

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
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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 ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan ALARM SECURITY GROUP 401(K) RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 02/01/2003
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ALARM SECURITY GROUP, LLC 12301 KILN COURT - STE A BELTSVILLE, MD 20705	2b Employer Identification Number (EIN) 68-0503972 2c Sponsor's telephone number 301-623-4000 2d Business code (see instructions) 812990

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.	10/06/2010	AGNES HASSAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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") ALARM SECURITY GROUP, LLC 12301 KILN COURT - STE A BELTSVILLE, MD 20705		3b Administrator's EIN 68-0503972
		3c Administrator's telephone number 301-623-4000
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	593
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	562
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	35
d Subtotal. Add lines 6a , 6b , and 6c	6d	597
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	597
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	382
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	5
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: 2E 2F 2G 2J 2K 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ALARM SECURITY GROUP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. ALARM SECURITY GROUP, LLC		
D Employer Identification Number (EIN) 68-0503972		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	87748	539	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
33737	36822

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BRANDYWINE BENEFITS COMPANY LLC
ONE RIGHTER PARKWAY, SUITE 150
WILMINGTON, DE 19803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	25348	TPA FEES PAID	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JEFFREY HORSTMAN
ONE RIGHTER PARKWAY, SUITE 150
WILMINGTON, DE 19803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17391			5

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

Schedule A (Form 5500) 2009
v.092308.1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BRANDYWINE BENEFITS COMPANY LLC

ONE RIGHTER PARKWAY, SUITE 150
WILMINGTON, DE 19803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16346			5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BRANDYWINE BENEFITS COMPANY LLC

ONE RIGHTER PARKWAY, SUITE 150
WILMINGTON, DE 19803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	11474	TPA COMPENSATION	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	
Specify nature of costs ▶		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ALARM SECURITY GROUP 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ALARM SECURITY GROUP, LLC		D Employer Identification Number (EIN) 68-0503972
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: AMERICAN CENTURY VISTA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15969
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94575
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MARSICO INTL OPPS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS STRUCTURED MID CAP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6763
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158358
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL OPPS FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58818
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78013
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: [KEELEY SMALL CAP VALUE](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43405
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE 2010](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94667
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE 2015](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45627
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE 2020](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241057
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE 2025](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213306
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE 2030](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164919
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE 2035](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149633
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE 2040](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 220348
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE 2045](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207416
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LIFECYCLE RETIREMENT](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE AGGRESSIVE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230846
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE BALANCED****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310441
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE CONSERVATIVE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65115
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE GROWTH****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 391990
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFESTYLE MODERATE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132851
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MONEY MARKET FUND****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295102
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEW WORLD FUND****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76721
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO ALL ASSET****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27482
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO TOTAL RETURN****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166234
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a Name of MTIA, CCT, PSA, or 103-12 IE: **RIVERSOURCE MID CAP VALUE****b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44780
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP GROWTH INDEX](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11495
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP VALUE INDEX](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32028
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a Name of MTIA, CCT, PSA, or 103-12 IE: [THE GROWTH FUND OF AMERICA](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117030
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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 ALARM SECURITY GROUP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALARM SECURITY GROUP, LLC	D Employer Identification Number (EIN) 68-0503972	

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	1719931	17800
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	200077	
(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)	57308	146953
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		3694987
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1977316	3859740

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1977316	3859740
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	913929	
(C) Others (including rollovers)	2a(1)(C)	490762	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1404691

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)	4876	
(F) Other	2b(1)(F)	141	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5017

(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)		687226
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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		2096934

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	184252	
(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)		184252
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)		
(2) Contract administrator fees	2i(2)	30258	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		30258
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		214510

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1882424
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: RIBIS, JONES & MARESCA, P.A.

(2) EIN: 52-1853933

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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 <u>ALARM SECURITY GROUP 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALARM SECURITY GROUP, LLC</u>	D Employer Identification Number (EIN) <u>68-0503972</u>

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	<u>0</u>
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): <u>01-0233346</u>		
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	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS
AND INDEPENDENT AUDITORS' REPORT**

DECEMBER 31, 2009 AND 2008

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Note: All schedules other than those listed above have been omitted because they are not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Income Security Act of 1974, as amended.



RIBIS, JONES & MARESCA, P.A.

Certified Public Accountants

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Independent Auditors' Report

To the Administrative Committee
Alarm Security Group, LLC 401(k) Retirement Savings Plan
Beltsville, MD

We were engaged to audit the accompanying statements of net assets available for benefits of the Alarm Security Group, LLC 401(k) Retirement Savings Plan (the "Plan") as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008, and the supplemental Schedule H, Line 4i - Schedule of Assets held at end of year as of December 31, 2009. These financial statements and schedules 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 C, which was certified by John Hancock Life Insurance Company (U.S.A.) and Lincoln Financial Group, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that John Hancock Life Insurance Company (U.S.A.) held the Plan's investment assets and executed investment transactions as of December 31, 2009 and for the period of January 1, 2009 through December 31, 2009, and that Lincoln Financial Group held the Plan's investment assets and executed investment transactions as of December 31, 2008 and for the period of January 1, 2008 through December 31, 2008. The Plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustees is complete and accurate.

Because of the significance of the information in the Plan's 2009 and 2008 financial statements and supplemental schedule that we did not audit, we are unable to, and do not express an opinion on the accompanying 2009 and 2008 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 and 2008 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

Ribis, Jones & Maresca, P.A.

July 23, 2010

ALARM SECURITY GROUP, LLC
401(K) RETIREMENT SAVINGS PLAN
STATEMENTS IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
INVESTMENTS , at fair value		
Insurance company pooled separate accounts	\$ 3,694,987	\$ -
Participant loans receivable	<u>146,953</u>	<u>57,308</u>
Total Investments	<u>3,841,940</u>	<u>57,308</u>
 CONTRIBUTION RECEIVABLES		
Employer contributions	-	200,077
Participant contributions	<u>-</u>	<u>32,064</u>
Total Contribution Receivables	<u>-</u>	<u>232,141</u>
 OTHER		
Non interest bearing cash	<u>17,800</u>	<u>1,719,931</u>
 NET ASSESTS AVAILABLE FOR BENEFITS	 <u><u>\$ 3,859,740</u></u>	 <u><u>\$ 2,009,380</u></u>

See Independent Auditors' Report and Accompanying Notes.

ALARM SECURITY GROUP, LLC
401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income:		
Interest	\$ 5,017	\$ 2,619
Net investment income (loss) from pooled separate accounts	<u>687,226</u>	<u>(469,698)</u>
Net investment income (loss)	692,243	(467,079)
Contributions:		
Employer contributions	-	184,385
Participant contributions	881,865	696,439
Rollover contributions	<u>490,762</u>	<u>333,769</u>
Total Contributions	1,372,627	1,214,593
Total Additions	<u>2,064,870</u>	<u>747,514</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	184,252	231,265
Non interest bearing cash	<u>30,258</u>	<u>36,020</u>
Total Deductions	<u>214,510</u>	<u>267,285</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,850,360	480,229
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>2,009,380</u>	<u>1,529,151</u>
End of year	<u><u>\$ 3,859,740</u></u>	<u><u>\$ 2,009,380</u></u>

See Independent Auditors' Report and Accompanying Notes.

**ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

NOTE A – DESCRIPTION OF PLAN

The Alarm Security Group, LLC 401(k) Retirement Savings Plan (the "Plan") is a defined contribution plan established on February 1, 2003 by Alarm Security Group (the "Company"), based on the prototype defined contribution retirement plan of AccuDraft, Inc.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have completed 1,000 hours of service within one year. The Plan is subject to the provisions of the Employees Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may contribute a minimum of 1% and a maximum of 100% of their annual pretax compensation, as defined in the Plan, not to exceed the maximum allowable amounts under the Internal Revenue Code. Participants who are at least age 50 can make additional contributions as defined under the Internal Revenue Code.

During 2008, employer contributions were 1.5% of employee salaries. During 2009, there were no employer contributions to the plan.

Rollover Contributions

The Plan accepts rollover contributions from retirement funds held by participants outside of this Plan, subject to Plan provisions.

Investment Options

The Plan provides for participant-directed investment programs whereby the Plan determines which investment options are available and the participants may choose among the available options. Participants may have their accounts invested in any or a combination of pooled separate accounts. Participants may change their investment options at any time by re-allocating contributions among different investment alternatives. Participants may also transfer contributions into and out of investments provided under the Plan, subject to possible restrictions.

ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)

NOTE A – DESCRIPTION OF PLAN, (continued)

Participant Accounts

Each participant's account is self-directed and is increased by the participant's contributions (including elective deferrals, catch up contributions, after-tax contributions and/or rollover contributions), the Company's contributions, share of any investment earnings, and increases in the value of investments. Participant accounts are reduced by any withdrawals or distributions, investment losses, decreases in values of investments, and share of fees and expenses, as applicable. Allocations are based on participant earnings or account balances, as defined by the Plan provisions. The amount to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

Administrative Expenses

Administrative costs, except for certain investment fees and loans fees that are paid out of the related participant accounts, are paid by the Company and have not been included in the accompanying financial statements.

Payment of Benefits

Benefits may be paid from participant accounts at the retirement age of 65, or upon death, disability or termination of employment or upon Plan termination. The taxable portion of a withdrawal is subject to federal and state income taxes and an additional tax if the participant has not reached retirement age, unless the amount is rolled over into another eligible plan or an Individual Retirement Account.

Eligible participants may request an in-service hardship distribution of elective deferrals and vested matching contributions, subject to the Plan's provisions.

Participant Loans

The Plan allows active participants to borrow from their vested account balances. The minimum loan is \$1,000. Participant loans are limited to the lesser of 50% of their vested account balance or \$50,000 less the highest outstanding loan balance in the prior twelve-month period. Participants are permitted to have only one outstanding loan at any time and the loan must be repaid within a five-year period, unless the loan is for the acquisition of a primary residence. All loans shall be considered investments of the trust and shall be evidenced by a promissory note signed by the participant. Loans are secured by the balance in the participant's account, and bear

ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)

NOTE A – DESCRIPTION OF PLAN, (continued)

Participant Loans – continued

interest at a rate commensurate with local prevailing rates. The interest rate shall remain fixed throughout the duration of the loan. Principal and interest payments are made through payroll deductions.

Vesting

Participants are immediately vested in their contributions plus actual earnings on elective deferral contributions. All contributions are 100% vested upon attaining normal retirement age, death or disability. Employer contributions not already fully vested when made (i.e. Safe Harbor matching) are subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested Interest</u>
1	0%
2	25%
3	50%
4	75%
5	100%

Forfeited Accounts

Forfeitures attributable to matching contributions not required to pay administrative expenses will be applied to reduce Company contributions in the current or next succeeding Plan year. As of December 31, 2009 and 2008, forfeited non-vested accounts totaled \$9,483 and \$2,903, respectively. During the year ended December 31, 2008, \$16,832 was used to reduce Company contributions.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America.

ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, (continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and in the disclosures of contingent assets and liabilities. Accordingly, actual results could differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received upon sale of an asset or paid on transfer of a liability in an orderly transaction between market participants at the measurement date. The noninterest-bearing cash is stated at cost, which equals fair value. An insurance company pooled separate account is when several plans participate in a separate account plan held by the insurance company. The separate account plan's assets are held by the insurance company but are not commingled with the insurance company's general assets. Each plan's share of a pooled separate account is determined on a participation-unit basis. The fair value of participation units in the pooled separate accounts, as estimated by John Hancock Life Insurance Company (U.S.A.) ("John Hancock") is based on quoted redemption value on the last business day of the year. Participant loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of investments are recorded on a trade date basis. Interest and dividend income is recorded when earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Employee contributions are recorded in the period that the Company makes payroll deductions from the participant's earnings. Employer contributions are made the next plan year after the contribution has been calculated.

Payment of Benefits

Benefit payments to participants are recorded when paid.

ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)

NOTE C – INVESTMENTS

All of the investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at year-end, net appreciation (depreciation) in fair value of investments, interest, and dividend income for the year then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustees.

Certified Information

The following investment information has been certified by the trustee as of and for the year ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Pooled separate accounts	\$ 3,694,987	\$ -
Interest on participant loans	5,017	2,382
Interest on unallocated guaranteed account	-	237
Net investment gain (loss) on pooled separate accounts	687,226	(469,698)

Summary of Investments

The following table presents the fair values of investments as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Investments at estimated fair value:		
Pooled separate accounts	\$ 3,694,987	\$ -
Participant loans	<u>146,953</u>	<u>57,308</u>
Total Investments	<u>\$ 3,841,940</u>	<u>\$ 57,308</u>

Significant Investments

There were no investments that represented five percent or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008.

ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)

NOTE C – INVESTMENTS, (continued)

Net Appreciation (Depreciation) in fair value of investments

The Plan's investments in pooled, separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value for the years ended December 31, 2009 and 2008 by \$687,226 and \$(469,698), respectively.

NOTE D – INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined as of March 5, 2002, the AccuDraft, Inc. Proto-type Defined Contribution Retirement Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Proto-type Plan was adopted by the Company on August 2, 2006. The Plan has been subsequently amended. The Plan Administrator is not aware of any course of action or series of events that have occurred that might affect the Plan's tax exempt status, and therefore, believes that Plan and the related trust are tax-exempt.

NOTE E – PRIORITIES UPON PLAN TERMINATION

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to amend the Plan, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their account balances as of the date of termination.

NOTE F – RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities that are exposed to various risks such as interest rate, credit risks, and overall market volatility. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

NOTE G – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 2009 and 2008 to the Form 5500:

**ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)**

**NOTE G – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500
(continued)**

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per financial statements	\$ 3,859,740	\$ 2,009,380
Less: amounts accrued related to participant contributions receivable as December 31:	<u>-</u>	<u>(32,064)</u>
Net assets available for benefits per Form 5500	<u>\$ 3,859,740</u>	<u>\$ 1,977,316</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended December 31, 2009 to the Form 5500:

Changes in net assets available for benefit per financial statements	\$ 1,850,360
Participant receivables as of December 31, 2009	-
Participant receivables as of December 31, 2008	<u>32,064</u>
Change in net assets available for benefits per Form 5500	<u>\$ 1,882,424</u>

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2009 to the Form 5500:

Participant contributions per financial statements	\$ 881,865
Participant receivables as of December 31, 2009	-
Participant receivables as of December 31, 2008	<u>32,064</u>
Participant contributions per the form 5500	<u>\$ 913,929</u>

NOTE H – FAIR VALUE MEASUREMENTS

Fair Value Measurements, as stated by the Financial Accounting Standards Board, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
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ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)

NOTE H – FAIR VALUE MEASUREMENTS, (continued)

Level 2 Inputs to the valuation methodology include a) quoted prices for similar assets or liabilities in active markets; b) quoted prices for identical or similar assets or liabilities in inactive markets; c) inputs other than quoted prices that are observable for the asset or liability; and d) inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Pooled separate accounts: Fair value of participation units estimated by Lincoln Life based on the underlying assets which are generally invested in marketable securities.

Noninterest bearing cash: Valued at cost, which approximates fair value.

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

**ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)**

NOTE H – FAIR VALUE MEASUREMENTS, (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

<u>Assets at Fair Value as of December 31, 2009</u>				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 3,694,987	\$ -	\$ 3,694,987
Participant Loans	-	-	146,953	146,953
Total Assets at Fair Value	<u>\$ -</u>	<u>\$ 3,694,987</u>	<u>\$ 146,953</u>	<u>\$ 3,841,940</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

<u>Assets at Fair Value as of December 31, 2008</u>				
	Level 1	Level 2	Level 3	Total
Participant Loans	\$ -	\$ -	\$ 57,308	\$ 57,308
Total Assets at Fair Value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 57,308</u>	<u>\$ 57,308</u>

The following table sets forth the summary of changes in fair value of the Plan's level 3 assets for the year ended December 31, 2009 and 2008:

	<u>Level 3 Assets</u>	
	<u>2009</u>	<u>2008</u>
	<u>Participant</u>	<u>Participant</u>
	<u>Loans</u>	<u>Loans</u>
Balance, beginning of period	\$ 57,308	\$ 21,957
Unrealized gains (losses)	-	-
Purchases, sales, issuances, and settlements		
and settlements, net	88,645	35,351
Balance, end of period	<u>\$ 146,953</u>	<u>\$ 57,308</u>

ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
(continued)

NOTE I – SUBSEQUENT EVENTS

The Company has evaluated subsequent events through July 23, 2010, the date that the financial statements were available to be issued. On March 12, 2010, the Company returned excess contributions totaling \$29,243 to certain participants for excess contributions above the limitations set forth in the Internal Revenue Code.

**SUPPLEMENTAL SCHEDULE REQUIRED
BY THE DEPARTMENT OF LABOR (DOL)**

ALARM SECURITY GROUP, LLC
401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
EIN # 68-0503972, PLAN # 001
FORM 5500, SCHEDULE H, LINE 4i
DECEMBER 31, 2009

(a)	(b) Identity of Issue, borrower, lessor	(c) Description of Investment	(c) 2009 Shares	(e) 2009 Current Value
	Interest in Pooled Separate Accounts:			
	American Century Investment Management, Inc.	American Century Vista Fund	1,090.219	\$ 15,969
	American Funds Group	Capital World Growth and Income Fund	2,666.255	94,575
	American Funds Group	Fundamental Investors	4,740.538	158,358
	American Funds Group	New World Fund	1,585.039	76,721
	American Funds Group	The Growth Fund of America	4,051.744	117,030
	American Funds Group	The Investment Company of America	2,712.503	78,012
	Dreyfus Corporation	Dreyfus Structured Midcap Fund	421.569	6,763
*	John Hancock Life Insurance Company	Lifecycle Fund - 2010 Portfolio	9,650.183	94,667
*	John Hancock Life Insurance Company	Lifecycle Fund - 2015 Portfolio	4,761.578	45,627
*	John Hancock Life Insurance Company	Lifecycle Fund - 2020 Portfolio	25,611.890	241,057
*	John Hancock Life Insurance Company	Lifecycle Fund - 2025 Portfolio	23,363.474	213,306
*	John Hancock Life Insurance Company	Lifecycle Fund - 2030 Portfolio	18,389.433	164,918
*	John Hancock Life Insurance Company	Lifecycle Fund - 2035 Portfolio	16,505.648	149,633
*	John Hancock Life Insurance Company	Lifecycle Fund - 2040 Portfolio	24,473.959	220,348
*	John Hancock Life Insurance Company	Lifecycle Fund - 2045 Portfolio	23,101.537	207,416
*	John Hancock Life Insurance Company	Lifestyle Fund - Aggressive Portfolio	18,617.435	230,846
*	John Hancock Life Insurance Company	Lifestyle Fund - Balanced Portfolio	22,646.120	310,441
*	John Hancock Life Insurance Company	Lifestyle Fund - Conservative Portfolio	4,534.211	65,115
*	John Hancock Life Insurance Company	Lifestyle Fund - Growth Portfolio	29,520.419	391,990
*	John Hancock Life Insurance Company	Lifestyle Fund - Moderate Portfolio	9,693.884	132,851
	Keely Asset Management Corp	Keely Small Cap Value Fund	2,204.213	43,405
	Marsico Capital Management, LLC	International Opportunities Fund	4,040.191	58,818
	Pacific Investment Management Company	PIMCO All Asset Fund	1,992.099	27,482
	Pacific Investment Management Company	PIMCO Total Return Fund	12,758.123	166,234
	Riversource Investments, LLC	Riverource Mid Cap Value Fund	5,923.728	44,780
	Vanguard Group, Inc	Small Cap Growth Index Fund	691.383	11,495
	Vanguard Group, Inc	Small Cap Value Index Fund	2,349.351	32,028
		Total pooled accounts		3,399,885
	Interest bearing cash:			
		Money Market	295,102	295,102
	Loans to participants	Loans to participants, interest rate of 4.25-9.5%	n/a	146,953
	Total investments			<u>\$ 3,841,940</u>

* = party in interest

See Independent Auditors' Report

ALARM SECURITY GROUP, LLC
401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
EIN # 68-0503972, PLAN # 001
FORM 5500, SCHEDULE H, LINE 4i
DECEMBER 31, 2009

(a)	(b) Identity of Issue, borrower, lessor	(c) Description of Investment	(c) 2009 Shares	(e) 2009 Current Value
	Interest in Pooled Separate Accounts:			
	American Century Investment Management, Inc.	American Century Vista Fund	1,090.219	\$ 15,969
	American Funds Group	Capital World Growth and Income Fund	2,666.255	94,575
	American Funds Group	Fundamental Investors	4,740.538	158,358
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	Vanguard Group, Inc	Small Cap Growth Index Fund	691.383	11,495
	Vanguard Group, Inc	Small Cap Value Index Fund	2,349.351	32,028
		Total pooled accounts		3,399,885
	Interest bearing cash:			
		Money Market	295,102	295,102
	Loans to participants	Loans to participants, interest rate of 4.25-9.5%	n/a	146,953
	Total investments			<u>\$ 3,841,940</u>

* = party in interest

See Independent Auditors' Report