Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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; include room or suite number (employer, if for a single-employer plan)

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.	10/02/2014	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

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**	668
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**	559
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	55
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	614
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	614
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	296
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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.

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	466	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
22524	17473

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

NFP SECURITIES
6500 ROCK SPRING DR.
SUITE 500
BETHESDA, MD 20817

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
22524			4

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

VALLEY FORGE ASSET MANGEMENT
ONE RIGHTER PARKWAY, SUITE 150
WILMINGTON, DE 19803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	17192	TPA FEES PAID	5

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

VALLEY FORGE ASSET MANGEMENT
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	
	233	TPA COMPENSATION	5

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

T. ROWE PRICE ASSOCIATES, INC.
4515 PAINTERS MILL ROAD
OWINGS MILLS, MD 21117-4903

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	48	REDEMPTION FEES	5

(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**	5795237

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.	**6d**	

Specify nature of costs ▶

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**	0
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)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
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)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

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 organizations(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)**	0
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)**	0
(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)**	0
(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 line **9c(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, line 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. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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?
15	RECORDKEEPER	1676	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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: RETIREMENT LIVING THROUGH 2050

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	3524

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	321114

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	268137

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	204665

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	230550

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	586054

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

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)
01-0233346-000	P	351297

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 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) 56497

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING THROUGH 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) 33694

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) 400830

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) 730456

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) 437645

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) 332370

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) 89569

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) 51886

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX 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) 17398

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) 139446

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
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) 43747
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH 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) 77060
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) 81880
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX 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) 18562
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL		
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) 69866
a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE 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) 86247
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) 64543
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
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) 101013
a Name of MTIA, CCT, PSA, or 103-12 IE: MASS INVESTORS 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) 413108
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME 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) 27455

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) 72178

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) 193727

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) 290710

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
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b Name of plan sponsor	**c** EIN-PN
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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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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	3951	3951
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(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)	252218	297554
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5341027	5795237
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5597196	6096742
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	177	25985
k Total liabilities (add all amounts in lines 1g through1j)	1k	177	25985
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5597019	6070757

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	670749	
(C) Others (including rollovers)	2a(1)(C)	23044	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		693793
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)	11907	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11907
(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
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		946809
(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		1652509
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1119502	
(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)		1119502
f Corrective distributions (see instructions)	2f		26695
g Certain deemed distributions of participant loans (see instructions)	2g		13658
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	18916	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18916
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1178771
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		473738
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 Distributions

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

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

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

EIN(s): 01-0233346

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 00% 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

FINANCIAL STATEMENTS
AND INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2013 AND 2012

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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 Retirement Income Security Act of 1974, as amended.

RIBIS, JONES & MARESCA, P.A.
Certified Public Accountants

10500 Little Patuxent Parkway
Suite 770
Columbia, Maryland 21044
(410) 884-0220
(301) 596-5451
Fax: (301) 596-5471

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Alarm Security Group, LLC 401(k) Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules.

We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of, and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedules

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held at End of Year, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ribis, Graves & Mancuso, P.A.

Columbia, MD
September 25, 2014

ALARM SECURITY GROUP, LLC
401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
#NAME?

	#NAME?	#NAME?
ASSETS		
INVESTMENTS, at fair value		
Insurance company pooled separate accounts	$ 5,795,237	$ 5,341,027
RECEIVABLES		
Notes receivable from participants	297,554	252,218
OTHER		
Non interest bearing cash	3,951	3,951
Total Assets	6,096,742	5,597,196
LIABILITIES		
Excess contributions payable	25,951	51,081
Other liabilities	34	177
Total Liabilities	25,985	51,258
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,070,757	$ 5,545,938

See Independent Auditor's 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, 2013 AND 2012

	2013	2012
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income:		
Net investment income from pooled separate accounts	$ 946,809	$ 632,694
Interest from notes receivable	11,907	10,158
Net investment income	958,716	642,852
Contributions:		
Participant contributions	670,749	705,975
Rollover contributions	23,044	25,251
Total contributions	693,793	731,226
Total Additions	1,652,509	1,374,078
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	1,068,421	742,247
Corrective distributions	26,695	53,551
Deemed distributions from participant notes receivable	13,658	35,443
Administrative fees	18,916	22,704
Total Deductions	1,127,690	853,945
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	524,819	520,133
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	5,545,938	5,025,805
End of year	$ 6,070,757	$ 5,545,938

See Independent Auditor's Report and Accompanying Notes.

ALARM SECURITY GROUP, LLC 401(K)
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012

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 2013 and 2012, 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.

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.

Notes Receivable From Participants

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.

NOTE A – DESCRIPTION OF PLAN, (continued)

Notes Receivable From Participants – continued

Loans are secured by the balance in the participant's account, and bear 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:

Years of Service	Vested Interest
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, 2013 and 2012, forfeited non-vested accounts totaled $0 and $134, respectively.

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.

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.) is based on quoted redemption value on the last business day of the year.

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.

Notes Receivable From Participants

Notes receivables from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Contributions

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

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

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 trustee.

Certified Information

The following investment information has been certified by the trustee as of and for the years ended December 31, 2013 and 2012:

	2013	2012
Pooled separate accounts	$ 5,795,237	$ 5,341,027
Interest on participant notes receivables	11,907	10,158
Net investment gain (loss) on pooled separate accounts	946,809	632,694

Summary of Investments

The following table presents the fair values of investments as of December 31, 2013 and 2012:

	2013	2012
Investments at estimated fair value:		
Pooled separate accounts	$ 5,795,237	$ 5,341,027

NOTE C – INVESTMENTS, (continued)

Significant Investments

The following investments held at December 31, 2013 and 2012 represent five percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012:

	2013	2012
Lifestyle Fund - Growth Portfolio	$ 730,456	$ 579,494
Lifecycle Fund - 2025 Portfolio	586,054	374,334
Lifestyle Fund - Balanced Portfolio	437,655	445,827
Mass Investors Fund	413,108	*
Lifestyle Fund - Aggressive Portfolio	400,830	*
Lifecycle Fund - 2020 Portfolio	351,297	374,557
Lifestyle Fund - Moderate Portfolio	332,370	324,571
Lifecycle Fund - 2045 Portfolio	321,114	*

*Does not represent 5% for the year ended.

Net Appreciation 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 in value for the years ended December 31, 2013 and 2012 by $946,809 and $632,694, respectively.

NOTE D – RELATED PARTY TRANSACTIONS

John Hancock Life Insurance Company is the Trustee, as defined by the Plan. Fees paid by the Plan for contract administrative services totaled $18,916 and $22,704, respectively for the years ended December 31, 2013 and 2012.

NOTE E – 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).

NOTE E – INCOME TAX STATUS (continued)

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 the Plan and the related trust are tax-exempt.

NOTE F – 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 G – 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 H – FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides 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 under ASC 820 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.

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 John Hancock Life Insurance Company based on the underlying assets which are generally invested in marketable securities.

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

Money market funds: Valued at the estimated fair value, which equals cost.

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.

NOTE H – FAIR VALUE MEASUREMENTS, (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 5,795,237	$ -	$ 5,795,237

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 5,341,027	$ -	$ 5,341,027

NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2013 to the Form 5500:

Benefits paid to participants per financial statements	$ 1,068,421
December 31, 2012 Excess contributions payable	51,081
Benefits paid to participants per Form 5500	$ 1,119,502

NOTE J – SUBSEQUENT EVENTS

In October 2013, the Plan's benefits committee passed a resolution to transition the trustee of the Plan from John Hancock Life Insurance Company to Principal Financial Group in the first quarter of 2014. As a result, all assets of the Plan totaling $5,713,737 were transferred to the new trustee on February 3, 2014. There were no additional events or transactions that were discovered during the evaluation that required further disclosure.

SUPPLEMENTAL SCHEDULES 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, 2013

(a)	(b) Identity of Issue, borrower, lessor	(c) Description of Investment	(c) 2013 Shares	(e) 2013 Current Value
	Interest in Pooled Separate Accounts:			
	American Century Investment Management, Inc.	American Century Heritage	1,497.548	$ 43,747
	American Funds Group	Capital World Growth and Income Fund	1,261.025	64,543
	American Funds Group	Europacific Growth Fund	1,321.758	77,060
	American Funds Group	New World Fund	2,226.601	139,446
*	John Hancock Life Insurance Company	Lifecycle Fund - 2010 Portfolio	2,491.571	33,694
*	John Hancock Life Insurance Company	Lifecycle Fund - 2015 Portfolio	4,184.174	56,497
*	John Hancock Life Insurance Company	Lifecycle Fund - 2020 Portfolio	25,831.709	351,297
*	John Hancock Life Insurance Company	Lifecycle Fund - 2025 Portfolio	43,193.068	586,054
*	John Hancock Life Insurance Company	Lifecycle Fund - 2030 Portfolio	16,960.364	230,550
*	John Hancock Life Insurance Company	Lifecycle Fund - 2035 Portfolio	14,695.958	204,665
*	John Hancock Life Insurance Company	Lifecycle Fund - 2040 Portfolio	19,346.457	268,136
*	John Hancock Life Insurance Company	Lifecycle Fund - 2045 Portfolio	23,219.757	321,114
*	John Hancock Life Insurance Company	Lifecycle Fund - 2050 Portfolio	284.235	3,524
*	John Hancock Life Insurance Company	Lifestyle Fund - Aggressive Portfolio	20,812.381	400,830
*	John Hancock Life Insurance Company	Lifestyle Fund - Balanced Portfolio	22,192.760	437,655
*	John Hancock Life Insurance Company	Lifestyle Fund - Conservative Portfolio	4,822.656	89,569
*	John Hancock Life Insurance Company	Lifestyle Fund - Growth Portfolio	36,359.009	730,456
*	John Hancock Life Insurance Company	Lifestyle Fund - Moderate Portfolio	17,572.537	332,370
*	John Hancock Life Insurance Company	Mid Cap Index Fund	567.715	18,562
*	John Hancock Life Insurance Company	Mid Value Fund	3,924.603	86,247
*	John Hancock Life Insurance Company	Money Market Fund	28,736.895	290,710
	Marsico Capital Management, LLC	International Equity Index Fund	754.627	17,398
	MFS Invesment Management	Mass Investors Fund	14,044.088	413,108
	Pacific Investment Management Company	PIMCO All Asset Fund	4,019.828	72,178
	Pacific Investment Management Company	PIMCO Total Return Fund	12,614.765	193,727
	Fidelity Management Trust Company	Fidelity Contrafund	943.455	101,013
	T.Rowe Price Associates, Inc.	Equity Income Fund	1,046.707	27,455
	T.Rowe Price Associates, Inc.	Small Cap Value Fund	1,026.161	69,866
	Vanguard Group, Inc	Small Cap Growth Index Fund	1,556.973	51,886
	Vanguard Group, Inc	Small Cap Value Index Fund	3,230.866	81,880
	Total investments per financial statements	Total pooled separate accounts		5,795,237
	Loans to participants	Loans to participants, interest rate of 4.25-9.5%	n/a	297,554
				$ 6,092,791

* = party in interest

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, 2012

(a)	(b) Identity of Issue, borrower, lessor	(c) Description of Investment	(c) 2012 Shares	(e) 2012 Current Value
	Interest in Pooled Separate Accounts:			
	American Century Investment Management, Inc.	American Century Heritage	2,370.308	$ 53,192
	American Funds Group	Capital World Growth and Income Fund	1,911.785	78,882
	American Funds Group	Fundamental Investors	6,816.983	292,428
	American Funds Group	New World Fund	2,003.536	114,767
	American Funds Group	The Growth Fund of America	2,951.212	107,627
	American Funds Group	The Investment Company of America	3,070.252	108,882
*	John Hancock Life Insurance Company	Lifecycle Fund - 2010 Portfolio	2,448.327	29,987
*	John Hancock Life Insurance Company	Lifecycle Fund - 2015 Portfolio	5,171.988	61,886
*	John Hancock Life Insurance Company	Lifecycle Fund - 2020 Portfolio	31,902.728	374,557
*	John Hancock Life Insurance Company	Lifecycle Fund - 2025 Portfolio	32,820.449	374,334
*	John Hancock Life Insurance Company	Lifecycle Fund - 2030 Portfolio	26,227.119	293,923
*	John Hancock Life Insurance Company	Lifecycle Fund - 2035 Portfolio	16,413.751	186,107
*	John Hancock Life Insurance Company	Lifecycle Fund - 2040 Portfolio	28,632.050	322,294
*	John Hancock Life Insurance Company	Lifecycle Fund - 2045 Portfolio	20,653.557	231,955
*	John Hancock Life Insurance Company	Lifecycle Fund - 2050 Portfolio	141.540	1,425
*	John Hancock Life Insurance Company	Lifestyle Fund - Aggressive Portfolio	18,664.384	286,503
*	John Hancock Life Insurance Company	Lifestyle Fund - Balanced Portfolio	26,107.013	445,827
*	John Hancock Life Insurance Company	Lifestyle Fund - Conservative Portfolio	5,007.677	89,011
*	John Hancock Life Insurance Company	Lifestyle Fund - Growth Portfolio	35,067.480	579,494
*	John Hancock Life Insurance Company	Lifestyle Fund - Moderate Portfolio	18,856.822	324,571
*	John Hancock Life Insurance Company	Mid Cap Index Fund	557.155	13,777
*	John Hancock Life Insurance Company	Money Market Fund	30,861.454	314,788
	Keeley Asset Management Corp	Keeley Small Cap Value Fund	1,770.109	49,651
	Marsico Capital Management, LLC	International Equity Index Fund	692.192	14,034
	Marsico Capital Management, LLC	International Growth Fund	4,268.542	65,543
	Pacific Investment Management Company	PIMCO All Asset Fund	5,784.649	104,175
	Pacific Investment Management Company	PIMCO Total Return Fund	15,494.413	245,065
	Riversource Investments, LLC	Columbia Mid Cap Value Fund	5,811.693	57,643
	T.Rowe Price Associates, Inc.	Equity Income Fund	652.517	13,255
	Vanguard Group, Inc	Small Cap Growth Index Fund	2,082.049	50,777
	Vanguard Group, Inc	Small Cap Value Index Fund	2,914.234	54,667
	Total investments per financial statements	Total pooled separate accounts		5,341,027
	Loans to participants	Loans to participants, interest rate of 4.25-9.5%	n/a	252,218
				$ 5,593,245

* = party in interest

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, 2013

(a)	(b) Identity of Issue, borrower, lessor	(c) Description of Investment	(c) 2013 Shares	(e) 2013 Current Value
	Interest in Pooled Separate Accounts:			
	American Century Investment Management, Inc.	American Century Heritage	1,497.548	$ 43,747
	American Funds Group	Capital World Growth and Income Fund	1,261.025	64,543
	American Funds Group	Europacific Growth Fund	1,321.758	77,060
	American Funds Group	New World Fund	2,226.601	139,446
*	John Hancock Life Insurance Company	Lifecycle Fund - 2010 Portfolio	2,491.571	33,694
*	John Hancock Life Insurance Company	Lifecycle Fund - 2015 Portfolio	4,184.174	56,497
*	John Hancock Life Insurance Company	Lifecycle Fund - 2020 Portfolio	25,831.709	351,297
*	John Hancock Life Insurance Company	Lifecycle Fund - 2025 Portfolio	43,193.068	586,054
*	John Hancock Life Insurance Company	Lifecycle Fund - 2030 Portfolio	16,960.364	230,550
*	John Hancock Life Insurance Company	Lifecycle Fund - 2035 Portfolio	14,695.958	204,665
*	John Hancock Life Insurance Company	Lifecycle Fund - 2040 Portfolio	19,346.457	268,136
*	John Hancock Life Insurance Company	Lifecycle Fund - 2045 Portfolio	23,219.757	321,114
*	John Hancock Life Insurance Company	Lifecycle Fund - 2050 Portfolio	284.235	3,524
*	John Hancock Life Insurance Company	Lifestyle Fund - Aggressive Portfolio	20,812.381	400,830
*	John Hancock Life Insurance Company	Lifestyle Fund - Balanced Portfolio	22,192.760	437,655
*	John Hancock Life Insurance Company	Lifestyle Fund - Conservative Portfolio	4,822.656	89,569
*	John Hancock Life Insurance Company	Lifestyle Fund - Growth Portfolio	36,359.009	730,456
*	John Hancock Life Insurance Company	Lifestyle Fund - Moderate Portfolio	17,572.537	332,370
*	John Hancock Life Insurance Company	Mid Cap Index Fund	567.715	18,562
*	John Hancock Life Insurance Company	Mid Value Fund	3,924.603	86,247
*	John Hancock Life Insurance Company	Money Market Fund	28,736.895	290,710
	Marsico Capital Management, LLC	International Equity Index Fund	754.627	17,398
	MFS Invesment Management	Mass Investors Fund	14,044.088	413,108
	Pacific Investment Management Company	PIMCO All Asset Fund	4,019.828	72,178
	Pacific Investment Management Company	PIMCO Total Return Fund	12,614.765	193,727
	Fidelity Management Trust Company	Fidelity Contrafund	943.455	101,013
	T.Rowe Price Associates, Inc.	Equity Income Fund	1,046.707	27,455
	T.Rowe Price Associates, Inc.	Small Cap Value Fund	1,026.161	69,866
	Vanguard Group, Inc	Small Cap Growth Index Fund	1,556.973	51,886
	Vanguard Group, Inc	Small Cap Value Index Fund	3,230.866	81,880
	Total investments per financial statements	Total pooled separate accounts		5,795,237
	Loans to participants	Loans to participants, interest rate of 4.25-9.5%	n/a	297,554
				$ 6,092,791

* = party in interest

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, 2012

(a)	(b) Identity of Issue, borrower, lessor	(c) Description of Investment	(c) 2012 Shares	(e) 2012 Current Value
	Interest in Pooled Separate Accounts:			
	American Century Investment Management, Inc.	American Century Heritage	2,370.308	$ 53,192
	American Funds Group	Capital World Growth and Income Fund	1,911.785	78,882
	American Funds Group	Fundamental Investors	6,816.983	292,428
	American Funds Group	New World Fund	2,003.536	114,767
	American Funds Group	The Growth Fund of America	2,951.212	107,627
	American Funds Group	The Investment Company of America	3,070.252	108,882
*	John Hancock Life Insurance Company	Lifecycle Fund - 2010 Portfolio	2,448.327	29,987
*	John Hancock Life Insurance Company	Lifecycle Fund - 2015 Portfolio	5,171.988	61,886
*	John Hancock Life Insurance Company	Lifecycle Fund - 2020 Portfolio	31,902.728	374,557
*	John Hancock Life Insurance Company	Lifecycle Fund - 2025 Portfolio	32,820.449	374,334
*	John Hancock Life Insurance Company	Lifecycle Fund - 2030 Portfolio	26,227.119	293,923
*	John Hancock Life Insurance Company	Lifecycle Fund - 2035 Portfolio	16,413.751	186,107
*	John Hancock Life Insurance Company	Lifecycle Fund - 2040 Portfolio	28,632.050	322,294
*	John Hancock Life Insurance Company	Lifecycle Fund - 2045 Portfolio	20,653.557	231,955
*	John Hancock Life Insurance Company	Lifecycle Fund - 2050 Portfolio	141.540	1,425
*	John Hancock Life Insurance Company	Lifestyle Fund - Aggressive Portfolio	18,664.384	286,503
*	John Hancock Life Insurance Company	Lifestyle Fund - Balanced Portfolio	26,107.013	445,827
*	John Hancock Life Insurance Company	Lifestyle Fund - Conservative Portfolio	5,007.677	89,011
*	John Hancock Life Insurance Company	Lifestyle Fund - Growth Portfolio	35,067.480	579,494
*	John Hancock Life Insurance Company	Lifestyle Fund - Moderate Portfolio	18,856.822	324,571
*	John Hancock Life Insurance Company	Mid Cap Index Fund	557.155	13,777
*	John Hancock Life Insurance Company	Money Market Fund	30,861.454	314,788
	Keeley Asset Management Corp	Keeley Small Cap Value Fund	1,770.109	49,651
	Marsico Capital Management, LLC	International Equity Index Fund	692.192	14,034
	Marsico Capital Management, LLC	International Growth Fund	4,268.542	65,543
	Pacific Investment Management Company	PIMCO All Asset Fund	5,784.649	104,175
	Pacific Investment Management Company	PIMCO Total Return Fund	15,494.413	245,065
	Riversource Investments, LLC	Columbia Mid Cap Value Fund	5,811.693	57,643
	T.Rowe Price Associates, Inc.	Equity Income Fund	652.517	13,255
	Vanguard Group, Inc	Small Cap Growth Index Fund	2,082.049	50,777
	Vanguard Group, Inc	Small Cap Value Index Fund	2,914.234	54,667
	Total investments per financial statements	Total pooled separate accounts		5,341,027
	Loans to participants	Loans to participants, interest rate of 4.25-9.5%	n/a	252,218
				$ 5,593,245

* = party in interest