

Form 5500-SF Department of the Treasury Internal Revenue Service	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>IMI CASH VALUE INC. PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>069</u>
	1c Effective date of plan <u>08/01/1962</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TYCO INTERNATIONAL MANAGEMENT COMPAN Y</u> <u>9 ROSZEL RD.</u> <u>PRINCETON, NJ 08540</u>	2b Employer Identification Number (EIN) <u>20-5073412</u> 2c Sponsor's telephone number <u>609-720-4200</u> 2d Business code (see instructions) <u>332900</u>
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>TYCO INTERNATIONAL MANAGEMENT COMPAN Y</u> <u>9 ROSZEL RD.</u> <u>ADMINISTRATIVE COMMITTEE</u> <u>PRINCETON, NJ 08540</u>	3b Administrator's EIN <u>02-0328430</u> 3c Administrator's telephone number <u>609-720-4200</u>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a <u>79</u>
b Total number of participants at the end of the plan year.....	5b <u>79</u>
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information
7 Plan Assets and Liabilities	
a Total plan assets	7a <u>1333714</u>
b Total plan liabilities	7b
c Net plan assets (subtract line 7b from line 7a).....	7c <u>1333714</u>
8 Income, Expenses, and Transfers for this Plan Year	
a Contributions received or receivable from:	(a) Amount
(1) Employers	8a(1) <u>156000</u>
(2) Participants	8a(2)
(3) Others (including rollovers).....	8a(3)
b Other income (loss).....	8b <u>25434</u>
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c <u>181434</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d <u>79156</u>
e Certain deemed and/or corrective distributions (see instructions)....	8e
f Administrative service providers (salaries, fees, commissions)	8f <u>53339</u>
g Other expenses.....	8g
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h <u>132495</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i <u>48939</u>
j Transfers to (from) the plan (see instructions)	8j

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

1B 1G 1I 3H

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

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

Part VI Pension Funding Compliance

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

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

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

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

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

e Will the minimum funding amount reported on line 12d be met by the funding deadline?

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?

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?

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

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2012	MINDY EBERT-FELDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2012	MINDY EBERT-FELDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan <u>IMI CASH VALUE INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>069</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>20-5073412</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>1333696</u>
b	Actuarial value 2b <u>1210828</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>21</u> <u>760438</u>
b	For terminated vested participants 3b <u>53</u> <u>830551</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>19041</u>
(2)	Vested benefits 3c(2) <u>43721</u>
(3)	Total active 3c(3) <u>5</u> <u>62762</u>
d	Total 3d <u>79</u> <u>1653751</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>5.95 %</u>
6	Target normal cost 6 <u>70000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/09/2012</u>
Signature of actuary	Date
<u>VICTOR BUONOPANE</u>	<u>11-06320</u>
Type or print name of actuary	Most recent enrollment number
<u>MERCER</u>	<u>212-345-7000</u>
Firm name	Telephone number (including area code)
<u>1166 AVENUE OF THE AMERICAS</u> <u>NEW YORK, NY 10036</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	110763	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	110763	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.26</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.60</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	73.21 %
15	Adjusted funding target attainment percentage.....	15	73.21 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/14/2011	28000		
07/15/2011	28000		
10/11/2011	28000		
01/11/2012	28000		
09/11/2012	44000		
Totals ►		18(b)	156000
		18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 147751
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	70000	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	442923	76309	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	146309	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	146309	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	147751	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1442	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions****Discount rate sponsor elections**

▪ Segment rates or full yield curve	Segment
▪ Look-back months	0
▪ First 5 years	2.94%
▪ Next 15 years	5.82%
▪ Over 20 years	6.46%

Mortality sponsor elections

▪ Healthy participants	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.
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Other economic assumptions

▪ Salary increases	N/A
▪ Flat-dollar benefit increases	N/A
▪ Social Security wage base	N/A
▪ Inflation	N/A
▪ Expected investment return	8.00% per year for years 2009 through 2011
▪ Expected expenses	\$70,000 added to current year normal cost

Demographic assumptions

Withdrawal	None		
Disability incidence	N/A		
Retirement age	65		
Benefit commencement age for			
▪ Future vested deferred	65		
▪ Current vested deferred	65		
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
▪ Percentage married	85.0%	75.0%	
▪ Spouse age difference	3 years younger	3 years older	

Form of payment

	<u>Lump sum</u>	<u>Single life</u>	<u>66.67% J&S</u>
▪ Future vested deferred	0%	50%	50%
▪ Current vested deferred	0%	50%	50%

Unpredictable contingent event assumptions

N/A

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

Actuarial 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.

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.

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

- 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, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Plan Name	IMI Cash Valve Inc. Pension Plan
Employer identification number	20-5073412
Plan number	069
Effective date and plan year	Established August 1, 1962; calendar year
Most recent amendment	Plan amended and restated effective January 1, 2010
Sponsoring employer	Tyco International Management Company, LLC
Participating employees	<p>Employees or former employees of IMI Cash Valve, Inc. (prior to July 1, 1993, the A.W. Cash Valve Manufacturing Corporation) who are compensated on a salary or hourly wage basis, except for employees whose employment is governed by the terms of a collective bargaining agreement.</p> <p>Participation frozen effective October 1, 2002.</p>
Eligibility	Immediate
Employer contributions	100% employer funded
Participant contributions	None
Service considered	<ul style="list-style-type: none"> ▪ One year of Continuous Service is credited for each twelve consecutive months in which an employee completes one hour of service in each of the twelve consecutive months. ▪ Employment prior to January 1, 1963: Credited Service computed on the basis of the Employee's continuous service as determined by the Company's seniority records. ▪ Employment on and after January 1, 1963: computed on the basis of one year of Credited Service for each calendar year in which the Employee completes at least 1,750 Hours; and in any year in which the Employee completes less than 1,750 Hours, he shall receive one-tenth (1/10th) of a year credit for each 175 Hours so completed. ▪ With respect to an Employee who became a Participant of the Plan on or after July 1, 1988 and whose first day of employment was on or after his 60th birthday, Credited Service shall not include any period prior to July 1, 1988. ▪ Accruals under the plan ceased as of October 1, 2002.

Schedule SB, Part V — Summary of Plan Provisions

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

Schedule SB, Part V — Summary of Plan Provisions

Death	
▪ Eligibility	Spouse or registered domestic partner of vested participant
▪ 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.
Form of benefits	
▪ Automatic form for unmarried participants	Life Annuity
▪ Automatic form for married participants	Joint & Survivor
▪ Optional forms of retirement benefits	Life Annuity Life Annuity with 60, 120 or 180 Months Certain 50%, 75% or 100% Joint & Survivor Automatic cashout if lump sum is less than or equal to \$1,000. Lump sum may be elected if value is less than or equal to \$7,500.
▪ Actuarial equivalence basis of optional forms	Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 6.00% compound annual interest rate and the 1971 Male Group Annuity Mortality Table, with ages set back two years for participants and three years for contingent annuitants.
▪ Actuarial Equivalence for Lump Sum	The equivalent value when calculated under the mortality table and segment rates mandated by the IRS under PPA and 417(e)(3).
▪ Funding medium	Master Trust administered by Northern Trust.
Miscellaneous	
▪ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011, the limit is \$195,000.

Plan provision changes since prior valuation

None

Significant events

On September 19, 2011, Tyco International announced that its Board of Directors approved a plan to separate the company into three separate, publicly traded companies. The separation is expected to be completed in 2012. This event is not expected to have any material effect on the plan's assets or liabilities.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25											
25-29											
30-34											
35-39		1									1
40-44											
45-49											
50-54		2	1								3
55-59						1					1
60-64											
65-69											
70 & up											
Total		3	1			1					5

In each cell, the number is the count of active participants for each age/service.

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	2011 Installment
2010	\$	225,280	6	\$ 41,139
2011		217,643	7	35,170
Total	\$	442,923		\$ 76,309

**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

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan IMI CASH VALUE INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 069
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TYCO INTERNATIONAL MANAGEMENT	D Employer Identification Number (EIN) 20-5073412
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>		
2 Assets:		
a Market value	2a	1,333,696
b Actuarial value	2b	1,210,828
3 Funding target/participant count breakdown:		
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 21	760,438
b For terminated vested participants	3b 53	830,551
c For active participants:		
(1) Non-vested benefits	3c(1)	19,041
(2) Vested benefits	3c(2)	43,721
(3) Total active	3c(3) 5	62,762
d Total	3d 79	1,653,751
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.95 %
6 Target normal cost	6	70,000

Statement by Enrolled Actuary

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

SIGN HERE	<u>VICTOR BUONOPANE</u> <u>(VB)</u>	<u>10/9/2012</u>
Signature of actuary		Date
<u>VICTOR BUONOPANE</u>		<u>11-06320</u>
Type or print name of actuary		Most recent enrollment number
<u>MERCER</u>		<u>(212) 345-7000</u>
Firm name		Telephone number (including area code)
<u>1166 AVENUE OF THE AMERICAS</u>		
<u>NEW YORK</u> <u>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) 2011
v.012611

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

21 Discount rate:			
a Segment rates:	1st segment: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	70,000
b Excess assets, if applicable, but not greater than 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		442,923	76,309
b Waiver amortization installment.....		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	146,309
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	146,309	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	147,751	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1,442
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years.....		40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected ☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	