

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
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 <u>SAFEMASTERS COMPANY, INC. 401(K) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>04/01/1992</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SAFEMASTERS COMPANY, INC.</u> <u>2700 GARFIELD AVE SUITE 200</u> <u>SILVER SPRING, MD 20910</u>	2b Employer Identification Number (EIN) <u>53-0257410</u> 2c Sponsor's telephone number <u>301-608-9000</u> 2d Business code (see instructions) <u>444130</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>SONI ADAMS</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAFEMASTERS COMPANY, INC. 2700 GARFIELD AVE SUITE 200 SILVER SPRING, MD 20910	3b Administrator's EIN 53-0257410 3c Administrator's telephone number 301-608-9000
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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
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5 Total number of participants at the beginning of the plan year	5	159
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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	121
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	148
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	108
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 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
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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)
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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 SAFEMASTERS COMPANY, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. SAFEMASTERS COMPANY, INC.		
D Employer Identification Number (EIN) 53-0257410		

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
ING LIFE INSURANCE & ANNUITY COMPANY

(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
71-0294708	86509	PHX362	148	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
3240	0

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
EDWARD JOYCE 101 N MEADOWS DRIVE SUITE 111 WEXFORD, PA 15090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3240			3

(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	

(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	146028
5 Current value of plan's interest under this contract in separate accounts at year end	5	1634200

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 ▶ UNALLOCATED ANNUITY CONTRACT

b Balance at the end of the previous year	7b	130784
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	4849	
(4) Transferred from separate account	7c(4)	79968	
(5) Other (specify below)	7c(5)	51	
▶ FORFEITURE ACTIVITY			

(6) Total additions	7c(6)	84868
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d Total of balance and additions (add b and c(6))	7d	215652
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	67660	
(2) Administration charge made by carrier	7e(2)	168	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	67828
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f Balance at the end of the current year (subtract e(5) from d)	7f	147824
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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 C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider 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>	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

<div>A</div> <div>Name of plan</div> <div>SAFEMASTERS COMPANY, INC. 401(K) RETIREMENT PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SAFEMASTERS COMPANY, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>53-0257410</div>

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☒ No

b

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

(b)

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

(b)

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

(b)

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(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)

ING LIFE INSURANCE AND ANNUITY CO.

71-0294708

(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?
60 52 64 66 72	SERVICE PROVIDER	3796	Yes ☒ No ☐	Yes ☒ No ☐	2437	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO.	66	1929
(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.	
ILIAC SEPARATE ACCOUNT D 71-0294708	SEPARATE ACCOUNT CHARGES	
(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 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:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SAFEMASTERS COMPANY, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SAFEMASTERS COMPANY, INC.	D Employer Identification Number (EIN) 53-0257410	

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)		
(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)	28053	20503
(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)		
(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)	1525935	1634200
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	130784	147824
(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	1684772	1802527

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	1684772	1802527
---	-----------	---------	---------

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)		
(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)		0

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)	1684	
(F) Other	2b(1)(F)	4849	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6533
(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)		376736
(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		282
d Total income. Add all income amounts in column (b) and enter total.....	2d		383551

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	262000	
(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)		262000
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3796	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3796
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		265796

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		117755
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: MATHEWS, CARTER AND BOYCE, P.C.

(2) EIN: 54-1487868

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		250000
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: 0

- 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.
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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 <u>SAFEMASTERS COMPANY, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAFEMASTERS COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>53-0257410</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
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>71-0294708</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): _____



CERTIFIED PUBLIC ACCOUNTANTS

MATTHEWS, CARTER AND BOYCE, P.C.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

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MATTHEWS, CARTER AND BOYCE, P.C.
certified public accountants

Matthews, Carter and Boyce

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments - at fair value - Notes 2 and 3:		
Mutual Funds:		
ING VP Strategic Allocation Growth Portfolio	\$ 68,272	\$ 58,481
ING VP Strategic Allocation Moderate Portfolio	165,014	153,236
ING VP Strategic Allocation Conservative Portfolio	50,214	89,505
ING VP Index Plus Large Cap Portfolio	164,280	166,334
ING VP Money Market Portfolio	64,282	88,066
ING VP Index Plus Mid Cap Portfolio	18,296	20,105
ING T. Rowe Price Growth Equity Portfolio	211,520	171,152
ING Intermediate Bond Fund	45,486	47,656
ING Real Estate Fund	19,541	15,902
ING Oppenheimer Global Portfolio	204,790	184,583
Oppenheimer Developing Markets Fund	136,787	85,728
Lord Abbett Mid-Cap Value Fund	21,058	16,535
Franklin Small Mid-Cap Growth Fund	124,311	108,485
American Balanced Fund	89,345	77,210
Baron Growth Fund	82,018	62,998
Pioneer Equity Income Fund	20,124	20,692
Pioneer High Yield Fund	10,114	935
Fidelity VIP Overseas	7,011	26,941
Fidelity VIP Growth Portfolio	36,327	30,760
Fidelity VIP Contrafund Portfolio	95,410	100,631
Total Mutual Funds at Fair Value	<u>\$ 1,634,200</u>	<u>\$ 1,525,935</u>
Insurance company general account	147,824	130,784
Participant loans	<u>20,503</u>	<u>28,053</u>
TOTAL ASSETS	<u>\$ 1,802,527</u>	<u>\$ 1,684,772</u>
LIABILITIES	<u>\$ -</u>	<u>\$ -</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,802,527</u></u>	<u><u>\$ 1,684,772</u></u>

The accompanying notes are an integral part of these statements.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 376,736	\$ (939,044)
Interest and dividends	6,533	7,728
Other income	282	-
Total Investment Income (Loss)	<u>\$ 383,551</u>	<u>\$ (931,316)</u>
Contributions:		
Employer	\$ -	\$ -
Participants	-	-
Total Contributions	<u>\$ -</u>	<u>\$ -</u>
Total Additions	<u>\$ 383,551</u>	<u>\$ (931,316)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants and deemed distributions	\$ 262,000	\$ 275,506
Other deductions	3,796	25
Total Deductions	<u>\$ 265,796</u>	<u>\$ 275,531</u>
NET INCREASE (DECREASE)	\$ 117,755	\$ (1,206,847)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>1,684,772</u>	<u>2,891,619</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u><u>\$ 1,802,527</u></u>	<u><u>\$ 1,684,772</u></u>

The accompanying notes are an integral part of these statements.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1. PLAN DESCRIPTION:

The following plan description of Safemasters Company 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan covering all employees of Safemasters Company, Inc. (the Company) who are age twenty-one or older. Employees are required to have one month of service before they are eligible to participate in the plan and may enter the Plan on April 1, July 1, October 1 or January 1 once the eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is no longer admitting new participants. (See Note 7.)

Contributions

Each year, participants may contribute up to the maximum percentage allowable by the Plan (100% in 2009 and 2008) of pretax annual compensation subject to the limits established by the Internal Revenue Code (\$16,500 for 2009 and \$15,500 for 2008). Compensation is defined as W-2 income (as adjusted to include certain non-taxable compensation) excluding fringe benefits, deferred compensation and welfare benefits. There have been no participant contributions to the Plan since June 2005. (See Note 7.)

The Company may contribute for each participant who makes elective contributions a matching contribution equal to a percentage of the elective contributions made by the participant. The Company may also contribute a discretionary amount to the Plan, which is not limited to its current or accumulated net profit. Discretionary contributions are allocated among participants in the same ratio as each participant's compensation bears to the total of such compensation of all participants.

The decision to make matching or discretionary contributions is determined by the Company's Board of Directors. Forfeitures of discretionary contributions are added to the Company's contributions under the Plan. The Company did not make any discretionary or matching contributions for the years ended December 31, 2009 or 2008.

Contributions may be subject to certain limitations, depending on the compensation of the participant, and whether the participant is also benefiting under other plans maintained by the Company.

Participants' Accounts

Net income of the Plan is allocated on the basis of participants' weighted average account balances.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1. PLAN DESCRIPTION: (CONTINUED)

Vesting

Participants are immediately vested in their own contributions, plus actual earnings thereon. The plan was amended in 2003, such that employer matching contributions made after December 31, 2001 vested on a 3 year cliff. Effective July 1, 2005, all participants with balances became 100% vested in employer's matching and discretionary contributions. (See Note 7).

The unallocated forfeiture balance at December 31, 2009 and 2008 was \$0 and \$4,721, respectively.

Investment Options

Upon enrollment in the Plan, a participant can direct employee contributions in various increments in any of the following investment options:

- ING VP Strategic Allocation Growth Portfolio - Funds are invested to provide capital appreciation.
- ING VP Strategic Allocation Moderate Portfolio - Funds are invested to provide total return (i.e., income and capital appreciation, both realized and unrealized).
- ING VP Strategic Allocation Conservative Portfolio - Funds are invested to provide total return consistent with preservation of capital.
- ING VP Index Plus Large Cap Portfolio – Funds are invested to outperform the total return performance of Standard & Poor's 500 Composite Index (S&P 500), while maintaining a market level of risk.
- ING VP Money Market Portfolio – Funds are invested to provide high current return, consistent with preservation of capital and liquidity, through investment in high-quality money market instruments.
- ING VP Index Plus Mid Cap Portfolio - Funds are invested to outperform the total return performance of the Standard & Poor's Mid Cap 400 Index, while maintaining a market level of risk.
- ING T. Rowe Price Growth Equity Portfolio - Funds are invested primarily in common stocks. The portfolio concentrates its investments in growth companies.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1. PLAN DESCRIPTION: (CONTINUED)

- ING Intermediate Bond Fund - Seeks to provide a high level of current income, consistent with the preservation of capital and liquidity.
- ING Real Estate Fund - Fund seeks total return.
- ING Oppenheimer Global Portfolio - Seeks capital appreciation.
- Oppenheimer Developing Markets Fund - Aggressively seeks capital appreciation.
- Lord Abbett Mid-Cap Value Fund - Seeks capital appreciation through investments, primarily in equity securities, which are believed to be undervalued in the market place.
- Franklin Small Mid-Cap Growth Fund - Seeks long-term capital growth.
- American Balanced Fund - The Fund seeks conservation of capital, current income and long-term growth of capital and income.
- Baron Growth Fund - The Fund seeks capital appreciation.
- Pioneer Equity Income Fund - Funds are invested primarily in income producing equity securities of U.S. issuers.
- Pioneer High Yield Fund - Seeks to maximize total return through a combination of income and capital appreciation.
- Fidelity VIP Overseas - Seeks long-term growth of capital.
- Fidelity VIP Growth Portfolio - Seeks to achieve capital appreciation.
- Fidelity VIP Contrafund Portfolio - Funds are invested primarily in common stocks of companies whose value it believes is not fully recognized by the public.
- ING Fixed Account - Stability of principal is the primary objective of this insurance company general account that guarantees a minimum rate of interest for the life of the contract.

Participants may change their investment options at their own discretion.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1. PLAN DESCRIPTION: (CONCLUDED)

Participant Notes Receivable

Participants may borrow up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as transfers between the investment accounts and participant loan account. Loan terms range up to 5 years, or more than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined periodically by the Plan Administrator which currently ranges from 4.25% to 9.25%. Principal and interest is paid ratably through payroll deductions.

Benefits

The normal retirement age provided under the Plan is the date a participant attains 65 years of age and early retirement is available at age 55. Benefits are also provided in the event of a participant's death or disability.

Distributions under the Plan are made in lump-sum amounts in the form of cash.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments

Investments are presented at fair value as determined by ING Life Insurance and Annuity Company (ING), the investment manager and custodian, at December 31, 2009 and 2008. The annual increase or decrease in fair value is reflected in income. The insurance company general account (ING Fixed Account) is presented at book value, which approximates fair value, as determined by ING.

Benefits

Benefits are recorded when paid.

Administrative Expenses

The Company has elected to pay substantially all expenses of administration, including accounting and audit fees, and the compensation of employees of the Company who assist in the administration of the Plan. Accordingly, no expenses of administration are reflected in the accompanying Statements of Changes in Net Assets Available for Benefits.

Investment management fees are charged against investment income of the Plan.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 3. FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Other Than Quoted Prices In Active Markets that are Observable (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009:				
Investment in insurance				
company general account	\$ 147,824	\$ -	\$ -	\$ 147,824
Mutual funds	1,634,200	1,634,200	-	-
Participant loans	20,503	-	-	20,503
Total	<u>\$ 1,802,527</u>	<u>\$ 1,634,200</u>	<u>\$ -</u>	<u>\$ 168,327</u>
December 31, 2008:				
Investment in insurance				
company general account	\$ 130,784	\$ -	\$ -	\$ 130,784
Mutual funds	1,525,935	1,525,935	-	-
Participant loans	28,053	-	-	28,053
Total	<u>\$ 1,684,772</u>	<u>\$ 1,525,935</u>	<u>\$ -</u>	<u>\$ 158,837</u>

Financial Accounting Standards Board Accounting Standards Codification (ASC 820) "Fair Value Measurements and Disclosures", establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of inputs other than quoted prices in an active market that are observable, and Level 3 inputs are unobservable and significant to the fair value measurement, and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The Plan did not hold any investments that were valued using Level 2 inputs at December 31, 2009 and 2008.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 3. FAIR VALUE MEASUREMENTS: (CONCLUDED)

Level 3 Fair Value Measurements

The insurance company general account is not actively traded and significant other observable inputs are not available. The insurance company general account is reported at book value which approximates fair value.

The participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are issued at prevailing rates, and are secured by the borrower's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

2009:

	Participant Loans	Insurance Company General Contract
Beginning balance	\$ 28,053	\$ 130,784
Issuance, repayments and settlements (net)	(5,339)	-
Interest and dividends	-	4,849
Benefits paid and deemed distributions	(2,211)	(67,660)
Interfund transfers (net)	-	79,851
Ending balance	<u>\$ 20,503</u>	<u>\$ 147,824</u>

2008:

	Participant Loans	Insurance Company General Contract
Beginning balance	\$ 39,982	\$ 120,188
Issuance, repayments and settlements (net)	(11,929)	-
Interest and dividends	-	5,304
Benefits paid and deemed distributions	-	(79,346)
Interfund transfers (net)	-	84,638
Ending balance	<u>\$ 28,053</u>	<u>\$ 130,784</u>

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 4. INVESTMENTS:

All investments held by ING were certified by ING Life Insurance and Annuity Company. Additionally, ING certified the interest and dividend income earned on these investments and net appreciation (depreciation) in fair value of the investments. The accompanying Statements of Net Assets Available for Benefits discloses the value of every Plan investment including investments representing 5% or more of net assets available for benefits.

Note 5. TAX STATUS:

The Plan has adopted a prototype plan designed by ING. The prototype plan obtained its latest determination letter on December 7, 2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan was subsequently revised to comply with the provisions of EGTRRA. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Note 6. SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 14, 2010, the date the financial statements were available to be issued and determined that the events disclosed in Note 7 significantly affect the plan participants.

Note 7. PLAN TERMINATION:

On January 1, 2005, Stanley Security Services (Stanley) acquired Safemasters Company, Inc. The Plan ceased operations effective July 1, 2005, and participants have enrolled in the Stanley Value Plan. On May 6, 2008, Stanley's board of directors passed a resolution to terminate the plan effective May 31, 2008 and authorized the appropriate officers to take such steps as necessary to obtain Internal Revenue Service (IRS) approval of the termination of the Plan. Subsequent to December 31, 2009, the IRS approved the Plan termination. Participants were offered various options relating to the liquidation of their accounts.

SUPPLEMENTAL INFORMATION

(See Independent Auditors' Report)

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(DETAIL AS REQUIRED BY FORM 5500 INSTRUCTIONS)

DECEMBER 31, 2009

Form 5500

EIN: 53-0257410

Plan: 002

Schedule H, Line 4i

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
*	ING	VP Strategic Allocation Growth Portfolio	\$ 68,272
*	ING	VP Strategic Allocation Moderate Portfolio	165,014
*	ING	VP Strategic Allocation Conservative Portfolio	50,214
*	ING	VP Index Plus Large Cap Portfolio	164,280
*	ING	VP Money Market Portfolio	64,282
*	ING	VP Index Plus Mid Cap Portfolio	18,296
*	ING	T. Rowe Price Growth Equity Portfolio	211,520
*	ING	Intermediate Bond Fund	45,486
*	ING	Real Estate Fund	19,541
*	ING	Oppenheimer Global Portfolio	204,790
	Oppenheimer	Developing Markets Fund	136,787
	Lord Abbett	Mid-Cap Value Fund	21,058
	Franklin	Small Mid-Cap Growth Fund	124,311
	American	Balanced Fund	89,345
	Baron	Growth Fund	82,018
	Pioneer	Equity Income Fund	20,124
	Pioneer	High Yield Fund	10,114
	Fidelity	VIP Overseas	7,011
	Fidelity	VIP Growth Portfolio	36,327
	Fidelity	VIP Contrafund Portfolio	95,410
*	ING	Fixed Account - Insurance Company	
		General Account	147,824
	Participant Loans	Participant loans at interest rates ranging from 4.25% to 9.25%	<u>20,503</u>
			<u><u>\$ 1,802,527</u></u>

* Indicates party-in interest

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)

Safemasters Company 401(k) Profit Sharing Plan
EIN# 53-0257410
Plan# 002
As of December 31, 2009

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
AMERICAN FUNDS	American Funds Am Balanced R3		\$89,345
BARON FUNDS	Baron Growth Fund - Retail Sha		\$82,018
FIDELITY FUNDS	Fidelity VIP Contrafund Port-I		\$95,410
FIDELITY FUNDS	FIDELITY VIP GROWTH PORTFOLIO		\$36,327
FIDELITY FUNDS	FIDELITY VIP OVERSEAS		\$7,011
FRANKLIN/TEMPLETON FUNDS	FRANKLIN SM-MID CAP GR FD		\$124,311
* ING Life Insurance And Annuity Company	ING Fixed Account		\$147,824
* ING Life Insurance And Annuity Company	ING Idx Pls LrgCap PrtCl I		\$164,280
* ING Life Insurance And Annuity Company	ING Idx Pls MidCap PrtCl I		\$18,296
* ING Life Insurance And Annuity Company	ING INTERMEDIATE BOND FUND		\$45,484
* ING Life Insurance And Annuity Company	ING Money Market Port-Cl I		\$64,282
* ING Life Insurance And Annuity Company	ING Oppenheimer GI Port		\$204,790
* ING Life Insurance And Annuity Company	ING REAL ESTATE FUND		\$19,541
* ING Life Insurance And Annuity Company	ING Strat Alc Consv PrtCl I		\$50,214
* ING Life Insurance And Annuity Company	ING Strat Alc Grth PrtCl I		\$68,272
* ING Life Insurance And Annuity Company	ING Strat Alc Mod PrtCl I		\$165,014
* ING Life Insurance And Annuity Company	ING T.ROWE PR GR EQ PORT		\$211,520
LORD ABBETT FUNDS	LORD ABBETT MID-CAP VALUE FUND		\$21,058
OPPENHEIMER FUNDS	OPPENHEIMER DEVELOPING MARKETS		\$136,787
PIONEER FUNDS	PIONEER EQUITY INCOME FUND		\$20,124
PIONEER FUNDS	PIONEER HIGH YIELD FUND		\$10,114
	Participant Loans - Rates 4.25% to 4.25%		\$20,503
	TOTAL		\$1,802,527

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.



CERTIFIED PUBLIC ACCOUNTANTS

MATTHEWS, CARTER AND BOYCE, P.C.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

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DECEMBER 31, 2009 AND 2008

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MATTHEWS, CARTER AND BOYCE, P.C.
certified public accountants

Matthews, Carter and Boyce

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments - at fair value - Notes 2 and 3:		
Mutual Funds:		
ING VP Strategic Allocation Growth Portfolio	\$ 68,272	\$ 58,481
ING VP Strategic Allocation Moderate Portfolio	165,014	153,236
ING VP Strategic Allocation Conservative Portfolio	50,214	89,505
ING VP Index Plus Large Cap Portfolio	164,280	166,334
ING VP Money Market Portfolio	64,282	88,066
ING VP Index Plus Mid Cap Portfolio	18,296	20,105
ING T. Rowe Price Growth Equity Portfolio	211,520	171,152
ING Intermediate Bond Fund	45,486	47,656
ING Real Estate Fund	19,541	15,902
ING Oppenheimer Global Portfolio	204,790	184,583
Oppenheimer Developing Markets Fund	136,787	85,728
Lord Abbett Mid-Cap Value Fund	21,058	16,535
Franklin Small Mid-Cap Growth Fund	124,311	108,485
American Balanced Fund	89,345	77,210
Baron Growth Fund	82,018	62,998
Pioneer Equity Income Fund	20,124	20,692
Pioneer High Yield Fund	10,114	935
Fidelity VIP Overseas	7,011	26,941
Fidelity VIP Growth Portfolio	36,327	30,760
Fidelity VIP Contrafund Portfolio	95,410	100,631
Total Mutual Funds at Fair Value	<u>\$ 1,634,200</u>	<u>\$ 1,525,935</u>
Insurance company general account	147,824	130,784
Participant loans	<u>20,503</u>	<u>28,053</u>
TOTAL ASSETS	<u>\$ 1,802,527</u>	<u>\$ 1,684,772</u>
LIABILITIES	<u>\$ -</u>	<u>\$ -</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,802,527</u></u>	<u><u>\$ 1,684,772</u></u>

The accompanying notes are an integral part of these statements.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 376,736	\$ (939,044)
Interest and dividends	6,533	7,728
Other income	282	-
Total Investment Income (Loss)	<u>\$ 383,551</u>	<u>\$ (931,316)</u>
Contributions:		
Employer	\$ -	\$ -
Participants	-	-
Total Contributions	<u>\$ -</u>	<u>\$ -</u>
Total Additions	<u>\$ 383,551</u>	<u>\$ (931,316)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants and deemed distributions	\$ 262,000	\$ 275,506
Other deductions	3,796	25
Total Deductions	<u>\$ 265,796</u>	<u>\$ 275,531</u>
NET INCREASE (DECREASE)	\$ 117,755	\$ (1,206,847)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>1,684,772</u>	<u>2,891,619</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u><u>\$ 1,802,527</u></u>	<u><u>\$ 1,684,772</u></u>

The accompanying notes are an integral part of these statements.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1. PLAN DESCRIPTION:

The following plan description of Safemasters Company 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan covering all employees of Safemasters Company, Inc. (the Company) who are age twenty-one or older. Employees are required to have one month of service before they are eligible to participate in the plan and may enter the Plan on April 1, July 1, October 1 or January 1 once the eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is no longer admitting new participants. (See Note 7.)

Contributions

Each year, participants may contribute up to the maximum percentage allowable by the Plan (100% in 2009 and 2008) of pretax annual compensation subject to the limits established by the Internal Revenue Code (\$16,500 for 2009 and \$15,500 for 2008). Compensation is defined as W-2 income (as adjusted to include certain non-taxable compensation) excluding fringe benefits, deferred compensation and welfare benefits. There have been no participant contributions to the Plan since June 2005. (See Note 7.)

The Company may contribute for each participant who makes elective contributions a matching contribution equal to a percentage of the elective contributions made by the participant. The Company may also contribute a discretionary amount to the Plan, which is not limited to its current or accumulated net profit. Discretionary contributions are allocated among participants in the same ratio as each participant's compensation bears to the total of such compensation of all participants.

The decision to make matching or discretionary contributions is determined by the Company's Board of Directors. Forfeitures of discretionary contributions are added to the Company's contributions under the Plan. The Company did not make any discretionary or matching contributions for the years ended December 31, 2009 or 2008.

Contributions may be subject to certain limitations, depending on the compensation of the participant, and whether the participant is also benefiting under other plans maintained by the Company.

Participants' Accounts

Net income of the Plan is allocated on the basis of participants' weighted average account balances.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1. PLAN DESCRIPTION: (CONTINUED)

Vesting

Participants are immediately vested in their own contributions, plus actual earnings thereon. The plan was amended in 2003, such that employer matching contributions made after December 31, 2001 vested on a 3 year cliff. Effective July 1, 2005, all participants with balances became 100% vested in employer's matching and discretionary contributions. (See Note 7).

The unallocated forfeiture balance at December 31, 2009 and 2008 was \$0 and \$4,721, respectively.

Investment Options

Upon enrollment in the Plan, a participant can direct employee contributions in various increments in any of the following investment options:

- ING VP Strategic Allocation Growth Portfolio - Funds are invested to provide capital appreciation.
- ING VP Strategic Allocation Moderate Portfolio - Funds are invested to provide total return (i.e., income and capital appreciation, both realized and unrealized).
- ING VP Strategic Allocation Conservative Portfolio - Funds are invested to provide total return consistent with preservation of capital.
- ING VP Index Plus Large Cap Portfolio – Funds are invested to outperform the total return performance of Standard & Poor's 500 Composite Index (S&P 500), while maintaining a market level of risk.
- ING VP Money Market Portfolio – Funds are invested to provide high current return, consistent with preservation of capital and liquidity, through investment in high-quality money market instruments.
- ING VP Index Plus Mid Cap Portfolio - Funds are invested to outperform the total return performance of the Standard & Poor's Mid Cap 400 Index, while maintaining a market level of risk.
- ING T. Rowe Price Growth Equity Portfolio - Funds are invested primarily in common stocks. The portfolio concentrates its investments in growth companies.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1. PLAN DESCRIPTION: (CONTINUED)

- ING Intermediate Bond Fund - Seeks to provide a high level of current income, consistent with the preservation of capital and liquidity.
- ING Real Estate Fund - Fund seeks total return.
- ING Oppenheimer Global Portfolio - Seeks capital appreciation.
- Oppenheimer Developing Markets Fund - Aggressively seeks capital appreciation.
- Lord Abbett Mid-Cap Value Fund - Seeks capital appreciation through investments, primarily in equity securities, which are believed to be undervalued in the market place.
- Franklin Small Mid-Cap Growth Fund - Seeks long-term capital growth.
- American Balanced Fund - The Fund seeks conservation of capital, current income and long-term growth of capital and income.
- Baron Growth Fund - The Fund seeks capital appreciation.
- Pioneer Equity Income Fund - Funds are invested primarily in income producing equity securities of U.S. issuers.
- Pioneer High Yield Fund - Seeks to maximize total return through a combination of income and capital appreciation.
- Fidelity VIP Overseas - Seeks long-term growth of capital.
- Fidelity VIP Growth Portfolio - Seeks to achieve capital appreciation.
- Fidelity VIP Contrafund Portfolio - Funds are invested primarily in common stocks of companies whose value it believes is not fully recognized by the public.
- ING Fixed Account - Stability of principal is the primary objective of this insurance company general account that guarantees a minimum rate of interest for the life of the contract.

Participants may change their investment options at their own discretion.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1. PLAN DESCRIPTION: (CONCLUDED)

Participant Notes Receivable

Participants may borrow up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as transfers between the investment accounts and participant loan account. Loan terms range up to 5 years, or more than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined periodically by the Plan Administrator which currently ranges from 4.25% to 9.25%. Principal and interest is paid ratably through payroll deductions.

Benefits

The normal retirement age provided under the Plan is the date a participant attains 65 years of age and early retirement is available at age 55. Benefits are also provided in the event of a participant's death or disability.

Distributions under the Plan are made in lump-sum amounts in the form of cash.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investments

Investments are presented at fair value as determined by ING Life Insurance and Annuity Company (ING), the investment manager and custodian, at December 31, 2009 and 2008. The annual increase or decrease in fair value is reflected in income. The insurance company general account (ING Fixed Account) is presented at book value, which approximates fair value, as determined by ING.

Benefits

Benefits are recorded when paid.

Administrative Expenses

The Company has elected to pay substantially all expenses of administration, including accounting and audit fees, and the compensation of employees of the Company who assist in the administration of the Plan. Accordingly, no expenses of administration are reflected in the accompanying Statements of Changes in Net Assets Available for Benefits.

Investment management fees are charged against investment income of the Plan.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 3. FAIR VALUE MEASUREMENTS:

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Other Than Quoted Prices In Active Markets that are Observable (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009:				
Investment in insurance				
company general account	\$ 147,824	\$ -	\$ -	\$ 147,824
Mutual funds	1,634,200	1,634,200	-	-
Participant loans	20,503	-	-	20,503
Total	<u>\$ 1,802,527</u>	<u>\$ 1,634,200</u>	<u>\$ -</u>	<u>\$ 168,327</u>
December 31, 2008:				
Investment in insurance				
company general account	\$ 130,784	\$ -	\$ -	\$ 130,784
Mutual funds	1,525,935	1,525,935	-	-
Participant loans	28,053	-	-	28,053
Total	<u>\$ 1,684,772</u>	<u>\$ 1,525,935</u>	<u>\$ -</u>	<u>\$ 158,837</u>

Financial Accounting Standards Board Accounting Standards Codification (ASC 820) "Fair Value Measurements and Disclosures", establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of inputs other than quoted prices in an active market that are observable, and Level 3 inputs are unobservable and significant to the fair value measurement, and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The Plan did not hold any investments that were valued using Level 2 inputs at December 31, 2009 and 2008.

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

NOTE 3. FAIR VALUE MEASUREMENTS: (CONCLUDED)

Level 3 Fair Value Measurements

The insurance company general account is not actively traded and significant other observable inputs are not available. The insurance company general account is reported at book value which approximates fair value.

The participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are issued at prevailing rates, and are secured by the borrower's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

2009:

	Participant Loans	Insurance Company General Contract
Beginning balance	\$ 28,053	\$ 130,784
Issuance, repayments and settlements (net)	(5,339)	-
Interest and dividends	-	4,849
Benefits paid and deemed distributions	(2,211)	(67,660)
Interfund transfers (net)	-	79,851
Ending balance	<u>\$ 20,503</u>	<u>\$ 147,824</u>

2008:

	Participant Loans	Insurance Company General Contract
Beginning balance	\$ 39,982	\$ 120,188
Issuance, repayments and settlements (net)	(11,929)	-
Interest and dividends	-	5,304
Benefits paid and deemed distributions	-	(79,346)
Interfund transfers (net)	-	84,638
Ending balance	<u>\$ 28,053</u>	<u>\$ 130,784</u>

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 4. INVESTMENTS:

All investments held by ING were certified by ING Life Insurance and Annuity Company. Additionally, ING certified the interest and dividend income earned on these investments and net appreciation (depreciation) in fair value of the investments. The accompanying Statements of Net Assets Available for Benefits discloses the value of every Plan investment including investments representing 5% or more of net assets available for benefits.

Note 5. TAX STATUS:

The Plan has adopted a prototype plan designed by ING. The prototype plan obtained its latest determination letter on December 7, 2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan was subsequently revised to comply with the provisions of EGTRRA. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Note 6. SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 14, 2010, the date the financial statements were available to be issued and determined that the events disclosed in Note 7 significantly affect the plan participants.

Note 7. PLAN TERMINATION:

On January 1, 2005, Stanley Security Services (Stanley) acquired Safemasters Company, Inc. The Plan ceased operations effective July 1, 2005, and participants have enrolled in the Stanley Value Plan. On May 6, 2008, Stanley's board of directors passed a resolution to terminate the plan effective May 31, 2008 and authorized the appropriate officers to take such steps as necessary to obtain Internal Revenue Service (IRS) approval of the termination of the Plan. Subsequent to December 31, 2009, the IRS approved the Plan termination. Participants were offered various options relating to the liquidation of their accounts.

SUPPLEMENTAL INFORMATION

(See Independent Auditors' Report)

SAFEMASTERS COMPANY 401(K) PROFIT SHARING PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(DETAIL AS REQUIRED BY FORM 5500 INSTRUCTIONS)

DECEMBER 31, 2009

Form 5500

EIN: 53-0257410

Plan: 002

Schedule H, Line 4i

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
*	ING	VP Strategic Allocation Growth Portfolio	\$ 68,272
*	ING	VP Strategic Allocation Moderate Portfolio	165,014
*	ING	VP Strategic Allocation Conservative Portfolio	50,214
*	ING	VP Index Plus Large Cap Portfolio	164,280
*	ING	VP Money Market Portfolio	64,282
*	ING	VP Index Plus Mid Cap Portfolio	18,296
*	ING	T. Rowe Price Growth Equity Portfolio	211,520
*	ING	Intermediate Bond Fund	45,486
*	ING	Real Estate Fund	19,541
*	ING	Oppenheimer Global Portfolio	204,790
	Oppenheimer	Developing Markets Fund	136,787
	Lord Abbett	Mid-Cap Value Fund	21,058
	Franklin	Small Mid-Cap Growth Fund	124,311
	American	Balanced Fund	89,345
	Baron	Growth Fund	82,018
	Pioneer	Equity Income Fund	20,124
	Pioneer	High Yield Fund	10,114
	Fidelity	VIP Overseas	7,011
	Fidelity	VIP Growth Portfolio	36,327
	Fidelity	VIP Contrafund Portfolio	95,410
*	ING	Fixed Account - Insurance Company	
		General Account	147,824
	Participant Loans	Participant loans at interest rates ranging from 4.25% to 9.25%	<u>20,503</u>
			<u><u>\$ 1,802,527</u></u>

* Indicates party-in interest