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| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                             |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                             |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan                                                  |
| <b>B</b> This return/report is for:                                                                      | <input type="checkbox"/> first return/report <input type="checkbox"/> final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months) |
| <b>C</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program<br><input type="checkbox"/> special extension (enter description)                          |

|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                   |                                                             |  |
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| <b>Part II</b>                                                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                          |                                                                  |                                                                   |                                                             |  |
| <b>1a</b> Name of plan<br><u>TJ COPE UNION PENSION PLAN</u>                                                                                                                                                                                                 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b</b> Three-digit plan number (PN) <u>046</u></td> <td><b>1c</b> Effective date of plan<br/><u>08/07/1971</u></td> </tr> </table>                                                                                                     | <b>1b</b> Three-digit plan number (PN) <u>046</u>                | <b>1c</b> Effective date of plan<br><u>08/07/1971</u>             |                                                             |  |
| <b>1b</b> Three-digit plan number (PN) <u>046</u>                                                                                                                                                                                                           | <b>1c</b> Effective date of plan<br><u>08/07/1971</u>                                                                                                                                                                                                                                                                                   |                                                                  |                                                                   |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for single-employer plan)<br><u>ATKORE INTERNATIONAL, INC.</u><br><br><u>16100 SOUTH LATHROP AVENUE</u><br><u>HARVEY, IL 60426</u>                                                                  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>90-0631477</u></td> <td><b>2c</b> Plan sponsor's telephone number<br/><u>708-225-2146</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>339900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN) <u>90-0631477</u> | <b>2c</b> Plan sponsor's telephone number<br><u>708-225-2146</u>  | <b>2d</b> Business code (see instructions)<br><u>339900</u> |  |
| <b>2b</b> Employer Identification Number (EIN) <u>90-0631477</u>                                                                                                                                                                                            | <b>2c</b> Plan sponsor's telephone number<br><u>708-225-2146</u>                                                                                                                                                                                                                                                                        |                                                                  |                                                                   |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>339900</u>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                   |                                                             |  |
| <b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br><u>ATKORE INTERNATIONAL, INC.</u><br><u>16100 SOUTH LATHROP AVENUE</u><br><u>HARVEY, IL 60426</u>                                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>3b</b> Administrator's EIN<br/><u>90-0631477</u></td> <td><b>3c</b> Administrator's telephone number<br/><u>708-225-2146</u></td> </tr> </table>                                                                                                          | <b>3b</b> Administrator's EIN<br><u>90-0631477</u>               | <b>3c</b> Administrator's telephone number<br><u>708-225-2146</u> |                                                             |  |
| <b>3b</b> Administrator's EIN<br><u>90-0631477</u>                                                                                                                                                                                                          | <b>3c</b> Administrator's telephone number<br><u>708-225-2146</u>                                                                                                                                                                                                                                                                       |                                                                  |                                                                   |                                                             |  |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name<br><u>TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>4b</b> EIN <u>20-5073412</u></td> <td><b>4c</b> PN <u>046</u></td> </tr> </table>                                                                                                                                                                         | <b>4b</b> EIN <u>20-5073412</u>                                  | <b>4c</b> PN <u>046</u>                                           |                                                             |  |
| <b>4b</b> EIN <u>20-5073412</u>                                                                                                                                                                                                                             | <b>4c</b> PN <u>046</u>                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                   |                                                             |  |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                                                              | <b>5a</b> <u>61</u>                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                   |                                                             |  |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                                                                     | <b>5b</b> <u>59</u>                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                   |                                                             |  |
| <b>c</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....                                                                                                           | <b>5c</b>                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                   |                                                             |  |
| <b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                     |                                                                  |                                                                   |                                                             |  |
| <b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                     |                                                                  |                                                                   |                                                             |  |
| <b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                   |                                                             |  |

| <b>Part III</b>                                                                                     | <b>Financial Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
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| <b>7</b> Plan Assets and Liabilities                                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Beginning of Year</th> <th style="width:20%;">(b) End of Year</th> </tr> <tr> <td><b>a</b> Total plan assets .....</td> <td><b>7a</b> <u>991545</u></td> <td><u>988177</u></td> </tr> <tr> <td><b>b</b> Total plan liabilities .....</td> <td><b>7b</b></td> <td></td> </tr> <tr> <td><b>c</b> Net plan assets (subtract line 7b from line 7a).....</td> <td><b>7c</b> <u>991545</u></td> <td><u>988177</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | (a) Beginning of Year | (b) End of Year | <b>a</b> Total plan assets .....                    | <b>7a</b> <u>991545</u> | <u>988177</u> | <b>b</b> Total plan liabilities ..... | <b>7b</b>    |  | <b>c</b> Net plan assets (subtract line 7b from line 7a)..... | <b>7c</b> <u>991545</u> | <u>988177</u> |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
|                                                                                                     | (a) Beginning of Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (b) End of Year |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>a</b> Total plan assets .....                                                                    | <b>7a</b> <u>991545</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>988177</u>   |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>b</b> Total plan liabilities .....                                                               | <b>7b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>c</b> Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b> <u>991545</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>988177</u>   |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                         | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Amount</th> <th style="width:20%;">(b) Total</th> </tr> <tr> <td><b>a</b> Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td>  <b>(1)</b> Employers .....</td> <td><b>8a(1)</b></td> <td></td> </tr> <tr> <td>  <b>(2)</b> Participants .....</td> <td><b>8a(2)</b></td> <td></td> </tr> <tr> <td>  <b>(3)</b> Others (including rollovers).....</td> <td><b>8a(3)</b></td> <td></td> </tr> <tr> <td><b>b</b> Other income (loss).....</td> <td><b>8b</b> <u>114249</u></td> <td></td> </tr> <tr> <td><b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....</td> <td><b>8c</b></td> <td><u>114249</u></td> </tr> <tr> <td><b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</td> <td><b>8d</b> <u>46062</u></td> <td></td> </tr> <tr> <td><b>e</b> Certain deemed and/or corrective distributions (see instructions)....</td> <td><b>8e</b></td> <td></td> </tr> <tr> <td><b>f</b> Administrative service providers (salaries, fees, commissions).....</td> <td><b>8f</b></td> <td></td> </tr> <tr> <td><b>g</b> Other expenses.....</td> <td><b>8g</b> <u>71555</u></td> <td></td> </tr> <tr> <td><b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....</td> <td><b>8h</b></td> <td><u>117617</u></td> </tr> <tr> <td><b>i</b> Net income (loss) (subtract line 8h from line 8c).....</td> <td><b>8i</b></td> <td><u>-3368</u></td> </tr> <tr> <td><b>j</b> Transfers to (from) the plan (see instructions) .....</td> <td><b>8j</b></td> <td></td> </tr> </table> |                 | (a) Amount            | (b) Total       | <b>a</b> Contributions received or receivable from: |                         |               | <b>(1)</b> Employers .....            | <b>8a(1)</b> |  | <b>(2)</b> Participants .....                                 | <b>8a(2)</b>            |               | <b>(3)</b> Others (including rollovers)..... | <b>8a(3)</b> |  | <b>b</b> Other income (loss)..... | <b>8b</b> <u>114249</u> |  | <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... | <b>8c</b> | <u>114249</u> | <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b> <u>46062</u> |  | <b>e</b> Certain deemed and/or corrective distributions (see instructions).... | <b>8e</b> |  | <b>f</b> Administrative service providers (salaries, fees, commissions)..... | <b>8f</b> |  | <b>g</b> Other expenses..... | <b>8g</b> <u>71555</u> |  | <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)..... | <b>8h</b> | <u>117617</u> | <b>i</b> Net income (loss) (subtract line 8h from line 8c)..... | <b>8i</b> | <u>-3368</u> | <b>j</b> Transfers to (from) the plan (see instructions) ..... | <b>8j</b> |  |
|                                                                                                     | (a) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (b) Total       |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>a</b> Contributions received or receivable from:                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>(1)</b> Employers .....                                                                          | <b>8a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>(2)</b> Participants .....                                                                       | <b>8a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>(3)</b> Others (including rollovers).....                                                        | <b>8a(3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>b</b> Other income (loss).....                                                                   | <b>8b</b> <u>114249</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                 | <b>8c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>114249</u>   |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b> <u>46062</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions)....                      | <b>8e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>f</b> Administrative service providers (salaries, fees, commissions).....                        | <b>8f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>g</b> Other expenses.....                                                                        | <b>8g</b> <u>71555</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....                                         | <b>8h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>117617</u>   |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>-3368</u>    |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                      | <b>8j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |                                                     |                         |               |                                       |              |  |                                                               |                         |               |                                              |              |  |                                   |                         |  |                                                                     |           |               |                                                                                                     |                        |  |                                                                                |           |  |                                                                              |           |  |                              |                        |  |                                                             |           |               |                                                                 |           |              |                                                                |           |  |

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

1A 1B 1G 3H

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

|                                                                                                                                                                                                                                          | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>10</b> During the plan year:                                                                                                                                                                                                          |     |    |          |
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                      |     | X  |          |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                     |     | X  |          |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                  | X   |    | 25000000 |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                  |     | X  |          |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... |     | X  |          |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                       |     | X  |          |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                         |     | X  |          |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                             |     |    |          |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                      |     |    |          |

**Part VI Pension Funding Compliance**

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

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

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

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

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

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

**Part VII Plan Terminations and Transfers of Assets**

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

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

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

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |
|                                |                      |                     |

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2011 | TODD BAJEK                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2011 | TODD BAJEK                                                   |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TJ COPE UNION PENSION PLAN</u>                                                                                | <b>B</b> Three-digit plan number (PN) ▶ <u>046</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ATKORE INTERNATIONAL, INC.</u>                             | <b>D</b> Employer Identification Number (EIN)<br><u>90-0631477</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                               |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                                               |
| <b>2</b>      | Assets:                                                                                                                                                                                                |
| <b>a</b>      | Market value ..... <b>2a</b> <u>991545</u>                                                                                                                                                             |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>997566</u>                                                                                                                                                          |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                             |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                          |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>18</u> <u>384867</u>                                                                                                   |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>43</u> <u>773713</u>                                                                                                                             |
| <b>c</b>      | For active participants:                                                                                                                                                                               |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>0</u>                                                                                                                                                        |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>0</u>                                                                                                                                                            |
| (3)           | Total active ..... <b>3c(3)</b> <u>0</u>                                                                                                                                                               |
| <b>d</b>      | Total ..... <b>3d</b> <u>61</u> <u>1158580</u>                                                                                                                                                         |
| <b>4</b>      | If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                             |
| <b>b</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 ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.63</u> %                                                                                                                                                   |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>60000</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.

|                                                                 |                                        |
|-----------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                | <u>10/11/2011</u>                      |
| Signature of actuary                                            | Date                                   |
| <u>MATTHEW KUMPF</u>                                            | <u>11-07351</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><br><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**

| <b>Part II</b> | <b>Beginning of year carryover and prefunding balances</b>                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 193869                | 0                      |
| <b>8</b>       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 60000                 | 0                      |
| <b>9</b>       | Amount remaining (Item 7 minus item 8).....                                                     | 133869                | 0                      |
| <b>10</b>      | Interest on item 9 using prior year's actual return of <u>30.48</u> % .....                     | 40803                 |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| <b>a</b>       | Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>8.10</u> % .....                        |                       | 0                      |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| <b>12</b>      | Reduction in balances due to elections or deemed elections.....                                 | 104000                | 0                      |
| <b>13</b>      | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 70672                 | 0                      |

| <b>Part III</b> | <b>Funding percentages</b>                                                                                                                                      |           |          |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b>       | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 80.00 %  |
| <b>15</b>       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 80.00 %  |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 103.90 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

| <b>Part IV</b>                    | <b>Contributions and liquidity shortfalls</b>                                  |
|-----------------------------------|--------------------------------------------------------------------------------|
| <b>18</b>                         | Contributions made to the plan for the plan year by employer(s) and employees: |
| (a) Date<br>(MM-DD-YYYY)          | (b) Amount paid by<br>employer(s)                                              |
| (c) Amount paid by<br>employees   | (a) Date<br>(MM-DD-YYYY)                                                       |
| (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees                                                |
| 09/15/2011                        | 23000                                                                          |
|                                   |                                                                                |
|                                   |                                                                                |
|                                   |                                                                                |
|                                   |                                                                                |
|                                   |                                                                                |
|                                   |                                                                                |
| <b>Totals ►</b>                   |                                                                                |
| <b>18(b)</b>                      | 23000                                                                          |
| <b>18(c)</b>                      | 0                                                                              |

|                                                            |                                                                                                                            |                                                                     |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b>                                                  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b>                                                   | Contributions allocated toward unpaid minimum required contribution from prior years.....                                  | 0                                                                   |
| <b>b</b>                                                   | Contributions made to avoid restrictions adjusted to valuation date .....                                                  | 0                                                                   |
| <b>c</b>                                                   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....              | 20617                                                               |
| <b>20</b>                                                  | Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b>                                                   | Did the plan have a "funding shortfall" for the prior year? .....                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>                                                   | If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b>                                                   | 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                                                             |
| 0                                                          | 0                                                                                                                          | 0                                                                   |
| (4) 4th                                                    |                                                                                                                            |                                                                     |
| 0                                                          |                                                                                                                            |                                                                     |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.60 % | 2nd segment:<br>6.65 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 | <b>21b</b>             |                        |                        | 0                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>              |                        |                        | 65                                                  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 60000              |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 185343              | 30976              |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 90976              |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 70672               | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 20304              |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 20617              |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 313                |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

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

|                                                   |     |                                                                                                                                                                                                                                                    |                                   |
|---------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Discount rate sponsor elections</b>            |     | <b><u>Funding</u></b>                                                                                                                                                                                                                              |                                   |
| ▪ Segment rates or full yield curve               |     | Segment rates                                                                                                                                                                                                                                      |                                   |
| ▪ Look-back months                                |     | 0                                                                                                                                                                                                                                                  |                                   |
| ▪ First 5 years                                   |     | 4.60%                                                                                                                                                                                                                                              |                                   |
| ▪ Next 15 years                                   |     | 6.65%                                                                                                                                                                                                                                              |                                   |
| ▪ Over 20 years                                   |     | 6.76%                                                                                                                                                                                                                                              |                                   |
| <b>Mortality sponsor elections</b>                |     | Section 430(h)(3) prescribed 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 and 15 years based on Scale AA. |                                   |
| <b>Other economic assumptions</b>                 |     |                                                                                                                                                                                                                                                    |                                   |
| ▪ Inflation                                       |     | N/A                                                                                                                                                                                                                                                |                                   |
| ▪ Expected investment return                      |     | 8.00% per year for years 2008 through 2010                                                                                                                                                                                                         |                                   |
| ▪ Expected expenses                               |     | \$ 60,000 added to current year normal cost                                                                                                                                                                                                        |                                   |
| <b>Demographic assumptions</b>                    |     |                                                                                                                                                                                                                                                    |                                   |
| Withdrawal                                        |     | N/A                                                                                                                                                                                                                                                |                                   |
| Disability incidence                              |     | N/A                                                                                                                                                                                                                                                |                                   |
| Benefit commencement age for                      |     |                                                                                                                                                                                                                                                    |                                   |
| ▪ Current vested deferred                         |     | 65                                                                                                                                                                                                                                                 |                                   |
| Spouse assumptions                                |     | <b><u>Male participants</u></b>                                                                                                                                                                                                                    | <b><u>Female participants</u></b> |
| ▪ Percentage married                              |     | 85.0%                                                                                                                                                                                                                                              | 75.0%                             |
| ▪ Spouse age difference                           |     | 3 years younger                                                                                                                                                                                                                                    | 3 years older                     |
| <b>Form of payment</b>                            |     | <b><u>Single life</u></b>                                                                                                                                                                                                                          | <b><u>50% J&amp;S</u></b>         |
| ▪ Current vested deferred                         |     | 60%                                                                                                                                                                                                                                                | 40%                               |
| <b>Unpredictable contingent event assumptions</b> | 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 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             | \$ | 185,343             | 7               | \$ 30,976   |
| Total            | \$ | 185,343             |                 | \$ 30,976   |

**Schedule SB, Part V – Summary of Plan Provisions**

|                                |                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name                      | T.J. Cope Union Pension Plan                                                                                                                                                                                                                                                                                                                                                      |
| Employer identification number | 90-0631477                                                                                                                                                                                                                                                                                                                                                                        |
| Plan number                    | 046                                                                                                                                                                                                                                                                                                                                                                               |
| Effective date and plan year   | Established 11/1/1967; calendar year                                                                                                                                                                                                                                                                                                                                              |
| Most recent amendment          | Effective January 1, 2009                                                                                                                                                                                                                                                                                                                                                         |
| Sponsoring employer            | Atkore International                                                                                                                                                                                                                                                                                                                                                              |
| Participating employees        | Participants as of 12/31/1996 and new employees represented by UAW Local 644. As of January 1, 2010 there are no active participants.                                                                                                                                                                                                                                             |
| Eligibility                    | First of month coincident with or next following date of hire                                                                                                                                                                                                                                                                                                                     |
| Employer contributions         | 100% employer funded                                                                                                                                                                                                                                                                                                                                                              |
| Participant contributions      | None                                                                                                                                                                                                                                                                                                                                                                              |
| Service considered             | <p>Continuous service:</p> <ul style="list-style-type: none"> <li>1,000 hours in a plan year</li> </ul> <p>Credited service:</p> <ul style="list-style-type: none"> <li>For career average formula: One year equals 1,000 hours; no partial credit</li> <li>For flat dollar formula: One year equals 1,600 hours; partial service given for service greater than 1,000</li> </ul> |
| Compensation considered        | W-2 earnings plus Section 125 and 401(k) deferrals.                                                                                                                                                                                                                                                                                                                               |
| Normal retirement age          | Age 65 and 15 years of continuous service                                                                                                                                                                                                                                                                                                                                         |
| Early retirement age           | Age 60 and 15 years of continuous service; age 55 and 15 years of continuous service at plant shutdown; age 50 and 15 years of continuous service at layoff.                                                                                                                                                                                                                      |

**Schedule SB, Part V – Summary of Plan Provisions**

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**Normal retirement benefit**

- (a) Eligibility Later of age 65 and 5 years of service
- (b) Benefit Greater of:
1. The excess of:
    - One-twelfth (1/12) of 1.25% times average compensation times credited service, over
    - Lesser of 75% times monthly Social Security benefit and \$80 plus Workers' Compensation benefits plus retirement benefit payable under another qualified defined benefit plan
  2. Benefit rate times credited service

| Termination Date          | Benefit Rate |
|---------------------------|--------------|
| 3/1/1996–3/1/1997         | \$16.50      |
| 3/1/1997–3/1/1998         | \$17.50      |
| 3/1/1998–3/1/1999         | \$19.00      |
| On or after 3/1/1999      | \$20.00      |
| If active as of 2/28/1999 | \$21.00      |

- Late retirement benefit Greater of:
- Continued accruals, or
  - Actuarially increased normal retirement benefit (annual recomputation)

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**Early retirement benefit**

- (a) Eligibility Age 60 with 15 years of continuous service (age 55 with 15 years of continuous service at plant shutdown; age 50 with 15 years of continuous service at layoff)
- (b) Benefit Accrued benefit, actuarially reduced

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**Deferred vested benefit**

- (a) Eligibility 5 years of continuous service (all participants at partial termination date)
- (b) Benefit Accrued benefit at termination payable at normal retirement date
- Benefits can commence at early retirement date, subject to same reduction factors as early retirement.

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**Disability benefit**

- (a) Eligibility 15 years of continuous service; totally and permanently disabled as determined by Social Security

**Schedule SB, Part V – Summary of Plan Provisions**

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b) Benefit                                   | <p>Greater of:</p> <ol style="list-style-type: none"> <li>The excess of: <ul style="list-style-type: none"> <li>One-twelfth (1/12) of 1.25% times total compensation times credited service, over</li> <li>Workers' Compensation benefit plus retirement benefit payable under another qualified defined benefit plan</li> </ul> </li> <li>\$8.00 times credited service</li> </ol> <p>Recomputed at normal retirement with the normal benefit formula based on total years of service at date of total &amp; permanent disability</p> |
| Death benefit                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (a) Eligibility                               | Spouse of vested participant; married for one year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (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         | <p>Life Annuity</p> <p>50% Joint &amp; Survivor</p> <p>75% Joint &amp; Survivor</p> <p>100% Joint &amp; Survivor</p> <p>5-Year Certain &amp; Life</p> <p>10-Year Certain &amp; Life</p> <p>If total value of benefits is under \$1,000, the benefit will be paid as a lump sum.</p>                                                                                                                                                                                                                                                    |
| Actuarial equivalence basis of optional forms | Amount of an alternative form of benefit (other than a lump sum) which has value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 6% compound annual interest rate and the UP-1984 mortality table.                                                                                                                                                                                                                                                                                  |
| Funding medium                                | Master trust administered by Northern Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Maximum benefits                              | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2010, the limit is \$195,000                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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:** 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) benefits limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

**Significant events**

On December 22, 2010, the plan was included in the sale of Tyco International's Electrical and Metal Products (TEMP) business to private equity firm Clayton Dubilier & Rice. Starting on the sale date, the TEMP business began operating as a standalone entity under the name Atkore International. Sponsorship of the plan changed from Tyco International Management Company, LLC to Atkore International. No plan changes were made in conjunction with the transfer of plan sponsorship.

To the best of our knowledge, no other significant events occurred during the year.

**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.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**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

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>TJ Cope Union Pension Plan                                                                                   | <b>B</b> Three-digit plan number (PN) ▶<br><br>046                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Atkore International, Inc.                                | <b>D</b> Employer Identification Number (EIN)<br><br>90-0631477                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                      |                            |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>                                                                                                                      |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                     |                            |                    |
| <b>a</b> Market value.....                                                                                                                                                                           | <b>2a</b>                  | 991,545            |
| <b>b</b> Actuarial value.....                                                                                                                                                                        | <b>2b</b>                  | 997,566            |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                  | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b> 18               | 384,867            |
| <b>b</b> For terminated vested participants.....                                                                                                                                                     | <b>3b</b> 43               | 773,713            |
| <b>c</b> For active participants:                                                                                                                                                                    |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                         | <b>3c(1)</b>               | 0                  |
| (2) Vested benefits.....                                                                                                                                                                             | <b>3c(2)</b>               | 0                  |
| (3) Total active.....                                                                                                                                                                                | <b>3c(3)</b> 0             | 0                  |
| <b>d</b> Total.....                                                                                                                                                                                  | <b>3d</b> 61               | 1,158,580          |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>                  |                    |
| <b>b</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..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate.....                                                                                                                                                                | <b>5</b>                   | 6.63 %             |
| <b>6</b> Target normal cost.....                                                                                                                                                                     | <b>6</b>                   | 60,000             |

**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**

MATTHEW KUMPF MK

10/11/2011

Signature of actuary

Date

Matthew Kumpf

11-07351

Type or print name of actuary

Most recent enrollment number

Mercer

(212) 345-7000

1166 Avenue of the Americas Firm name

Telephone number (including area code)

New York NY 10036

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**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 |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 193,869               | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 60,000                | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8) .....                                                    | 133,869               | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>30.48%</u> .....                     | 40,803                |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>8.10%</u> .....                         |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                          |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections .....                               | 104,000               | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 70,672                | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 80.00 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 80.00 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 103.90 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/15/2011               | 23,000                            |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 23,000                            | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....                     | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 20,617 |

**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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.60 % | 2nd segment:<br>6.65 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                       | <b>31</b>           | 60,000             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 185,343             | 30,976             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....                                                  | <b>34</b>           | 90,976             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 70,672              | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                  | <b>36</b>           | 20,304             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....                                                  | <b>37</b>           | 20,617             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....                                                                                           | <b>38</b>           | 313                |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |