,603,858	\$ 6,628,309
103-12 Investment Entities	-	30,738,618
Common Stocks	127,881,661	171,231,301
Common/Collective Trusts		
Blackrock Debt Index Fund	82,663,599	-
UBS All CountryWorld Equity	49,365,530	43,870,495
Northern Trust Russell 1000 Index Fund	184,480,867	87,299,064
Northern Trust Russell 1000 Value Index Fund	-	47,593,418
Other Common/Collective Trusts	15,582,747	11,979,791
Corporate Bonds	33,574,976	112,321,019
Partnership/Joint Venture Interests		
AQR International Equity Fund	47,746,318	43,409,999
U.S. Government Securities	53,864,636	86,181,418
Registered Investment Companies	73,543,605	11,294
Other Investments	4,330,469	5,155,919
Total Investments, at fair value	674,638,266	646,420,645
Other Receivables	3,051,559	9,073,015
Total Assets	677,689,825	655,493,660
LIABILITIES:		
Other Payables	1,660,303	10,886,241
Net Assets	\$ 676,029,522	\$ 644,607,419

Net investment income of the Master Trust is as follows:

	Year Ended December 31,	
	2010	2009
Interest and Dividend Income	\$ 10,292,272	\$ 13,078,463
Net Appreciation/(Depreciation) in Fair Value of Investments:		
103-12 Investment Entities	2,600,862	5,459,785
Common Stocks	26,511,654	49,477,466
Common/Collective Trusts	26,363,861	48,257,038
Corporate Bonds	3,470,817	20,733,267
Non-Interest Bearing Cash	97,048	(15,647)
Partnership/Joint Venture Interests	4,336,319	13,492,469
Registered Investment Companies	1,877,388	177
U.S. Government Securities	2,021,771	25,966
Other Investments	(499,254)	1,220,380
Total Net Investment Income	\$ 77,072,738	\$ 151,729,364

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

On November 9, 2010, TIL announced that it entered into an investment agreement (the “Agreement”) to sell a majority interest in its Electrical and Metal Products business to an affiliate of the private equity firm Clayton, Dubilier & Rice, LLC (the “Investor”). TIL formed a newly incorporated holding company, Atkore International Group Inc. (“Atkore”), to hold the Company’s Electrical and Metal Products business. On December 22, 2010, the transaction closed and the Investor acquired shares of a newly-created class of cumulative convertible preferred stock of Atkore (the “Preferred Stock”). The Preferred Stock initially represented 51% of the outstanding capital stock (on an as-converted basis) of Atkore. The assets and liabilities relating to the participants of the Allied Harvey Union Pension Plan, the Allied Philadelphia Union Pension Plan, the T.J. Cope Pension Plan and the Unistrut Pension Plan, which were sold in the transaction above, continued to be a part of the Master Trust as of December 31, 2010. During the month of April 2011, \$59,386,733 of assets relating to Atkore participants were transferred to a master trust established by Atkore.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2010.

	12/31/2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and Cash Equivalents	\$ 1,603,858	\$ 1,603,858	\$ -
Common Stocks			
US	88,374,842	88,374,842	-
Non-US	39,506,819	39,506,819	-
Common/Collective Trusts			
Short-Term Securities	15,582,747	15,582,747	-
US Equity	184,480,867	-	184,480,867
Non-US Equity	49,365,530	-	49,365,530
US Fixed Income	82,663,599	-	82,663,599
Corporate bonds			
US	33,574,976	-	33,574,976
Partnership/Joint Venture Interests	47,746,318	-	47,746,318
U.S. Government Securities	53,864,636	-	53,864,636
Registered Investment Companies	73,543,605	1,636,830	71,906,775
Other Investments	4,330,469	219,528	4,110,941
Total Investments at Fair Value	<u>\$ 674,638,266</u>	<u>\$ 146,924,624</u>	<u>\$ 527,713,642</u>

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2009.

	12/31/2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and Cash Equivalents	\$ 6,628,309	\$ 6,628,309	\$ -
103-12 Investment Entities	30,738,618	-	30,738,618
Common Stocks			
US	121,306,435	121,306,435	-
Non-US	49,924,866	49,924,866	-
Common/Collective Trusts			
Short-Term Securities	11,979,791	11,979,791	-
US Equity	178,762,977	-	178,762,977
Corporate bonds			
US	101,274,239	-	101,274,239
Non-US	11,046,780	-	11,046,780
Partnership/Joint Venture Interests	43,409,999	-	43,409,999
U.S. Government Securities	86,181,418	-	86,181,418
Registered Investment Companies	11,294	11,294	-
Other Investments	5,155,919	-	5,155,919
Total Investments at Fair Value	<u>\$ 646,420,645</u>	<u>\$ 189,850,695</u>	<u>\$ 456,569,950</u>

The Master Trust did not have any investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the years ended December 31, 2010 and 2009.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010, there were no significant transfers in or out of any levels.

6. NET ASSET VALUE (NAV) PER SHARE

The Plan expanded its disclosures to include the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net assets value per share as of December 31, 2010 and 2009.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

The following table for December 31, 2010, sets forth a summary of the Master Trust's investments with a reported NAV.

Fair Value Estimated Using Net Asset Value Per Share
December 31, 2010

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Registered Investment Companies (1)	\$ 73,105,741	\$ -	Daily	none	1 day
Common Collective Trust					
US Equity (2)	184,480,867	-	Daily	none	1 day
Non-US Equity (3)	49,365,530	-	Twice a Month	none	2 days
US Fixed Income (4)	82,663,599	-	Daily	none	2 days
	<u>\$ 389,615,737</u>	<u>\$ -</u>			

- (1) These funds have an investment objective to exceed the returns of the Barclays Aggregate Bond Index and Barclays U.S. Aggregate Government/Credit Long Index.
- (2) This is a passive index fund whose objective is to track the return of the Russell 1000 U.S. Equity Index.
- (3) This fund has an investment objective of exceeding the return of the broad non-U.S. equity market.
- (4) This is a passive index fund whose objective is to track the return of the Barclays Aggregate Bond Index.

IMI Cash Valve, Inc. Union Pension Plan
Notes to Financial Statements
December 31, 2010

The following table for December 31, 2009, sets forth a summary of the Master Trust's investments with a reported NAV.

Fair Value Estimated Using Net Asset Value Per Share
December 31, 2009

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
103-12 Investment Entities (1) Common Collective Trust	\$ 30,738,618	\$ -	Daily	none	1 day
U.S. Fixed Income (2)	134,892,482	-	Daily	none	1 day
U.S. Fixed Income (3)	43,870,495	-	Twice a Month	none	5 days
	<u>\$ 209,501,595</u>	<u>\$ -</u>			

- (1) This fund has an investment objective of exceeding the return of the broad non-U.S. equity market as defined by the MSCI All Country World Index excluding the U.S. equity market.
- (2) This is a fund whose objective is to exceed the return of the U.S. corporate bonds and mortgage backed securities sectors in the Barclays Aggregate Bond Index.
- (3) These are two passive index funds whose objectives are to track the returns of the Russell 1000 and Russell 1000 Value U.S. equity indices, respectively.

7. RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the use of estimates and the assumption setting process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

8. SUBSEQUENT EVENTS

The Plan Sponsor has evaluated subsequent events through October 4, 2011, which is the date the financial statements were available to be issued.

On September 19, 2011 Tyco International Ltd. and its subsidiaries announced that its Board of Directors approved a proposed plan to separate into three separate, publicly-traded companies. The three companies created through the separation will be the ADT North America residential security business, the flow control business, and the combined fire protection and commercial security business. The separation is anticipated to be a 12 month process beginning from the announcement date.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **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 IMC Cash Valve Inc. Union Pension Plan	B Three-digit plan number (PN) <u>070</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 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>2010</u>			
2 Assets:			
a Market value.....	2a		2,297,869
b Actuarial value.....	2b		2,324,999
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	49	1,494,680
b For terminated vested participants	3b	51	1,151,843
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active	3c(3)	0	0
d Total.....	3d	100	2,646,523
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		6.58 %
6 Target normal cost.....	6		80,000

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>10/6/2011</u> Date 11-06320 Most recent enrollment number (212) 345-7000 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) 2010
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)	426,587	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	75,000	0
9 Amount remaining (Item 7 minus item 8)	351,587	0
10 Interest on item 9 using prior year's actual return of <u>29.76</u> %	104,632	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>8.21</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	249,000	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	207,219	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.02 %
15 Adjusted funding target attainment percentage	15	80.02 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.71 %
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: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
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	80,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	422,882	70,675
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	150,675
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	150,675	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