Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] 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
ADT SECURITY SERVICES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1913

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
TYCO INTERNATIONAL MANAGEMENT COMPANY, LLC

9 ROSZEL RD.
PRINCETON, NJ 08540

2b Employer Identification Number (EIN)
20-5073412

2c Sponsor's telephone number
561-988-7200

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.	10/12/2010	MINDY EBERT-FELDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	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
561-988-7200

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

a Sponsor's name
TYCO INTERNATIONAL MANAGEMENT COMPA NY

4b EIN
20-5073412

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	11668
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**	3661
b	Retired or separated participants receiving benefits	**6b**	2788
c	Other retired or separated participants entitled to future benefits	**6c**	4715
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	11164
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	367
f	Total. Add lines **6d** and **6e**	**6f**	11531
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**	1
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:
1A 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

A Name of plan
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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 2009			
2	Assets:			
a	Market value	**2a**		208220736
b	Actuarial value	**2b**		229042810
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	3058	122971708
b	For terminated vested participants	**3b**	4735	48749489
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		4408677
	(2) Vested benefits	**3c(2)**		62827826
	(3) Total active	**3c(3)**	3900	67236503
d	Total	**3d**	11693	238957700
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.18 %
6	Target normal cost	**6**		3140036

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

Signature of actuary	10/11/2010 Date
VICTOR BUONOPANE Type or print name of actuary	08-06320 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 (Item 13 from prior year)	91225775	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	747530	0
9	Amount remaining (Item 7 minus item 8)	90478245	0
10	Interest on item 9 using prior year's actual return of -27.19 %	-24601035	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1353508
	b Interest on (a) using prior year's effective rate of 6.09 %		-166349
	c Total available at beginning of current plan year to add to prefunding balance		1187159
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	28001000	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	37876210	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	95.85 %
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	102.75 %
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
04/08/2009	373800				
			Totals ► 18(b)	373800	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	366070

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: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	3140036
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)		**34**	3140036

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	2773966	0	2773966

36 Additional cash requirement (item 34 minus item 35)	**36**	366070
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	366070
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-5073412

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

NORTHERN TRUST CORPORATION

36-2723087

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

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

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

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

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

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

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

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

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

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

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

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)

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	910781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(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?
29	NONE	235850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21	NONE	204733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS GLOBAL ASSET MANAGEMENT

36-3664388

(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?
28	NONE	111071	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUSSELL INVESTMENT GROUP

91-1659779

(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?
28	NONE	97646	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL GUARDIAN TRUST COMPANY

95-2553868

(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?
28	NONE	97507	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	94018	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DODGE & COX

94-1441976

(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?
28	NONE	81394	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(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?
28	NONE	78781	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TURNER INVESTMENT PARTNERS INC.

23-2587824

(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?
28	NONE	52745	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INSTITUTIONAL CAPITAL

36-3797034

(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?
28	NONE	51321	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOGAN CIRCLE PARTNERS, LP

20-8262386

(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?
28	NONE	49042	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

T ROWE PRICE STABLE ASSET MGMT INC.

52-0556948

(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?
28	NONE	46870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELAWARE MANAGEMENT COMPANY

23-2859590

(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?
28	NONE	42060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORD ABBETT & COMPANY

13-5620131

(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?
28	NONE	41012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STERLING CAPITAL MANAGEMENT, LLC

56-2226389

(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?
28	NONE	40483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON ANALYTICAL SERVICES, LLC

91-1934665

(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?
28	NONE	16499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

04-3176941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12006	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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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 INTL 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	248893092

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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)	1496000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	206784799	248893092
(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	208280799	248893092
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	624551	694618
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	624551	694618
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	207656248	248198474

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)	373800	
	(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)		373800
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)		59641424
(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		60015224
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16587582	
(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)		16587582
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)	1253238	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	798161	
(4) Other	2i(4)	204733	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2256132
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18843714
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		41171510
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		629284

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		50000000
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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
ADT SECURITY SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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** 15

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 **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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):

---

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: 62% Investment-Grade Debt: 31% High-Yield Debt: 4% Real Estate: 0% Other: 3%

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):

ADT Security Services Pension Plan

Financial Statements
December 31, 2009

ADT Security Services Pension Plan
Table of Contents

	Page(s)
Report of Independent Accountants	2
Statement of Net Assets Available for Benefits as of December 31, 2009 and 2008	3
Statement of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2009 and 2008	4
Notes to Financial Statements	5-15

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, 2009 and are not required to be disclosed for this Plan.

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

Certified Public Accountants

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

Report of Independent Accountants

To the Participants and Administrator
of the ADT Security Services Pension Plan

We were engaged to audit the financial statements of the ADT Security Services Pension Plan (formerly known as the Kendall/ADT Pension Plan) as of December 31, 2009 and 2008, 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, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Westwood, Massachusetts
October 11, 2010

O'Brien, Riley & Ryan P.C.

ADT Security Services Pension Plan
Statement of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
Assets		
Investment in the Tyco Master Trust, at fair value	$ 248,893,092	$ 206,784,799
Employer Contributions Receivable	-	1,496,000
Total Assets	248,893,092	208,280,799
Liabilities		
Administrative Expenses Payable	694,618	624,551
Net Assets Available for Benefits	$ 248,198,474	$ 207,656,248

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

ADT Security Services Pension Plan
Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2009	2008
Additions		
Plan Interest in the Tyco Master Trust		
Net Investment Income (Loss)	$ 59,641,424	$ (80,649,810)
Employer Contributions	373,800	1,496,000
Total Additions	60,015,224	(79,153,810)
Deductions		
Benefit Payments	16,587,582	16,058,707
Administrative Expenses	2,885,416	2,386,291
Total Deductions	19,472,998	18,444,998
Net Increase (Decrease)	40,542,226	(97,598,808)
Net Assets Available for Benefits		
Beginning of Year	207,656,248	305,255,056
End of Year	$ 248,198,474	$ 207,656,248

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

1. DESCRIPTION OF PLAN

The following brief description of the ADT Security Services Pension Plan (the "Plan"), formerly Kendall/ADT Pension Plan changed from The Kendall Company & Subsidiaries' Pension Plan, is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a trusteed, noncontributory, defined benefit pension plan covering the eligible employees of the ADT Security Services, Inc. and prior to the Separation (defined below), The Kendall Company (collectively the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986, as amended (the "Code").

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

Effective January 1, 2000, the Devon Pension Plan and the Graphic Controls Pension Plan merged into the Plan. Effective September 30, 1998, the ADT Security Services, Inc. Pension Plan merged with the Plan. Effective March 1, 1999, the employees of the Sherwood, Davis & Geek division have been included in the Plan. Participants of the Devon Pension Plan, Sherwood, Davis & Geek division and a portion of the Graphics Controls Pension Plan have been transferred to an affiliated plan, see separation activities above.

Effective January 1, 2007, the name of the Plan changed to the ADT Security Services Pension Plan.

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

Funding Policy

The Company's funding policy is to make all required contributions to the pension plan in accordance with applicable pension laws and regulations. Additional voluntary contributions (in excess of required minimum amounts) are periodically considered based on their individual merits. The Company's contributions for 2009 and 2008 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
The pension benefit calculations vary due to the merger of a number of TIMCO LLC subsidiary pension plans into the Plan. The merging plans continue to calculate their pension benefit in accordance with each plan, as in effect immediately prior to the merger. Participants who have completed five or more years of continuous service are entitled to annual pension benefits, except Devon Pension Plan participants. Devon Pension Plan participants who were employed at December 31, 1996 became fully vested in their pension benefit. Effective January 1, 2007, the participants of the Devon Pension Plan were transferred the Kendall Plan. For a more complete schedule of pension benefits, participants should refer to the Plan document.

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

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

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. At least three persons of each committee 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.

Plan Termination, continued
However there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Return Rate:	8.18% Effective interest rate based on the IRS November 2008 full yield curve.
Retirement;	Weighted Average Age 63
Mortality;	2009 PPA separate static annuitant and nonannuitant mortality tables

Certain actuary assumptions discussed above have changed since the January 1, 2008 valuation. The actuarial assumptions used in the January 1, 2008 valuation were; a) the investment return rate was 5.31% for the first 5 years, 5.90% for the next 15 years, and 6.41% for the years thereafter, b) the mortality table was the 2008 PPA separate static annuitant and nonannuitant mortality tables.

The affects of these changes are included in footnote 3 under the caption Change in actuarial assumptions.

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

Recently Issued Accounting Pronouncements
In April 2009, the Financial Accounting Standards Board ("FASB") issued guidance that emphasizes that even if there has been a significant decrease in the volume and level of activity, the objective of a fair value measurement remains the same. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction (that is, not forced liquidation or distressed sale) between participants at the measurement date under current market conditions. The guidance provides a number of factors to consider when evaluating whether there has been a significant decreases in volume and level of activity for an asset or liability in relation to normal market activity. In addition, when transactions or quoted prices are not considered orderly, adjustments to those prices based on the weight of available information may be needed to determine the appropriate fair value. The guidance also requires increased disclosures. This guidance is effective for annual reporting periods ending after June 15, 2009, and shall be applied prospectively. The impact of adoption of this guidance was not material to the Plan's net assets available for benefits or statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

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

FASB guidance defines fair value as the price that would be received by the Plan for 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. FASB guidance establishes a fair value hierarchy which requires 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: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
>
> Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
>
> Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

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

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

Interest bearing cash is primarily invested in a money market mutual fund. The fair value is determined by obtaining quoted prices on nationally recognized securities exchange.

Investment Valuation and Income Recognition, continued

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

Common stocks: Prices obtained from readily available sources. Most securities trade on active markets and the last trade or official close is used for valuation. Securities that trade thinly are valued either nominally, using the bid or ask, or the mean of bid or ask.

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.

Corporate bonds: The majority of this balance represents more than 200 corporate high yield and investment grade 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.

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 notice of sale.

U.S. government securities: These 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.

Registered investment companies are valued by obtaining quoted prices on nationally recognized securities exchanges.

Other investments: Includes swap, municipal bond, non-U.S. government bonds, and sundry assets which are valued 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.

The methods 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 January 21, 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.

Subsequent Events
The Plan Sponsor has evaluated subsequent events through the time it issued its financial statements on October 11, 2010.

3. ACCUMULATED BENEFITS

The actuarial present value of accumulated benefits is as follows:

	January 1, 2009
Vested benefits:	
Participant or beneficiaries currently receiving payments	$ 122,971,708
Other participants	111,577,315
	234,549,023
Nonvested benefits	4,408,677
Total actuarial present value of accumulated benefits	$ 238,957,700

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

	Fiscal Year Ended January 1, 2009
Actuarial present value of accumulated benefits at beginning of fiscal year	$ 297,613,809
Increase (decrease) during the year attributable to:	
Benefits accumulated	(3,037,461)
Change in actuarial assumptions	(57,154,885)
Passage of time	17,594,944
Benefits paid	(16,058,707)
Total changes	(58,656,109)
Actuarial present value of accumulated benefits at end of fiscal year	$ 238,957,700

The actuarial present value of accumulated benefits as of January 1, 2009 is based upon Effective interest rate of 8.18% based on the IRS November 2008 full yield curve. 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, 2009 and 2008

	December 31, 2009	December 31, 2008
Investment in the Tyco Master Trust	$ 248,893,092	$ 206,784,799
Plan Interest in the Tyco Master Trust Net Investment Income (Loss)	$ 59,641,424	$ (80,649,810)

5. INVESTMENT IN THE MASTER TRUST

As of December 31, 2009 and 2008 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, 2009 and 2008. 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 approximately 39% and 40% at December 31, 2009 and 2008, respectively.

The Master Trust engaged in security lending. The Master Trust discontinued its security lending during 2009. The collateral pledged and securities on loan at December 31, 2008 were $29,612,669 and $29,126,823.

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 the net assets of the Master Trust.

	December 31,	
ASSETS:	**2009**	**2008**
Investments, at fair value		
Cash and Cash Equivalents	$ 6,628,309	$ 13,675,546
103-12 Investment Entities	30,738,618	1,836,643
Common Stocks	171,231,301	109,991,388
Common Collective Trusts	190,742,768	189,038,744
Corporate Bonds	112,321,019	106,196,743
Partnership/Joint Venture Interests	43,409,999	27,350,863
U.S. Government Securities	86,181,418	83,196,975
Registered Investment Companies	11,294	51,117
Other Investments	5,155,919	756,111
Total Investments, at fair value	646,420,645	532,094,130
Receivable for Securities Sold	9,073,015	9,496,702
Total Assets	655,493,660	541,590,832
LIABILITIES:		
Payable for Securities Purchased	10,886,241	19,902,867
Net Assets	$ 644,607,419	$ 521,687,965

Net investment income of the Master Trust is as follows:

	Year Ended December 31,	
	2009	**2008**
Interest and Dividend Income	$ 13,078,463	$ 15,471,720
Net Appreciation/(Depreciation) in Fair Value of Investments:		
103-12 Investment Entities	5,459,785	98,646
Common Stocks	49,477,466	(85,642,673)
Common Collective Trusts	48,257,038	(84,358,452)
Corporate Bonds	20,733,267	(27,929,367)
Non-Interest Bearing Cash	(15,647)	(370,400)
Partnership/Joint Venture Interests	13,492,469	(22,768,059)
Registered Investment Companies	177	(11,020)
U.S. Government Securities	25,966	2,128,963
Other Investments	1,220,380	(927,790)
Total Net Investment Income	$ 151,729,364	$ (204,308,432)

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

	12/31/2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and Cash Equivalents	$ 6,628,309	$ 6,628,309	$ -	$ -
103-12 Investment Entities	30,738,618	-	30,738,618	-
Common Stocks				
US	121,306,435	121,306,435	-	-
Non-US	49,924,866	49,924,866	-	-
Common Collective Trusts				
Cash Equivalent	11,979,791	11,979,791	-	-
US Equity	178,762,977	-	178,762,977	-
Corporate bonds				
US	101,274,239	-	101,274,239	-
Non-US	11,046,780	-	11,046,780	-
Partnership/Joint Venture Interests	43,409,999	-	43,409,999	-
U.S. Government Securities	86,181,418	-	86,181,418	-
Registered Investment Companies	11,294	11,294	-	-
Other Investments	5,155,919	-	5,155,919	-
Total Investments at Fair Value	$ 646,420,645	$ 189,850,695	$ 456,569,950	$ -

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, 2008.

	12/31/2008	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and Cash Equivalents	$ 13,675,546	$ 13,675,546	$ -	$ -
103-12 Investment Entities	1,836,643	-	1,836,643	-
Common Stocks	109,991,388	109,248,388	743,000	-
Common Collective Trusts	189,038,744	-	189,038,744	-
Corporate Bonds	106,196,743	-	106,196,743	-
Partnership/Joint Venture Interests	27,350,863	25,990,484	1,360,379	-
U.S. Government Securities	83,196,975	-	83,196,975	-
Registered Investment Companies	51,117	-	51,117	-
Other Investments	756,111	-	756,111	-
Total Investments, at Fair Value	$ 532,094,130	$ 148,914,418	$ 383,179,712	$ -

6. NET ASSET VALUE (NAV) PER SHARE

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

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

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

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

(1) This fund has an investment objective of exceeding the return of the broad non-U.S. equity market as defined by the MSCI All Country World Index excluding the U.S. equity market.

(2) This is a fund whose objective is to exceed the return of the U.S. corporate bonds and mortgage backed securities sectors in the Barclays Aggregate Bond index.

(3) These are two passive index funds whose objectives are to track the returns of the Russell 1000 and Russell 1000 Value U.S. equity indices, respectively.

7. RISKS & 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.

Schedule SB, Line 11 – Explanation of Carryover and Prefunding Balances Discrepancy

The 2008 Schedule SB was completed before final funding regulations were issued and the amount reported on line 38 was limited to the excess of the discounted value of actual employer contributions over the minimum required contribution before any credit balance use.

Schedule SB, Line 21b – Explanation of Discount Rate Applicable Month Discrepancy

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

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

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

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

Actuarial Assumptions

The following assumptions were used in valuing the liabilities and benefits under the plan for purposes of determining contributions and liabilities for funding.

Discount rate elections	Full yield curve with 2 months look-back (November 2008)
Mortality elections	2009 PPA separate static annuitant and nonannuitant mortality tables
417(e) lump sums	
▪ Annuity substitution	Yes
▪ Generational mortality option	No
▪ Phase-in option	No
Other economic assumptions	
▪ Salary increases	4.00% per year
▪ Flat-dollar benefit increases	N/A
▪ Social Security wage base	N/A
▪ Inflation	N/A
▪ Expected investment return	8.00% for 2007 through 2009
▪ Expenses	$2,600,000 added to current year normal cost
▪ Other	N/A

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

Actuarial Assumptions

Demographic assumptions

Withdrawal

Table of Sample Rates

Attained Age	ADT
20	9.94%
25	9.67
30	9.30
35	8.71
40	7.75
45	6.35
50	4.23
55	1.55
56	1.13
57	0.77
58	0.49
59	0.29
60	0.15
61	0.06
62	0.02
63	-
64	-
65	-

As a further allowance for heavier turnover in the early years of employment, the above rates are adjusted as follows:

First 3 years of employment: 0.6167 times above rate + 34.42%

Disability incidence: N/A

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

Actuarial Assumptions

Retirement

	ADT	
Attained Age	**Regular**	**Enhanced***
45	0.10%	0.10%
50	0.30	0.30
55	2.55	2.55
56	3.12	3.12
57	3.83	3.83
58	4.68	4.68
59	5.62	5.62
60	6.88	6.88
61	8.43	8.43
62	10.38	50.00
63	12.69	20.00
64	15.24	20.00
65	100.00	100.00

*If age 62 and age plus continuous service equals at least 85

Benefit commencement age for	
▪ Future vested deferred	Age 65
▪ Current vested deferred (Graphic Controls)	Age 65
▪ Current vested deferred (ADT)	Age 65
▪ Disabled deferred	Age 65

Spouse assumptions	**Male participants**	**Female participants**
▪ Percentage married	85.00%	75.00%
▪ Spouse age difference	3 years younger	3 years older

Form of payment	**Lump sum**	**Single life**	**50% J&S**
▪ ADT Security Services	0%	75%	25%
▪ Graphic Controls	100%	0%	0%

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

Actuarial methods

Asset methods – effective January 1, 2009

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

The asset valuation method is an annual average of the adjusted market value over the last 25 months preceding and including the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate based on IRS guidance. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430. A characteristic of this asset 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 – effective January 1, 2008

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

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

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

Actuarial methods

Benefits included or excluded

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

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

Plan sponsor elections – effective January 1, 2009

Funding interest rate:
- Full yield curve with 2 months look-back (November curve)

Mortality assumption for funding target:
- Static annuitant and non-annuitant tables

Valuation of lump sums based on IRC Section 417(e) assumptions
- Lump sum benefit based on annuity substitution liability
- Adjustment to reflect five-year phase-in of PPA rates was not used
- Did not use generational mortality table option

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

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

Actuarial methods

Minimum funding method

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:

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

Maximum deductible contribution method

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

Schedule SB, Line 22 – Description of weighted average retirement age

The weighted average retirement age shown on line 22 is based on (i) and (ii) below.

(i) Employees not eligible for unreduced early retirement benefits ("Non-Enhanced group") - Each employee is assumed to retire in accordance with the table of retirement rates. The number of employees expected to retire at each potential retirement age is shown below. The average retirement age for this group is 63.

(A) Retirement age	**(B)** Retirement Rates	**(C)** Number of employees expected to retire, per 1000 retirements	**(D)** (A) X (C)
55	2.55%	25.50	1,402.50
56	3.12%	30.40	1,702.40
57	3.83%	36.16	2,061.12
58	4.68%	42.49	2,464.42
59	5.62%	48.64	2,869.76
60	6.88%	56.20	3,372.00
61	8.43%	64.12	3,911.32
62	10.38%	72.30	4,482.60
63	12.69%	79.21	4,990.23
64	15.24%	83.05	5,315.20
65	100.00%	461.93	30,025.45
Total		1,000	62,597.00
Average			62.60

Schedule SB, Line 22 – Description of Weighted Average Retirement Age *(continued)*

(ii) Employees eligible for unreduced early retirement benefits ("Enhanced group") - Each employee is assumed to retire in accordance with the table of retirement rates. The number of employees expected to retire at each potential retirement age is shown below. The average retirement age for this group is 62.

(A) Retirement age	**(B)** Retirement Rates	**(C)** Number of employees expected to retire, per 1000 retirements	**(D)** (A) X (C)
55	2.55%	25.50	1,402.50
56	3.12%	30.40	1,702.40
57	3.83%	36.16	2,061.12
58	4.68%	42.49	2,464.42
59	5.62%	48.64	2,869.76
60	6.88%	56.20	3,372.00
61	8.43%	64.12	3,911.32
62	50.00%	348.25	21,591.50
63	20.00%	69.65	4,387.95
64	20.00%	55.72	3,566.08
65	100.00%	222.87	14,486.55
Total		1,000	61,815.60
Average			61.82

Based on the plan's active participant demographics, the average weighted retirement age of (i) and (ii) above is 63.

Schedule SB, Part V – Summary of plan provisions

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

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

Part I—ADT Security Services

Employer identification number	20-5073412
Plan number	001
Effective date and plan year	Established 4/1/1913; calendar year
Most recent amendment	Effective January 1, 2009
Sponsoring employer	Tyco International Management Company, LLC
Participating employees	ADT Security Services employees covered under a collective bargaining agreement and some non-union employees. The plan is closed to new entrants.
Eligibility	Participation at January 1 or July 1 following attainment of age 21 and 1 year of continuous service
Employer contributions	100% employer funded
Participant contributions	None
Service considered	Continuous service: ▪ Elapsed time from hire to termination; generally excludes pre-merger service Credited service: ▪ Continuous service from participation date, with exceptions noted below ▪ Credited service for non-union participants was frozen as of December 31, 1998 ▪ Credited service for most union locals is frozen. Freeze dates vary, depending on the union local ▪ For most merged groups, service starts January 1 or July 1 following one-year anniversary of merger ▪ Service prior to January 1, 1989 is determined under the terms of the plan then in effect. ▪ Special rules may apply
Compensation considered	Base salary plus commissions, excluding bonuses and overtime
Average annual compensation	Highest consecutive 60 months. If credited service is frozen, average annual compensation is determined as of same freeze date.
Normal retirement age	Age 65 and 5th anniversary of participation
Normal retirement benefit	1% times final average earnings times credited service

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

Late retirement benefit	Better of: ▪ Continued accruals, or ▪ Actuarially increased normal retirement benefit
Early retirement benefit	
(a) Eligibility	Age 55 with 10 years of continuous service
(b) Benefit	Accrued benefit, reduced as follows: ▪ If age 62 and age plus continuous service equals at least 85: no reduction ▪ Otherwise, reduced 5.40% per year before age 65
Deferred vested benefit	
(a) Eligibility	5 years of continuous service
(b) Benefit	Accrued benefit at termination Benefits can commence at age 55 and 10 years of continuous service, reduced using actuarial equivalence factors shown in the plan document.
Disability benefit	Same as deferred vested benefit
Death benefit	
(a) Eligibility	Spouse or domestic partner of vested participant
(b) Benefit	50% J&S (REA) annuity based on accrued benefit at date of death and payable on later of: ▪ Date of death, or ▪ Age 55. Reduced as follows: ▪ If participant was early retirement eligible (age 55 and 10 years): 5.40% per year before age 65 ▪ Otherwise, actuarial equivalent reduction from age 65
Optional forms of retirement benefits	Life Annuity 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor Lump sum up to $1,000
Actuarial equivalence basis of optional forms	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, computed based on tabular factors as found in the plan document. For the 50% Joint & Survivor Annuity, the applicable factor is .907 decreased by .003 for each year the participant is over age 55 and increased/decreased by .005 each year the beneficiary is older/younger than the participant.
Funding medium	Master trust administered by Northern Trust

Changes since prior valuation	The benefit limitation under IRC Section 415(b) increased from $185,000 in 2008 to $195,000 in 2009. The compensation limit under IRC Section 401(a)(17) increased from $230,000 in 2008 to $245,000 in 2009. These changes had no effect on the plan's liabilities.
Benefits not included in valuation	To the best of our knowledge, no benefits were excluded from the valuation.
Significant events	To the best of our knowledge, no significant events occurred during the year that would significantly affect valuation results.

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

Part II—Graphic Controls

Employer identification number	20-5073412
Plan number	001
Effective date and plan year	Established 4/1/1961; calendar year
Most recent amendment	Effective January 1, 2009
Sponsoring employer	Tyco International Management Company, LLC
Participating employees	Employees of the former Graphic Controls, Inc.; excludes employees covered by collective bargaining agreements. There are no active participants as of January 1, 2009.
Eligibility	Participation was frozen as of 12/31/1999; no new participants
Employer contributions	100% employer funded
Participant contributions	None
Service considered	Continuous service: ▪ 1/1/1975-12/31/1986: calendar year with 1,000 hours ▪ After 1/1/1987: elapsed time excluding breaks Credited service (frozen 12/31/1999): ▪ Hourly employees: calendar year with 1,950 hours ▪ Salaried employees: calendar year with 2,080 hours ▪ Partial service based on actual hours divided by 1,950 or 2,080
Compensation considered	Base pay plus overtime (up to $4,200) plus commissions, excluding non-qualified deferrals, bonuses and cafeteria plan
Average annual compensation	60 highest consecutive months of last 120 months or any 5-year period before 1/1/2000
Normal retirement age	Age 65
Normal retirement benefit	*Benefits are frozen as of 12/31/1999* Greater of A or B: A. 1.5% times final average earnings times credited service; minus the lesser of: i.) Credited service times 1.5% of the Social Security primary insurance amount ii.) 50% times the Social Security primary insurance amount B. $15 times credited service
Late retirement benefit	Actuarially increased normal retirement benefit

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

Early retirement benefit	
(a) Eligibility	Age 55 with 5 years of continuous service
(b) Benefit	Accrued benefit, reduced 6 2/3% for first 5 years and 3 1/3% per year for each additional year
(c) Special early retirement benefit	▪ If job is eliminated, under age 62 and age + continuous service = 75: Benefit is reduced as if commenced at age 62 and add (62 minus participant's age) to beneficiary's age ▪ For job elimination between 6/1/1998 to 12/31/1998: same as above, except age plus continuous service equals 65.
Deferred vested benefit	
(a) Eligibility	5 years of continuous service
(b) Benefit	Accrued benefit Benefits can commence at early retirement date, subject to same reduction factors as early retirement
Disability benefit	
(a) Eligibility	Total & permanent disability (receiving company LTD benefits); no service requirement
(b) Benefit	Regular deferred vested benefit; accruals stop on date of disability
Death benefit	
(a) Eligibility	Spouse or domestic partner of vested participant
(b) Benefit	50% J&S (REA) annuity based on accrued benefit at date of death and payable on later of: ▪ Date of death, or ▪ Age 55. Same reduction factors as early retirement
Optional forms of retirement benefits	Life Annuity 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor 10-Year Certain & Life 15-Year Certain & Life Single Life Level Income (age 65) Lump sum (no limit)
Actuarial equivalence basis of optional forms	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, computed based on tabular factors as found in the plan document.
Actuarial equivalence for Lump Sum	The equivalent value when calculated under the mortality table and segment rates mandated by the IRS under PPA and 417(e)(3).

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

Funding medium	Master trust administered by Northern Trust
Changes since prior valuation	The benefit limitation under IRC Section 415(b) increased from $185,000 in 2008 to $195,000 in 2009. This change had no effect on the plan's liabilities.
Benefits not included in valuation	To the best of our knowledge, no benefits were excluded from the valuation.
Significant events	To the best of our knowledge, no significant events occurred during the year that would significantly affect valuation results.

Schedule SB, Line 25 – Change in method

In accordance with plan sponsor elections:

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

These changes are granted automatic approval by the IRS

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

Schedule SB, Line 26 – Schedule of active participant data

	Years of credited service as of January 1, 2009										
Age	**< 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
< 25											0
25 – 29	7	3	1								11
30 – 34	81	125	18	2							226
35 – 39	64	302	108	11	8						493
40 – 44	44	283	212	86	21	3					649
45 – 49	56	239	189	169	113	26	4				796
50 – 54	34	167	114	161	131	69	32	3			711
55 – 59	26	115	75	81	70	75	82	11	8	1	544
60 – 64	23	64	51 53,712	38	26	29	57	50	17	4	359
65 – 69	5	20	21	10	5	4	7	13	8	2	95
70+	1	4	4		2	1		2		2	16
TOTAL	341	1,322	793	558	376	207	182	79	33	9	3,900 54,544

For each cell, the top number is the count of active participants for each age/service combination. The lower number is the average compensation of the active participants in that group.

Compensation is shown only for the 149 participants that are still accruing benefits. Average compensation is shown only for those cells which contain at least 20 accruing participants. Values shown are limited in accordance with Section 401(a)(17) of the Internal Revenue Code.

ADT Security Services Pension Plan

Financial Statements
December 31, 2009

ADT Security Services Pension Plan
Table of Contents

	Page(s)
Report of Independent Accountants	2
Statement of Net Assets Available for Benefits as of December 31, 2009 and 2008	3
Statement of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2009 and 2008	4
Notes to Financial Statements	5-15

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, 2009 and are not required to be disclosed for this Plan.

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

Certified Public Accountants

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

Report of Independent Accountants

To the Participants and Administrator
of the ADT Security Services Pension Plan

We were engaged to audit the financial statements of the ADT Security Services Pension Plan (formerly known as the Kendall/ADT Pension Plan) as of December 31, 2009 and 2008, 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, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Westwood, Massachusetts
October 11, 2010

O'Brien, Riley & Ryan P.C.

ADT Security Services Pension Plan
Statement of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
Assets		
Investment in the Tyco Master Trust, at fair value	$ 248,893,092	$ 206,784,799
Employer Contributions Receivable	-	1,496,000
Total Assets	248,893,092	208,280,799
Liabilities		
Administrative Expenses Payable	694,618	624,551
Net Assets Available for Benefits	$ 248,198,474	$ 207,656,248

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

ADT Security Services Pension Plan
Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2009	2008
Additions		
Plan Interest in the Tyco Master Trust		
Net Investment Income (Loss)	$ 59,641,424	$ (80,649,810)
Employer Contributions	373,800	1,496,000
Total Additions	60,015,224	(79,153,810)
Deductions		
Benefit Payments	16,587,582	16,058,707
Administrative Expenses	2,885,416	2,386,291
Total Deductions	19,472,998	18,444,998
Net Increase (Decrease)	40,542,226	(97,598,808)
Net Assets Available for Benefits		
Beginning of Year	207,656,248	305,255,056
End of Year	$ 248,198,474	$ 207,656,248

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

1. DESCRIPTION OF PLAN

The following brief description of the ADT Security Services Pension Plan (the "Plan"), formerly Kendall/ADT Pension Plan changed from The Kendall Company & Subsidiaries' Pension Plan, is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document and summary of Plan description for more complete information regarding the terms of the Plan.

General

The Plan is a trusteed, noncontributory, defined benefit pension plan covering the eligible employees of the ADT Security Services, Inc. and prior to the Separation (defined below), The Kendall Company (collectively the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code of 1986, as amended (the "Code").

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

Effective January 1, 2000, the Devon Pension Plan and the Graphic Controls Pension Plan merged into the Plan. Effective September 30, 1998, the ADT Security Services, Inc. Pension Plan merged with the Plan. Effective March 1, 1999, the employees of the Sherwood, Davis & Geek division have been included in the Plan. Participants of the Devon Pension Plan, Sherwood, Davis & Geek division and a portion of the Graphics Controls Pension Plan have been transferred to an affiliated plan, see separation activities above.

Effective January 1, 2007, the name of the Plan changed to the ADT Security Services Pension Plan.

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

Funding Policy

The Company's funding policy is to make all required contributions to the pension plan in accordance with applicable pension laws and regulations. Additional voluntary contributions (in excess of required minimum amounts) are periodically considered based on their individual merits. The Company's contributions for 2009 and 2008 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
The pension benefit calculations vary due to the merger of a number of TIMCO LLC subsidiary pension plans into the Plan. The merging plans continue to calculate their pension benefit in accordance with each plan, as in effect immediately prior to the merger. Participants who have completed five or more years of continuous service are entitled to annual pension benefits, except Devon Pension Plan participants. Devon Pension Plan participants who were employed at December 31, 1996 became fully vested in their pension benefit. Effective January 1, 2007, the participants of the Devon Pension Plan were transferred the Kendall Plan. For a more complete schedule of pension benefits, participants should refer to the Plan document.

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

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

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. At least three persons of each committee 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.

Plan Termination, continued
However there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Return Rate:	8.18% Effective interest rate based on the IRS November 2008 full yield curve.
Retirement;	Weighted Average Age 63
Mortality;	2009 PPA separate static annuitant and nonannuitant mortality tables

Certain actuary assumptions discussed above have changed since the January 1, 2008 valuation. The actuarial assumptions used in the January 1, 2008 valuation were; a) the investment return rate was 5.31% for the first 5 years, 5.90% for the next 15 years, and 6.41% for the years thereafter, b) the mortality table was the 2008 PPA separate static annuitant and nonannuitant mortality tables.

The affects of these changes are included in footnote 3 under the caption Change in actuarial assumptions.

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

Recently Issued Accounting Pronouncements
In April 2009, the Financial Accounting Standards Board ("FASB") issued guidance that emphasizes that even if there has been a significant decrease in the volume and level of activity, the objective of a fair value measurement remains the same. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction (that is, not forced liquidation or distressed sale) between participants at the measurement date under current market conditions. The guidance provides a number of factors to consider when evaluating whether there has been a significant decreases in volume and level of activity for an asset or liability in relation to normal market activity. In addition, when transactions or quoted prices are not considered orderly, adjustments to those prices based on the weight of available information may be needed to determine the appropriate fair value. The guidance also requires increased disclosures. This guidance is effective for annual reporting periods ending after June 15, 2009, and shall be applied prospectively. The impact of adoption of this guidance was not material to the Plan's net assets available for benefits or statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

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

FASB guidance defines fair value as the price that would be received by the Plan for 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. FASB guidance establishes a fair value hierarchy which requires 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: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
>
> Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
>
> Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

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

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

Interest bearing cash is primarily invested in a money market mutual fund. The fair value is determined by obtaining quoted prices on nationally recognized securities exchange.

Investment Valuation and Income Recognition, continued

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

Common stocks: Prices obtained from readily available sources. Most securities trade on active markets and the last trade or official close is used for valuation. Securities that trade thinly are valued either nominally, using the bid or ask, or the mean of bid or ask.

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.

Corporate bonds: The majority of this balance represents more than 200 corporate high yield and investment grade 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.

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 notice of sale.

U.S. government securities: These 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.

Registered investment companies are valued by obtaining quoted prices on nationally recognized securities exchanges.

Other investments: Includes swap, municipal bond, non-U.S. government bonds, and sundry assets which are valued 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.

The methods 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 January 21, 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.

Subsequent Events
The Plan Sponsor has evaluated subsequent events through the time it issued its financial statements on October 11, 2010.

3. ACCUMULATED BENEFITS

The actuarial present value of accumulated benefits is as follows:

	January 1, 2009
Vested benefits:	
Participant or beneficiaries currently receiving payments	$ 122,971,708
Other participants	111,577,315
	234,549,023
Nonvested benefits	4,408,677
Total actuarial present value of accumulated benefits	$ 238,957,700

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

	Fiscal Year Ended January 1, 2009
Actuarial present value of accumulated benefits at beginning of fiscal year	$ 297,613,809
Increase (decrease) during the year attributable to:	
Benefits accumulated	(3,037,461)
Change in actuarial assumptions	(57,154,885)
Passage of time	17,594,944
Benefits paid	(16,058,707)
Total changes	(58,656,109)
Actuarial present value of accumulated benefits at end of fiscal year	$ 238,957,700

The actuarial present value of accumulated benefits as of January 1, 2009 is based upon Effective interest rate of 8.18% based on the IRS November 2008 full yield curve. 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, 2009 and 2008

	December 31, 2009	December 31, 2008
Investment in the Tyco Master Trust	$ 248,893,092	$ 206,784,799
Plan Interest in the Tyco Master Trust Net Investment Income (Loss)	$ 59,641,424	$ (80,649,810)

5. INVESTMENT IN THE MASTER TRUST

As of December 31, 2009 and 2008 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, 2009 and 2008. 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 approximately 39% and 40% at December 31, 2009 and 2008, respectively.

The Master Trust engaged in security lending. The Master Trust discontinued its security lending during 2009. The collateral pledged and securities on loan at December 31, 2008 were $29,612,669 and $29,126,823.

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 the net assets of the Master Trust.

	December 31,	
ASSETS:	**2009**	**2008**
Investments, at fair value		
Cash and Cash Equivalents	$ 6,628,309	$ 13,675,546
103-12 Investment Entities	30,738,618	1,836,643
Common Stocks	171,231,301	109,991,388
Common Collective Trusts	190,742,768	189,038,744
Corporate Bonds	112,321,019	106,196,743
Partnership/Joint Venture Interests	43,409,999	27,350,863
U.S. Government Securities	86,181,418	83,196,975
Registered Investment Companies	11,294	51,117
Other Investments	5,155,919	756,111
Total Investments, at fair value	646,420,645	532,094,130
Receivable for Securities Sold	9,073,015	9,496,702
Total Assets	655,493,660	541,590,832
LIABILITIES:		
Payable for Securities Purchased	10,886,241	19,902,867
Net Assets	$ 644,607,419	$ 521,687,965

Net investment income of the Master Trust is as follows:

	Year Ended December 31,	
	2009	**2008**
Interest and Dividend Income	$ 13,078,463	$ 15,471,720
Net Appreciation/(Depreciation) in Fair Value of Investments:		
103-12 Investment Entities	5,459,785	98,646
Common Stocks	49,477,466	(85,642,673)
Common Collective Trusts	48,257,038	(84,358,452)
Corporate Bonds	20,733,267	(27,929,367)
Non-Interest Bearing Cash	(15,647)	(370,400)
Partnership/Joint Venture Interests	13,492,469	(22,768,059)
Registered Investment Companies	177	(11,020)
U.S. Government Securities	25,966	2,128,963
Other Investments	1,220,380	(927,790)
Total Net Investment Income	$ 151,729,364	$ (204,308,432)

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

	12/31/2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and Cash Equivalents	$ 6,628,309	$ 6,628,309	$ -	$ -
103-12 Investment Entities	30,738,618	-	30,738,618	-
Common Stocks				
US	121,306,435	121,306,435	-	-
Non-US	49,924,866	49,924,866	-	-
Common Collective Trusts				
Cash Equivalent	11,979,791	11,979,791	-	-
US Equity	178,762,977	-	178,762,977	-
Corporate bonds				
US	101,274,239	-	101,274,239	-
Non-US	11,046,780	-	11,046,780	-
Partnership/Joint Venture Interests	43,409,999	-	43,409,999	-
U.S. Government Securities	86,181,418	-	86,181,418	-
Registered Investment Companies	11,294	11,294	-	-
Other Investments	5,155,919	-	5,155,919	-
Total Investments at Fair Value	$ 646,420,645	$ 189,850,695	$ 456,569,950	$ -

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, 2008.

	12/31/2008	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and Cash Equivalents	$ 13,675,546	$ 13,675,546	$ -	$ -
103-12 Investment Entities	1,836,643	-	1,836,643	-
Common Stocks	109,991,388	109,248,388	743,000	-
Common Collective Trusts	189,038,744	-	189,038,744	-
Corporate Bonds	106,196,743	-	106,196,743	-
Partnership/Joint Venture Interests	27,350,863	25,990,484	1,360,379	-
U.S. Government Securities	83,196,975	-	83,196,975	-
Registered Investment Companies	51,117	-	51,117	-
Other Investments	756,111	-	756,111	-
Total Investments, at Fair Value	$ 532,094,130	$ 148,914,418	$ 383,179,712	$ -

6. NET ASSET VALUE (NAV) PER SHARE

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

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

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

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

(1) This fund has an investment objective of exceeding the return of the broad non-U.S. equity market as defined by the MSCI All Country World Index excluding the U.S. equity market.

(2) This is a fund whose objective is to exceed the return of the U.S. corporate bonds and mortgage backed securities sectors in the Barclays Aggregate Bond index.

(3) These are two passive index funds whose objectives are to track the returns of the Russell 1000 and Russell 1000 Value U.S. equity indices, respectively.

7. RISKS & 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.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2009 This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

A Name of plan	B Three-digit plan number (PN) ▶	001
ADT Security Services Pension Plan		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)	
Tyco International Management Company, LLC	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 2009

2	Assets:			
a	Market value	2a		208,220,736
b	Actuarial value	2b		229,042,810
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	3,058	122,971,708
b	For terminated vested participants	3b	4,735	48,749,489
c	For active participants:			
(1)	Non-vested benefits	3c(1)		4,408,677
(2)	Vested benefits	3c(2)		62,827,826
(3)	Total active	3c(3)	3,900	67,236,503
d	Total	3d	11,693	238,957,700
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		8.18 %
6	Target normal cost	6		3,140,036

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

10/11/2010 — Date

Victor Buonopane — Type or print name of actuary

08-06320 — 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 (Item 13 from prior year)	91,225,775	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	747,530	0
9	Amount remaining (Item 7 minus item 8)	90,478,245	0
10	Interest on item 9 using prior year's actual return of (27.19)%	(24,601,035)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1,353,508
	b Interest on (a) using prior year's effective rate of 6.09 %		(166,349)
	c Total available at beginning of current plan year to add to prefunding balance		1,187,159
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	28,001,000	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	37,876,210	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	95.85 %
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	102.75 %
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
04/08/2009	373,800				
			Totals ▶ 18(b)	373,800	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	366,070

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: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 3,140,036

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 3,140,036

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	2,773,966	0	2,773,966

36 Additional cash requirement (item 34 minus item 35) **36** 366,070

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 366,070

38 Interest-adjusted excess contributions for current year (see instructions) **38** 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0