Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENBERTHY PENSION PLAN

1b Three-digit plan number (PN) ▶ 050

1c Effective date of plan 01/01/1968

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

9 ROSZEL RD.
PRINCETON, NJ 08540

2b Employer Identification Number (EIN) 20-5073412

2c Sponsor's telephone number 609-720-4200

2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	MINDY EBERT-FELDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	MINDY EBERT-FELDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
TYCO INTERNATIONAL MANAGEMENT COMPANY ADMINISTRATIVE COMMITTEE

9 ROSZEL RD.
PRINCETON, NJ 08540

3b Administrator's EIN
02-0328430

3c Administrator's telephone number
609-720-4200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	165
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	38
c	Other retired or separated participants entitled to future benefits	**6c**	104
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	142
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	21
f	Total. Add lines **6d** and **6e**	**6f**	163
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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
PENBERTHY PENSION PLAN

B Three-digit plan number (PN) ▶ 050

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

D Employer Identification Number (EIN)
20-5073412

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2011			
2	Assets:			
a	Market value	**2a**		3137501
b	Actuarial value	**2b**		2874475
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	57	1752738
b	For terminated vested participants	**3b**	94	1082859
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		961791
	(3) Total active	**3c(3)**	17	961791
d	Total	**3d**	168	3797388
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**		6.01 %
6	Target normal cost	**6**		140000

Statement by Enrolled Actuary

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

SIGN HERE

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

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	145937	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	145937	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.26%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		47573
b	Interest on (a) using prior year's effective rate of 6.61 % except as otherwise provided (see instructions)		3145
c	Total available at beginning of current plan year to add to prefunding balance		50718
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	75.69 %
15	Adjusted funding target attainment percentage	15	75.69 %
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	84.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2011	64000				
07/15/2011	64000				
10/11/2011	64000				
01/11/2012	64000				
09/11/2012	63000				
			Totals ► 18(b)	319000	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	303502

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.94%	5.82%	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**	140000
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	922913	159994
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	299994

	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**	299994
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	303502

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	3508
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**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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

A Name of plan	**B** Three-digit plan number (PN) ▶	
PENBERTHY PENSION PLAN		050
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC	20-5073412	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	54890	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	34736	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

04-3176941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12440	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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

A Name of plan
PENBERTHY PENSION PLAN

B Three-digit plan number (PN) ▶ 050

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

D Employer Identification Number (EIN)
20-5073412

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TYCO MASTER TRUST

b Name of sponsor of entity listed in (a): TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
25-1431141-001	M	3074659

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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

A Name of plan
PENBERTHY PENSION PLAN

B Three-digit plan number (PN) ▶ 050

C Plan sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

D Employer Identification Number (EIN)
20-5073412

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	170677	127000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2972211	3074659
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3142888	3201659
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	25518	43391
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	25518	43391
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3117370	3158268

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	319000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		319000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		61717
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		380717
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	215101	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		215101
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	105461	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	7542	
(4) Other	2i(4)	11715	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		124718
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		339819
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		40898
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: O'BRIEN, RILEY & RYAN (2) EIN: 04-3176941

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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

A Name of plan
PENBERTHY PENSION PLAN

B Three-digit plan number (PN) ▶ 050

C Plan sponsor's name as shown on line 2a of Form 5500
TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

D Employer Identification Number (EIN)
20-5073412

Part I Distributions

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

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

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

EIN(s): 36-1561860

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Certified Public Accountants

30 Braintree Hill Office Park, Suite 102,
Braintree, MA 02184
781.410.2300
781.320.8608 fax

Report of Independent Accountants

To the Participants and Administrator
of the Penberthy Pension Plan

We were engaged to audit the financial statements of the Penberthy Pension Plan as of December 31, 2011 and 2010, and for the years then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Braintree, Massachusetts
October 9, 2012

O'Brien, Riley & Ryan P.C.

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			
	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.		
Other economic assumptions			
▪ Salary increases	N/A		
▪ Flat-dollar benefit increases	Monthly benefit rate increase from $26.30 to $27.30 effective January 1, 2011. The 2011 funding target reflects the $27.30 multiplier.		
▪ Social Security wage base	N/A		
▪ Inflation	N/A		
▪ Expected investment return	8.00% per year for years 2009 through 2011		
▪ Expected expenses	$140,000 added to current year normal cost		
Demographic assumptions			
Withdrawal	100% immediate		
Retirement	N/A		
Disability incidence	N/A		
Benefit commencement age for			
▪ Future vested deferred	Immediate if age 60 and 25 yrs of service or age 65		
▪ Current vested deferred	Age 65		
Spouse assumptions	**Male participants**		**Female participants**
▪ Percentage married	85.0%		75.0%
▪ Spouse age difference	3 years younger		3 years older
Form of payment	**Lump sum**	**Single life**	**55% J&S**
▪ Active retirements	0%	55%	45%
▪ Future vested deferred	0%	55%	45%
▪ Current vested deferred	0%	55%	45%

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

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

Benefits included or excluded

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

- **IRC Section 436 benefit restrictions:** Not applicable for this valuation.
- **Late retirement increases:** Participants over normal retirement age are valued including the late retirement actuarial increase.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Plan Name	Penberthy Pension Plan
Employer identification number	20-5073412
Plan number	050
Effective date and plan year	Effective 1/1/1968; calendar year
Most recent amendment	Effective 2011
Sponsoring employer	Tyco International Management Company, LLC
Definitions	
▪ Covered employees	Employees who are represented by the union (Local No. 468 of the Glass, Molders, Pottery, Plastics and Allied Workers International Union, AFL-CIO-CLC).
▪ Participation	Employees who were participants on 2/10/2000 continue to be participants. After 2/10/2000, new employees become participants as of date of hire. Employees hired by the Company on or after June 6, 2008 shall not be eligible to become a participant in the Plan and any employees that are rehired that were formerly active Plan participants shall not be eligible to accrue additional benefits upon their rehire.
▪ Employer contributions	100% employer funded
▪ Participant contributions	None
▪ Service considered	Continuous service: ▪ Before 12/31/1975: Service under the Plan in effect on such date; ▪ After 12/31/1975: 1 year of continuous service for each plan year in which the employee completes 1,000 hours. Credited service: ▪ One year of credited service for each plan year in which the employee completes at least 1,700 hours. ▪ If less than 1,700 hours: 1/10 of a year of credited service for each 170 hours or major fraction completed. ▪ No credited service once employee quits, is released or discharged, fails to return to active employment upon expiration of a company approved leave of absence, is laid off. Employee hired by the Company on or after June 6, 2008, shall not be eligible to become a Participant in the Plan and any Employees that are rehired that were formerly active Plan Participants shall not be eligible to resume participation and accrue additional benefits upon their rehire.

Schedule SB, Part V — Summary of Plan Provisions

Normal Retirement	
▪ Eligibility	Age 65
▪ Benefit	Monthly benefit rate times credited service

Date of Termination	Benefit Rate (monthly)
1/1/1989–12/31/1990	$10.00
1/1/1991–12/31/1991	$11.50
1/1/1992–12/31/1993	$12.00
1/1/1994–12/31/1994	$14.00
1/1/1995–12/31/1995	$14.50
1/1/1996–12/31/1996	$15.00
1/1/1997–12/31/1997	$15.75
1/1/1998–12/31/1998	$16.50
1/1/1999–12/31/1999	$17.25
1/1/2000–12/31/2000	$18.00
1/1/2001–12/31/2001	$18.75
1/1/2002–12/31/2002	$19.50
1/1/2003–12/31/2003	$20.25
1/1/2004–12/31/2004	$21.00
1/1/2005–12/31/2005	$21.75
1/1/2006–12/31/2006	$22.60
1/1/2007–12/31/2007	$23.45
1/1/2008–12/31/2008	$24.30
1/1/2009–12/31/2009	$25.30
1/1/2010–12/31/2010	$26.30
1/1/2011 and Later	$27.30

Late retirement	
▪ Eligibility	Working beyond normal retirement age
▪ Benefit	Benefit determined as in normal retirement benefit based on service at late retirement, offset by actuarial equivalent value of non-suspendible benefits previously paid.
Early retirement	
▪ Eligibility	Age 55 with 15 years of credited service
▪ Benefit	Accrued benefit, reduced as follows: ▪ 6/10 of 1% for each completed calendar month by which the date of commencement precedes 65th birthday ▪ No reduction for participant age 60 with 25 or more years of continuous service

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
▪ Eligibility	5 years of continuous service or any participant whose employment was involuntary terminated during 2009 due to a reduction in force (as determined by the Administrative Committee)
▪ Benefit	Accrued benefit at termination Benefits can commence at early retirement date, subject to same reduction factors as early retirement, provided the employee had completed 15 years of credited service at termination.
Disability	
▪ Eligibility	Participant must satisfy the following: ▪ Terminated due to total and permanent disability. For this purpose, permanent disability must be satisfactory to the Pension Board. ▪ At least age 40 prior to termination with at least 15 years of credited service ▪ Total and Permanent disability has continued for six consecutive months
▪ Benefit	If receiving Social Security primary insurance benefit on account of total and permanent disability: same formula as normal retirement based on service at date of disability. If not receiving Social Security primary insurance benefits: **Date of Disability** — **Benefit Rate (monthly)** 1/1/1989–12/31/1990 — $20.00 1/1/1991–12/31/1991 — $22.00 1/1/1992–12/31/1993 — $23.00 1/1/1994–12/31/1994 — $25.00 1/1/1995–12/31/1995 — $25.50 1/1/1996 and later — $26.00 Before normal retirement date (NRD): ▪ Immediate benefit unadjusted until NRD ▪ At age 60, may elect a 50% J&S if married, or another optional form if married At NRD: Benefit is re-computed same as normal retirement benefit but with credited service through date of disability.

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
▪ Special in-service or Disability Surviving Spouse Benefit	Participant must be married 1 year before death and satisfy all of the following criteria on date of death: ▪ Active, on approved leave of absence or receiving disability benefit, ▪ Age 50 or older but under age 65, and ▪ Completion of at least 15 years of credited service. Payments can commence on first day of month coincident with or next following participant's date of death. Benefit payable for the spouse's life equal to 50% of the participant's accrued benefit at date of death (or disability benefit if participant was receiving disability benefit) subject to a reduction of 2% for each full year (proportionate for fractional years) that spouse is more than 5 years younger than participant.
▪ Surviving Spouse's Benefit (provided spouse is not already receiving a special in-service or disability surviving spouse benefit)	Participant must be married 1 year before death and satisfy one of the following criteria on date of death: ▪ Active and vested, ▪ Retired but before annuity starting date, ▪ Terminated vested but before annuity starting date, or ▪ Receiving a disability benefit but prior to annuity starting date Payment can commence as follows: ▪ If participant dies at age 55 or older with at least 15 years of service: immediately ▪ If participant dies before age 55 but with at least 15 years of service: first day of month coincident with or next following participant's 55th birthday ▪ If participant dies while receiving disability benefit: immediately if participant was age 55 or older; first day of month coincident with or next following participant's 55th birthday if participant was under age 55 ▪ If participant dies and is not eligible for special in-service death benefit (i.e., before age 50) but has at least 15 years of service: first day of month coincident with or next following participant's 55th birthday, reduced to reflect early retirement ▪ Benefit is an actuarially reduced 50% J&S (REA) annuity based on accrued benefit at date of death payable at normal retirement. ▪ If the participant had 15 years of service at date of death, the benefit may commence when the participant would have attained age 55. Same reductions as early retirement.

Schedule SB, Part V — Summary of Plan Provisions

▪ Minor Child Benefit	A participant's dependent child who is under age 18 (age 22 if attending school) is eligible if: ▪ Spouse was receiving a special in-service or disability surviving spouse benefit and subsequently dies, or ▪ Participant was not married within one year before death and participant satisfied all of the following criteria on date of death: – Active, on approved leave of absence or receiving disability benefit, – Age 50 or older but under age 65, and – Completion of 15+ years of credited service. Payments can commence on first day of month coincident with or next following date of death of participant (if participant was unmarried) or spouse (if participant was married). Payments continue until the earliest of: 5 years, age 18 (22 if in school) or child's death. If more than one minor child is eligible for this benefit, each minor child will receive a pro rata share. Benefit is equal to 50% of the participant's accrued benefit (if unmarried) or equal to the benefit the spouse was receiving (if married)
Form of benefits	
▪ Automatic form for unmarried participants	Life Annuity
▪ Automatic form for married participants	Actuarially equivalent 50% contingent annuitant
▪ Optional forms	▪ Life Annuity ▪ Actuarially equivalent 50% Contingent Annuitant ▪ Actuarially equivalent 55% Contingent Annuitant ▪ Actuarially equivalent 75% Contingent Annuitant Automatic cashout if lump sum is less or equal to $1,000
▪ Optional form conversion factors	Amount of an alternative form of benefit (other than a lump sum cash out) which has a value equivalent to the benefit or benefits otherwise payable under the plan. For the 50% and 75% contingent annuitant forms actuarial equivalence is computed on the basis of a 7% compound annual interest rate and the 1951 Male Group Annuity Mortality Table with ages setback one year for participants and six years for spouses. For the 55% contingent annuitant option the conversion factor is 90% (a) increased by ½% for each 12 months the spouse is older than the participant and (b) decreased by ½% for each 12 months the spouse is younger than the participant.
Funding medium	Master trust administered by Northern Trust

Schedule SB, Part V — Summary of Plan Provisions

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

- As part of a previously negotiated schedule, the monthly benefit rate increased from $26.30 to $27.30 effective January 1, 2011.

- Participants who were terminated as a result of the plant closure were 100% vested in their accrued benefit.

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 24 — Change in Actuarial Assumptions

- Withdrawal rates have been updated to assume participants will terminate employment as of January 1, 2011 to reflect the plant closure. In addition, the disability incidence and retirement rates have been removed.
- Expense normal cost increased from $100,000 to $140,000 to reflect our expectations for the current plan year.

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		1									1
30-34				1							1
35-39				1							1
40-44											
45-49				1		1					2
50-54						1		4	1		6
55-59					2				1		3
60-64								2		1	3
65-69											
70 & up											
Total		1		3	2	2		6	2	1	17

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

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	$	516,487	6	$	94,317
2011		406,426	7		65,677
Total	$	922,913		$	159,994

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

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

PENBERTHY PENSION PLAN

B Three-digit plan number (PN) ▶ 050

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

TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

D Employer Identification Number (EIN)

20-5073412

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2011

2	Assets:			
	a Market value	2a		3,137,501
	b Actuarial value	2b		2,874,475
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	57	1,752,738
	b For terminated vested participants	3b	94	1,082,859
	c For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		961,791
	(3) Total active	3c(3)	17	961,791
	d Total	3d	168	3,797,388
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		6.01 %
6	Target normal cost	6		140,000

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 VICTOR Buonopane (VB) — Signature of actuary

10/9/2012 — Date

VICTOR BUONOPANE — Type or print name of actuary

11-06320 — Most recent enrollment number

MERCER — Firm name

(212) 345-7000 — Telephone number (including area code)

1166 AVENUE OF THE AMERICAS

NEW YORK NY 10036 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	145,937	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	145,937	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.26 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		47,573
	b Interest on (a) using prior year's effective rate of 6.61 % except as otherwise provided (see instructions)		5,832
	c Total available at beginning of current plan year to add to prefunding balance		53,405
	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	75.69 %
15	Adjusted funding target attainment percentage	15	75.69 %
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	84.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2011	64,000				
07/15/2011	64,000				
10/11/2011	64,000				
01/11/2012	64,000				
09/11/2012	63,000				
			Totals • 18(b)	319,000	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	303,502

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	2.94 %	5.82 %	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	140,000
b Excess assets, if applicable, but not greater than 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	922,913	159,994
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	299,994

	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	299,994
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	303,502

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	3,508
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	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Penberthy Pension Plan

Financial Statements

December 31, 2011

Penberthy Pension Plan
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Supplemental Schedules: *

* Certain schedules are included with Form 5500 of the Master Trust (Annual Return/Report of Employee Benefit Plan) filed with the Department of Labor for the plan year ended December 31, 2011 and are not required to be disclosed for this Plan.

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

Certified Public Accountants

30 Braintree Hill Office Park, Suite 102,
Braintree, MA 02184
781.410.2300
781.320.8608 fax

Report of Independent Accountants

To the Participants and Administrator
of the Penberthy Pension Plan

We were engaged to audit the financial statements of the Penberthy Pension Plan as of December 31, 2011 and 2010, and for the years then ended, as listed in the accompanying table of contents. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Braintree, Massachusetts
October 9, 2012

O'Brien, Riley & Ryan P.C.

Penberthy Pension Plan
Statement of Net Assets Available for Benefits

	December 31, 2011	December 31, 2010
Assets		
Investment in the Tyco Master Trust, at fair value	$ 3,074,659	$ 2,972,211
Employer Contributions Receivable	127,000	170,677
Total Assets	3,201,659	3,142,888
Liabilities		
Administrative Expenses Payable	43,391	25,518
Net Assets Available for Benefits	$ 3,158,268	$ 3,117,370

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

Penberthy Pension Plan
Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2011	2010
Additions		
Plan Interest in the Tyco Master Trust		
Net Investment Income	$ 61,717	$ 341,568
Employer Contributions	319,000	170,677
Total Additions	380,717	512,245
Deductions		
Benefit Payments	215,101	182,334
Administrative Expenses	124,718	112,589
Total Deductions	339,819	294,923
Net Increase	40,898	217,322
Net Assets Available for Benefits		
Beginning of Year	3,117,370	2,900,048
End of Year	$ 3,158,268	$ 3,117,370

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

1. DESCRIPTION OF PLAN

The following brief description of the Penberthy Pension Plan (the "Plan"), formerly known as the Penberthy Division of Stanwich Industries, Inc. Pension Plan for Hourly Rated Employees and the Penberthy, Inc. Pension Plan for Hourly Rated Employees, is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a trusteed, noncontributory defined benefit pension plan covering employees represented for collective bargaining purposes by the local 468 of the Glass, Molders, Pottery, Plastics and Allied Workers International Union, AFL-CIO-CLC (the "Union"). Effective November 24, 1992, Penberthy, Inc. (the "Company") acquired substantially all of the assets of the former Penberthy, Inc. subsidiary of De Vlieg-Bullard, Inc. and assumed sponsorship of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986, as amended (the "Code").

Effective April 30, 2011, the Prophetstown, Illinois facility, which employed all the active participants of the Penberthy Pension Plan, was closed and all active participants in the Plan were terminated. As a result of the facility closing, the Plan no longer has any active participants.

On September 19, 2011, Tyco International Ltd. ("TIL") announced that its Board of Directors ("the Board") approved a plan to separate TIL into three separate, publicly traded companies consisting of TIL's North American residential security business, its flow control business, and its commercial fire and security business by spinning off the North American residential security business and flow control business in a tax-free pro rata distribution to shareholders. On March 28, 2012, TIL announced that it entered into a definitive agreement to combine its flow control business with Pentair, Inc. ("Pentair") in a tax-free, all-stock merger immediately following the spin-off of the flow control business. See note 8 Subsequent Events for additional information.

The Company is part of a controlled group of entities with Tyco International Management Company, LLC ("TIMCO LLC"), which is the Plan Sponsor.

Funding Policy

The Company's funding policy is to make all required contributions to the pension plan in accordance with applicable pension laws and regulations. Additional voluntary contributions (in excess of required minimum amounts) are periodically considered based on their individual merits. The Company's contributions for 2011 and 2010 met the minimum funding requirements under Internal Revenue Service regulations.

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

Pension Benefits

Participants are entitled to annual pension benefits beginning at normal retirement age of 65. The Plan permits early retirement at any date after age 55, with fifteen or more years of service. Participants become 100% vested after five years of service. Participants may elect to receive their benefits as a life annuity or as a joint survivor annuity payable monthly from retirement. The Plan also provides certain death and disability benefits.

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

Vesting
Participants are vested in their benefits based on years of service. Except in the event of death, a participant's right to a deferred benefit is generally fully vested upon the completion of at least five years of vesting service. Participants are required to work 1,000 hours during a Plan year to meet the eligibility requirements for vesting. Participants are required to work 1,700 hours during a plan year to obtain a full year of credited service for benefit accrual.

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

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

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

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Actuarial Valuation Method and Assumptions
Independent actuaries are employed by the Company to determine the Plan's required contributions, present value of accumulated benefits, and prior service costs using the traditional unit credit cost method. The significant actuarial assumptions including mortality, salary increases, and investment returns, used by the independent actuaries in the January 1, 2011 valuation are summarized as follows:

Investment Return Rate:	6.01% effective interest rate based on funding segment rates: 2.94% for the first 5 years, 5.82% for the next 15 years, and 6.46% for years after 20 years
Retirement:	Weighted average age 63
Mortality:	IRC Section 430(h)(3) separate static annuitant and non-annuitant mortality table

Certain actuarial assumptions discussed above have changed since the January 1, 2010 valuation. The actuarial assumption used in the January 1, 2010 valuation was the effective investment return rate of 6.61% based on funding segment rates: 4.6% for the first 5 years, 6.65% for the next 15 years, and 6.76% for years after 20 years.

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

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

Investment Valuation and Income Recognition
The investment in the Master Trust is shown at estimated fair value based on the fair values of the underlying investments held in the Master Trust. The Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated net investment income or loss (including interest, dividends, net unrealized and realized gains and losses) less actual distributions and allocated administrative expenses. Net investment income or loss and certain administrative expenses are allocated to the individual plans based upon the ratio of the plans holdings in the Master Trust of the prior month end.

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

Investment Valuation and Income Recognition, continued

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

> Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
>
> Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.
>
> If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
>
> Level 3: Inputs for the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liabilities fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of the observable inputs and minimize the use of unobservable inputs.

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

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

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

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

Investment Valuation and Income Recognition, continued

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

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

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

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

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

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

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 13, 2003, that the Plan and related trust are designed in compliance with applicable sections of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes is required.

The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

3. ACCUMULATED BENEFITS

The actuarial present value of accumulated benefits is as follows:

	January 1, 2011
Vested benefits:	
Participants or beneficiaries currently receiving payments	$ 1,752,738
Other participants	2,044,650
	3,797,388
Nonvested benefits	-
Total actuarial present value of accumulated benefits	$ 3,797,388

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

	Year Ended January 1, 2011
Actuarial present value of accumulated benefits at beginning of year	$ 3,583,393
Increase (decrease) during the year attributable to:	
Change in plan provisions	5,946
Benefits accumulated	85,348
Change in actuarial assumptions	74,701
Passage of time	230,334
Benefits paid	(182,334)
Total changes	213,995
Actuarial present value of accumulated benefits at end of year	$ 3,797,388

The actuarial present value of accumulated benefits as of January 1, 2011 is based upon an effective interest rate of 6.01% based on funding segment rates. See Note 2.

4. INFORMATION CERTIFIED BY THE TRUSTEE

The following summarized information and certain underlying detail included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by The Northern Trust Company, the trustee for the Plan as of and for the years ended December 31, 2011 and 2010.

	December 31, 2011	December 31, 2010
Investment in the Tyco Master Trust	$ 3,074,659	$ 2,972,211
Plan Interest in the Tyco Master Trust Net Investment Income	$ 61,717	$ 341,568

5. INVESTMENT IN THE MASTER TRUST

As of December 31, 2011 and 2010 the Plan's sole investment is in the Master Trust, which was established for the investment of assets of the Plan and several other TIMCO LLC and affiliated companies' sponsored retirement plans. The assets of the Master Trust are held by its trustee, The Northern Trust Company, for the years ended December 31, 2011 and 2010. Each participating retirement plan has an undivided interest in the assets of the Master Trust except for any other securities, which, if applicable, are identifiable with individual plans. The Plan's interest in the net assets of the Master Trust is less than 1% at December 31, 2011 and 2010.

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

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

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

	December 31,	
ASSETS:	**2011**	**2010**
Investments, at fair value		
Cash and Cash Equivalents	$ 699,521	$ 1,603,858
Common Stocks	65,673,094	127,881,661
Common/Collective Trusts		
Blackrock Debt Index Fund *	29,177,797	82,663,599
Blackrock Long Term Govt Credit Bond Index Fund	56,522,463	-
Blackrock MSCI ACWI EX-U.S. IMI Index Fund	33,645,456	-
UBS All CountryWorld Equity	34,420,671	49,365,530
Northern Trust Russell 1000 Index Fund	170,047,680	184,480,867
Other Common/Collective Trusts	18,109,427	15,582,747
Corporate Bonds	45,808,250	33,574,976
Partnership/Joint Venture Interests		
AQR International Equity Fund *	27,586	47,746,318
U.S. Government Securities	54,426,031	53,864,636
Registered Investment Companies		
Dodge & Cox International Stock Fund	34,608,186	-
Other Registered Investment Companies	63,815,059	73,543,605
Other Investments	7,192,742	4,330,469
Total Investments, at fair value	614,173,963	674,638,266
Other Receivables	1,496,508	3,051,559
Total Assets	615,670,471	677,689,825
LIABILITIES:		
Other Payables	6,550,754	1,660,303
Net Assets	$ 609,119,717	$ 676,029,522

*Assets are not 5% of the Master Trust net assets as of December 31, 2011.

Net investment income of the Master Trust is as follows:

	Year Ended December 31, 2011	2010
Interest and Dividend Income	$ 9,989,757	$ 10,292,272
Net Appreciation/(Depreciation) in Fair Value of Investments:		
103-12 Investment Entities	-	2,600,862
Common Stocks	(6,390,916)	26,511,654
Common/Collective Trusts	6,626,780	26,363,861
Corporate Bonds	1,898,083	3,470,817
Non-Interest Bearing Cash	537,399	97,048
Partnership/Joint Venture Interests	(7,170,005)	4,336,319
Registered Investment Companies	868,319	1,877,388
U.S. Government Securities	4,821,664	2,021,771
Other Investments	2,826,775	(499,254)
Total Net Investment Income	$ 14,007,856	$ 77,072,738

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2011.

	12/31/2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and Cash Equivalents	$ 699,521	$ 699,521	$ -
Common Stocks			
U.S.	65,673,094	65,673,094	-
Common Collective Trusts			
Short-Term Securities	8,520,220	8,520,220	-
U.S. Equity	179,636,886	-	179,636,886
Non-U.S. Equity	68,066,128	-	68,066,128
U.S. Fixed Income	85,700,260	-	85,700,260
Corporate bonds			
U.S.	45,808,250	-	45,808,250
Partnership/Joint Venture Interests	27,586	-	27,586
U.S. Government Securities	54,426,031	-	54,426,031
Registered Investment Companies	98,423,245	35,175,726	63,247,519
Other Investments	7,192,742	168,621	7,024,121
Total Investments at Fair Value	$ 614,173,963	$ 110,237,182	$ 503,936,781

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

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

The Master Trust did not have any investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the years ended December 31, 2011 and 2010.

Changes in Fair Value Levels

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

Management or the Plan Sponsor evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2011 and 2010, there were no significant transfers in or out of any levels.

6. NET ASSET VALUE (NAV) PER SHARE

The following table sets forth a summary of the Master Trust's investments with a reported NAV as of December 31, 2011.

Fair Value Estimated Using Net Asset Value Per Share
December 31, 2011

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Registered Investment Companies (1)	$ 63,803,718	$ -	Daily	none	1 day
Registered Investment Companies (2)	34,608,186	-	Daily	none	1 day
Common Collective Trust					
U.S. Equity (3)	9,589,206	-	Daily	none	1 day
U.S. Equity (4)	170,047,680	-	Daily	none	1 day
Non-U.S. Equity (5)	34,420,671		Twice a Month	none	2 days
Non-U.S. Equity (6)	33,645,456	-	Daily	none	3 days
U.S. Bond (7)	85,700,325	-	Daily	none	2 days
	$ 431,815,242	$ -			

(1) These are two funds whose objectives are to exceed the returns of the Barclays Aggregate Bond Index and Barclays U.S. Aggregate Govt/Credit Long Index.

(2) This fund has an investment objective of exceeding the returns of the broad non-U.S. equity market.

(3) This fund has an investment objective of exceeding the returns of U.S. Micro Cap equity market.

(4) This is a passive index fund whose objective is to track the returns of the Russell 1000 U.S. equity index.

(5) This fund has an investment objective of exceeding the return of the broad non-U.S. equity market.

(6) This passive fund whose objective is to track the returns of MSCI ACWI ex U.S. IMI index.

(7) These two index funds whose objectives are to track the returns of the Barclays Aggregate Bond Index and Barclays Aggregate Gov/Credit Long Index.

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

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

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

(1) These funds have an investment objective to exceed the returns of the Barclays Aggregate Bond Index and Barclays U.S. Aggregate Government/Credit Long Index.

(2) This is a passive index fund whose objective is to track the return of the Russell 1000 U.S. Equity Index.

(3) This fund has an investment objective of exceeding the return of the broad non-U.S. equity market.

(4) This is a passive index fund whose objective is to track the return of the Barclays Aggregate Bond Index.

7. RISKS & UNCERTAINTIES

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

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

8. SUBSEQUENT EVENTS

On September 28, 2012, TIL completed the previously announced separation of its North American residential security business and flow control business. Immediately following the spin-offs, the flow control business was successfully merged with Pentair. It is anticipated upon the Merger, Plan assets within the Master Trust attributable to flow control plans and participants will be spun-off from the Master Trust and this Plan will be sponsored by the new company.

The Plan Sponsor has evaluated subsequent events through October 9, 2012, which is the date the financial statements were available to be issued.