

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>FIRE AND LIFE SAFETY AMERICA 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan <u>11/01/1997</u>	
1b Three-digit plan number (PN) ►	<u>001</u>				
1c Effective date of plan <u>11/01/1997</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FIRE AND LIFE SAFETY AMERICA</u> <u>3017 VERNON ROAD</u> <u>SUITE 100</u> <u>RICHMOND, VA 23228</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-1862138</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>804-222-1381</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238220</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1862138</u>	2c Plan Sponsor's telephone number <u>804-222-1381</u>	2d Business code (see instructions) <u>238220</u>	
2b Employer Identification Number (EIN) <u>54-1862138</u>					
2c Plan Sponsor's telephone number <u>804-222-1381</u>					
2d Business code (see instructions) <u>238220</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2015	MARY LOFRESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2015	MARY LOFRESE
	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		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	979
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	723
a(2) Total number of active participants at the end of the plan year		6a(2)	774
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	278
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1052
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1052
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	877
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 2S 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>FIRE AND LIFE SAFETY AMERICA 401K PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRE AND LIFE SAFETY AMERICA</u>	D Employer Identification Number (EIN) <u>54-1862138</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	11359	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NORTHWESTERN MUTUAL INVESTMENT SER

52-2114207

(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?
61	ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
ALZGI NFJ SMCPVL A - BOSTON FINANC	330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
BLKRK EQUITY DIV A - BNY MELLON IN	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
COLUMBIA MDCAP VAL A - COLUMBIA MG	P.O. BOX 8081 BOSTON, MA 02266	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
JPM EQUITY IDX A - BOSTON FINANCIA	330 W. 9TH STREET KANSAS CITY, MO 66160	0.05%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
THORNBURG INT VAL R4 - BOSTON FINA	P.O. BOX 8480 BOSTON, MA 02266	0.25%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
NORTHWESTERN MUTUAL INVESTMENT SER	61	0
(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.
COLUMBIA MDCAP VAL A - COLUMBIA MG	P.O. BOX 8081 BOSTON, MA 02266	\$0-<\$3M=1.00%, \$3M-<\$50M=0.50%, \$50M+=0.25%

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

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>FIRE AND LIFE SAFETY AMERICA 401K PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRE AND LIFE SAFETY AMERICA</u>		D Employer Identification Number (EIN) <u>54-1862138</u>

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	602386	597922
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	652412	717184
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15888391	15728555
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	17143189	17043661

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17143189	17043661
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	214877	
(B) Participants	2a(1)(B)	1385088	
(C) Others (including rollovers)	2a(1)(C)	245535	
(2) Noncash contributions	2a(2)	0	1845500
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	88	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	27719	
(F) Other	2b(1)(F)	0	27807
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1067403	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1067403

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-253108
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2687602

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2772529	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2772529
f Corrective distributions (see instructions).....	2f		3782
g Certain deemed distributions of participant loans (see instructions).....	2g		-547
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	11366	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11366
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2787130

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-99528
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan FIRE AND LIFE SAFETY AMERICA 401K PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FIRE AND LIFE SAFETY AMERICA				D Employer Identification Number (EIN) 54-1862138	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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: _____% 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): _____



FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Financial Statements and Supplemental Schedule

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

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KPMG LLP
Suite 2000
1021 East Cary Street
Richmond, VA 23219-4023

Independent Auditors' Report

The Board of Directors
Fire and Life Safety America 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Fire and Life Safety America 401(k) Plan (the Plan), which comprise the statements of assets available for benefits as of December 31, 2014 and 2013, the related statements of changes in assets available for benefits for the years then ended, the supplemental schedule (schedule H, line 4i – schedule of assets (held at end of year)) as of December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the years then ended, 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

The supplemental schedule, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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.

KPMG LLP

September 24, 2015

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Statements of Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value (notes 4, 5, and 6):		
Mutual funds	\$ 15,728,553	15,888,393
Short-term investments	<u>597,924</u>	<u>602,386</u>
Total investments, at fair value	16,326,477	16,490,779
Participant contributions receivable	—	27,545
Notes receivable from participants (note 5)	<u>728,222</u>	<u>663,473</u>
Total assets	<u>17,054,699</u>	<u>17,181,797</u>
Net assets available for benefits	<u>\$ 17,054,699</u>	<u>17,181,797</u>

See accompanying notes to financial statements.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Statements of Changes in Assets Available for Benefits

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to assets attributed to:		
Investment income (note 5):		
Net appreciation (depreciation) in fair value of investments	\$ (253,109)	1,550,762
Interest and dividend income	<u>1,067,490</u>	<u>937,838</u>
Total net investment income	<u>814,381</u>	<u>2,488,600</u>
Interest income on notes receivable from participants (note 5)	28,242	31,319
Contributions:		
Participant	1,357,543	1,301,481
Employer	214,877	—
Rollovers	<u>245,535</u>	<u>48,883</u>
Total contributions	<u>1,817,955</u>	<u>1,350,364</u>
Total additions	<u>2,660,578</u>	<u>3,870,283</u>
Deductions from assets attributed to:		
Benefits paid to participants	2,776,310	3,291,626
Administrative expenses (note 7)	<u>11,366</u>	<u>12,584</u>
Total deductions	<u>2,787,676</u>	<u>3,304,210</u>
Net increase (decrease) in assets available for benefits	(127,098)	566,073
Assets available for benefits:		
Beginning of year	<u>17,181,797</u>	<u>16,615,724</u>
End of year	<u>\$ 17,054,699</u>	<u>17,181,797</u>

See accompanying notes to financial statements.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Description of the Plan

The following description of the Fire and Life Safety America 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all full-time employees of Fire and Life Safety America, Inc. and subsidiaries (the Company), who have one month of service and are age 17 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The investment assets and notes receivable from participants (participant loans) of the Plan are held under an agreement with Fidelity Management Trust Company, the trustee of the Plan.

(b) Eligibility

The Plan is available to substantially all eligible employees of the Company. Full-time employees become eligible on the first enrollment date following their 30th day of employment. The enrollment dates are the first of each month. Each year participants may make salary reduction contributions up to the maximum amounts allowed under the Internal Revenue Code (IRC). Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans.

(c) Contributions

Participant contributions during any plan year are subject to IRC limitations, which were \$17,500 during 2014 and 2013. In addition, participants who are at least 50 years old before the end of the plan year may make a catch-up contribution up to \$5,500 in 2014 and 2013. Any participant who is considered a highly compensated employee, as defined in the IRC, is limited to a deferral rate equal to 6% of the participant's eligible compensation.

All eligible employees are automatically enrolled in the Plan after one month of service at a contribution rate of 6% unless the employee elects otherwise.

For any plan year, the Company may contribute discretionary amounts as determined by the Company's board of directors. The Company made discretionary contributions to the Plan for the years ended December 31, 2014 and 2013 of \$214,877 and \$0, respectively.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, if any, (b) plan earnings or losses, and (c) administrative expenses. Allocations are based on participant compensation or account balances, as defined by the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(e) Vesting

Participants are immediately vested in their contributions and the Company's matching contributions, if any, plus actual earnings thereon.

(f) Notes Receivable from Participants (Participant Loans)

In order to be eligible for a loan, participants must have a vested account balance of at least \$2,000. Loans are approved by the plan administrator. The minimum allowable loan is \$1,000. The maximum loan amount that can be borrowed is the lesser of (a) \$50,000 reduced by the excess, if any, of the participant's highest outstanding balance of loans from the Plan during the one-year period prior to the date of the loan over the participant's current outstanding balance of loans or (b) 50% of the participant's vested account. The Plan permits only one loan to be outstanding at any time for participants.

Loans must be repaid over a period not to exceed five years, except for loans used to purchase a primary residence, which must be repaid within twenty years. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate determined by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

(g) Payment of Benefits

Upon attainment of eligibility for benefits, as defined by the Plan, the participant's total vested account balance is distributed in a single lump-sum payment if the participant's balance is less than \$5,000. If the total vested balance is greater than \$5,000, the participant may elect to receive his or her distribution as a lump-sum, or in installments for required minimum distributions only.

(h) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan have been prepared under the accrual method of accounting.

(b) Investments

The Plan's investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. Quoted market prices are used to value mutual fund and short-term investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The cost basis of investment securities used in the determination of net appreciation in the fair value of investments, including investments sold during the year, is determined through the use of the average cost method.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

The Plan's investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. In addition, due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of assets available for benefits.

(c) Notes Receivable from Participants (Participant Loans)

Loans to participants are reported at the unpaid principal amount outstanding. Interest income on loans to participants is recorded on the accrual basis.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Administrative Expenses

The Plan pays asset management fees for services provided by the trustee of the Plan. Other administrative expenses, such as legal and audit fees, are paid by the Company, the Plan's sponsor. During 2014 and 2013, the Company paid approximately \$19,000 in administrative expenses on behalf of the Plan.

(f) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(3) Tax Status

The Plan is a prototype plan developed by Fidelity Management Company and adopted by the Company for which an opinion letter from the Internal Revenue Service dated March 31, 2014 has been received. The letter states that the restated prototype document complies in form with the series of tax law changes collectively referred to as GUST. The Company has adopted the restated plan. The Company believes that the Plan is designed and is currently being operated in compliance with the plan provisions and the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(4) Investments (Unaudited)

The following investments at December 31, 2014 and 2013 have a fair value that represents 5% or more of net assets available for benefits:

	2014	2013
Fidelity Advisors Freedom 2020 Fund – Class A	\$ 1,543,587	1,712,796
Fidelity Advisors Freedom 2025 Fund – Class A	2,229,879	2,203,263
Fidelity Advisors Freedom 2030 Fund – Class A	2,357,370	2,321,630
Fidelity Advisors Freedom 2035 Fund – Class A	2,204,244	2,348,644
Fidelity Advisors Freedom 2040 Fund – Class A	1,988,712	1,816,661
Fidelity Advisors Freedom 2045 Fund – Class A	1,646,058	1,531,101
Fidelity Advisors Freedom 2050 Fund – Class A	888,211	760,144

(5) Unaudited Information Certified by the Trustee

The plan administrator has elected the alternative method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the information certified by the trustee as complete and accurate was not audited by our independent auditors, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule of assets (held at end of year).

With respect to the Plan, the trustee certified the following information in the statements of assets available for benefits as of December 31, 2014 and 2013:

	2014	2013
Mutual funds	\$ 15,728,553	15,888,393
Short-term investments	597,924	602,386
Notes receivable from participants	728,222	663,473

With respect to the Plan, the trustee certified the following information in the statements of changes in assets available for benefits for the years ended December 31, 2014 and 2013:

	2014	2013
Net appreciation (depreciation) in fair value of investments	\$ (253,109)	1,550,762
Interest and dividend income	1,067,490	937,838
Interest income on notes receivable from participants	28,242	31,319

In addition, the trustee certified all information in note 4, the accompanying supplemental schedule of assets (held at end of year) and the amounts in note 6.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(6) Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements*, establishes a framework for measuring fair value, which 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 asset's 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	Investments at fair value as determined by quoted prices in active markets (Level 1)	Valuation techniques based on observable market data (Level 2)	Valuation techniques incorporating information other than observable market data (Level 3)	Total
Short-term investments	\$ 597,924	—	—	597,924
Mutual funds:				
Bond funds	431,926	—	—	431,926
Balanced funds	13,625,185	—	—	13,625,185
Growth funds	913,275	—	—	913,275
Value funds	758,167	—	—	758,167
Total investments, at fair value	<u>\$ 16,326,477</u>	<u>—</u>	<u>—</u>	<u>16,326,477</u>

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

	Investments at fair value as determined by quoted prices in active markets (Level 1)	Valuation techniques based on observable market data (Level 2)	Valuation techniques incorporating information other than observable market data (Level 3)	Total
Short-term investments	\$ 602,386	—	—	602,386
Mutual funds:				
Bond funds	473,022	—	—	473,022
Balanced funds	13,921,772	—	—	13,921,772
Growth funds	818,456	—	—	818,456
Value funds	675,143	—	—	675,143
Total investments, at fair value	<u>\$ 16,490,779</u>	<u>—</u>	<u>—</u>	<u>16,490,779</u>

(7) Related-Party Transactions

Certain plan investment assets are mutual funds and short-term investments with Fidelity Management Trust Company, the Plan's trustee. Therefore, transactions involving these instruments qualify as party-in-interest transactions. The Plan pays asset management fees for services provided by Fidelity Management Trust Company.

(8) Reconciliation of Plan Financial Statements to the Form 5500

In the 2014 and 2013 Annual Return/Report of Employees Benefit Plan (the Form 5500), there is a difference between the Form 5500 and the financial statements related to participant contributions receivable and notes receivable from participants. Accordingly, certain balances included on Schedule H (Part I and Part II) of the Form 5500 differ from those included in the accompanying financial statements, as follows:

	<u>2014</u>	<u>2013</u>
Total contributions per Form 5500	\$ 1,845,500	1,352,365
Change in participant contributions receivable	<u>(27,545)</u>	<u>(2,001)</u>
Total contributions per financial statements	<u>\$ 1,817,955</u>	<u>1,350,364</u>

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

	2014	2013
Total participant loans per Form 5500	\$ 717,184	652,410
Cumulative deemed distributions	<u>11,038</u>	<u>11,063</u>
Total notes receivable from participants per financial statements	<u>\$ 728,222</u>	<u>663,473</u>
	2014	2013
Assets available for benefits per Form 5500	\$ 17,043,661	17,143,189
Participant contributions receivable	—	27,545
Cumulative deemed distributions	<u>11,038</u>	<u>11,063</u>
Assets available for benefits per financial statements	<u>\$ 17,054,699</u>	<u>17,181,797</u>

(9) Subsequent Events

The Plan has evaluated subsequent events through September 24, 2015, the date the financial statements were available to be issued.

Schedule 1

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2014

Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
Short-term investments:		
* Fidelity Prime Fund Daily Money Class	597,924 shares of Fidelity Prime Fund Daily Money Class	\$ 597,924
Mutual funds:		
* Fidelity Advisors (FA) Leveraged Company	1,475 shares of Fidelity Advisors (FA) Leveraged Company	82,646
* FA High Income Advantage Fund – Class A	14,393 shares of FA High Income Advantage Fund – Class A	153,857
* FA Strategic Income Fund – Class A	4,139 shares of FA Strategic Income Fund – Class A	49,332
* FA Small Cap Fund – Class A	7,757 shares of FA Small Cap Fund – Class A	208,286
* FA Real Estate Fund – Class A	5,265 shares of FA Real Estate Fund – Class A	120,984
* FA Freedom 2010 Fund – Class A	4,100 shares of FA Freedom 2010 Fund – Class A	51,129
* FA Freedom 2020 Fund – Class A	117,383 shares of FA Freedom 2020 Fund – Class A	1,543,587
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* FA Freedom Income Fund – Class A	2,163 shares of FA Freedom Income Fund – Class A	23,642
* FA New Insights Fund – Class A	7,532 shares of FA New Insights Fund – Class A	200,892
* FA Emerging Markets Fund – Class A	1,558 shares of FA Emerging Markets Fund – Class A	34,941
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* FA Freedom 2035 Fund – Class A	167,496 shares of FA Freedom 2035 Fund – Class A	2,204,244
* FA Advisor Mid Cap II Fund – Class A	3,147 shares of FA Advisor Mid Cap II Fund – Class A	59,252
* FA International Discovery Fund – Class A	2,243 shares of FA International Discovery Fund – Class A	84,732
* FA Freedom 2045 Fund – Class A	151,431 shares of FA Freedom 2045 Fund – Class A	1,646,058
* FA Freedom 2050 Fund – Class A	82,394 shares of FA Freedom 2050 Fund – Class A	888,211
* FA Government Income Fund – Class A	19,477 shares of FA Government Income Fund – Class A	205,096
* FA Freedom 2055 Fund – Class A	19,228 shares of FA Freedom 2055 Fund – Class A	223,235
BlackRock Equity Dividend Class A	23,630 shares of BlackRock Equity Dividend Class A	588,398
Thornburg International Value Fund Class R4	2,716 shares of Thornburg International Value Fund Class R4	72,459
Allianz NFJ Small-Cap Value Class A	3,444 shares of Allianz NFJ Small-Cap Value Class A	88,650
JP Morgan Equity Index Class A	4,146 shares of JP Morgan Equity Index Class A	170,067
Columbia Mid Cap Value Class A	4,766 shares of Columbia Mid Cap Value Class A	81,119
Total mutual funds		15,728,553
* Notes receivable from participants	Loans with interest from 4.25% to 10.25%, due at various maturity dates	728,222
Total		\$ 17,054,699
* Party-in-interest		

Note: The above information is based on information certified as complete and accurate by Fidelity Management Trust Company, the Plan's trustee.

See accompanying independent auditors' report.



FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Financial Statements and Supplemental Schedule

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

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KPMG LLP
Suite 2000
1021 East Cary Street
Richmond, VA 23219-4023

Independent Auditors' Report

The Board of Directors
Fire and Life Safety America 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Fire and Life Safety America 401(k) Plan (the Plan), which comprise the statements of assets available for benefits as of December 31, 2014 and 2013, the related statements of changes in assets available for benefits for the years then ended, the supplemental schedule (schedule H, line 4i – schedule of assets (held at end of year)) as of December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the years then ended, 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

The supplemental schedule, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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.

KPMG LLP

September 24, 2015

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Statements of Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value (notes 4, 5, and 6):		
Mutual funds	\$ 15,728,553	15,888,393
Short-term investments	<u>597,924</u>	<u>602,386</u>
Total investments, at fair value	16,326,477	16,490,779
Participant contributions receivable	—	27,545
Notes receivable from participants (note 5)	<u>728,222</u>	<u>663,473</u>
Total assets	<u>17,054,699</u>	<u>17,181,797</u>
Net assets available for benefits	<u>\$ 17,054,699</u>	<u>17,181,797</u>

See accompanying notes to financial statements.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Statements of Changes in Assets Available for Benefits

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to assets attributed to:		
Investment income (note 5):		
Net appreciation (depreciation) in fair value of investments	\$ (253,109)	1,550,762
Interest and dividend income	<u>1,067,490</u>	<u>937,838</u>
Total net investment income	<u>814,381</u>	<u>2,488,600</u>
Interest income on notes receivable from participants (note 5)	28,242	31,319
Contributions:		
Participant	1,357,543	1,301,481
Employer	214,877	—
Rollovers	<u>245,535</u>	<u>48,883</u>
Total contributions	<u>1,817,955</u>	<u>1,350,364</u>
Total additions	<u>2,660,578</u>	<u>3,870,283</u>
Deductions from assets attributed to:		
Benefits paid to participants	2,776,310	3,291,626
Administrative expenses (note 7)	<u>11,366</u>	<u>12,584</u>
Total deductions	<u>2,787,676</u>	<u>3,304,210</u>
Net increase (decrease) in assets available for benefits	(127,098)	566,073
Assets available for benefits:		
Beginning of year	<u>17,181,797</u>	<u>16,615,724</u>
End of year	<u>\$ 17,054,699</u>	<u>17,181,797</u>

See accompanying notes to financial statements.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Description of the Plan

The following description of the Fire and Life Safety America 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all full-time employees of Fire and Life Safety America, Inc. and subsidiaries (the Company), who have one month of service and are age 17 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The investment assets and notes receivable from participants (participant loans) of the Plan are held under an agreement with Fidelity Management Trust Company, the trustee of the Plan.

(b) Eligibility

The Plan is available to substantially all eligible employees of the Company. Full-time employees become eligible on the first enrollment date following their 30th day of employment. The enrollment dates are the first of each month. Each year participants may make salary reduction contributions up to the maximum amounts allowed under the Internal Revenue Code (IRC). Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans.

(c) Contributions

Participant contributions during any plan year are subject to IRC limitations, which were \$17,500 during 2014 and 2013. In addition, participants who are at least 50 years old before the end of the plan year may make a catch-up contribution up to \$5,500 in 2014 and 2013. Any participant who is considered a highly compensated employee, as defined in the IRC, is limited to a deferral rate equal to 6% of the participant's eligible compensation.

All eligible employees are automatically enrolled in the Plan after one month of service at a contribution rate of 6% unless the employee elects otherwise.

For any plan year, the Company may contribute discretionary amounts as determined by the Company's board of directors. The Company made discretionary contributions to the Plan for the years ended December 31, 2014 and 2013 of \$214,877 and \$0, respectively.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, if any, (b) plan earnings or losses, and (c) administrative expenses. Allocations are based on participant compensation or account balances, as defined by the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(e) Vesting

Participants are immediately vested in their contributions and the Company's matching contributions, if any, plus actual earnings thereon.

(f) Notes Receivable from Participants (Participant Loans)

In order to be eligible for a loan, participants must have a vested account balance of at least \$2,000. Loans are approved by the plan administrator. The minimum allowable loan is \$1,000. The maximum loan amount that can be borrowed is the lesser of (a) \$50,000 reduced by the excess, if any, of the participant's highest outstanding balance of loans from the Plan during the one-year period prior to the date of the loan over the participant's current outstanding balance of loans or (b) 50% of the participant's vested account. The Plan permits only one loan to be outstanding at any time for participants.

Loans must be repaid over a period not to exceed five years, except for loans used to purchase a primary residence, which must be repaid within twenty years. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate determined by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

(g) Payment of Benefits

Upon attainment of eligibility for benefits, as defined by the Plan, the participant's total vested account balance is distributed in a single lump-sum payment if the participant's balance is less than \$5,000. If the total vested balance is greater than \$5,000, the participant may elect to receive his or her distribution as a lump-sum, or in installments for required minimum distributions only.

(h) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan have been prepared under the accrual method of accounting.

(b) Investments

The Plan's investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. Quoted market prices are used to value mutual fund and short-term investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The cost basis of investment securities used in the determination of net appreciation in the fair value of investments, including investments sold during the year, is determined through the use of the average cost method.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

The Plan's investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. In addition, due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of assets available for benefits.

(c) Notes Receivable from Participants (Participant Loans)

Loans to participants are reported at the unpaid principal amount outstanding. Interest income on loans to participants is recorded on the accrual basis.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Administrative Expenses

The Plan pays asset management fees for services provided by the trustee of the Plan. Other administrative expenses, such as legal and audit fees, are paid by the Company, the Plan's sponsor. During 2014 and 2013, the Company paid approximately \$19,000 in administrative expenses on behalf of the Plan.

(f) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(3) Tax Status

The Plan is a prototype plan developed by Fidelity Management Company and adopted by the Company for which an opinion letter from the Internal Revenue Service dated March 31, 2014 has been received. The letter states that the restated prototype document complies in form with the series of tax law changes collectively referred to as GUST. The Company has adopted the restated plan. The Company believes that the Plan is designed and is currently being operated in compliance with the plan provisions and the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(4) Investments (Unaudited)

The following investments at December 31, 2014 and 2013 have a fair value that represents 5% or more of net assets available for benefits:

	2014	2013
Fidelity Advisors Freedom 2020 Fund – Class A	\$ 1,543,587	1,712,796
Fidelity Advisors Freedom 2025 Fund – Class A	2,229,879	2,203,263
Fidelity Advisors Freedom 2030 Fund – Class A	2,357,370	2,321,630
Fidelity Advisors Freedom 2035 Fund – Class A	2,204,244	2,348,644
Fidelity Advisors Freedom 2040 Fund – Class A	1,988,712	1,816,661
Fidelity Advisors Freedom 2045 Fund – Class A	1,646,058	1,531,101
Fidelity Advisors Freedom 2050 Fund – Class A	888,211	760,144

(5) Unaudited Information Certified by the Trustee

The plan administrator has elected the alternative method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the information certified by the trustee as complete and accurate was not audited by our independent auditors, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule of assets (held at end of year).

With respect to the Plan, the trustee certified the following information in the statements of assets available for benefits as of December 31, 2014 and 2013:

	2014	2013
Mutual funds	\$ 15,728,553	15,888,393
Short-term investments	597,924	602,386
Notes receivable from participants	728,222	663,473

With respect to the Plan, the trustee certified the following information in the statements of changes in assets available for benefits for the years ended December 31, 2014 and 2013:

	2014	2013
Net appreciation (depreciation) in fair value of investments	\$ (253,109)	1,550,762
Interest and dividend income	1,067,490	937,838
Interest income on notes receivable from participants	28,242	31,319

In addition, the trustee certified all information in note 4, the accompanying supplemental schedule of assets (held at end of year) and the amounts in note 6.

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

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Total investments, at fair value	<u>\$ 16,326,477</u>	<u>—</u>	<u>—</u>	<u>16,326,477</u>

FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

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Total investments, at fair value	<u>\$ 16,490,779</u>	<u>—</u>	<u>—</u>	<u>16,490,779</u>

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FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

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Assets available for benefits per financial statements	<u>\$ 17,054,699</u>	<u>17,181,797</u>

(9) Subsequent Events

The Plan has evaluated subsequent events through September 24, 2015, the date the financial statements were available to be issued.

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FIRE AND LIFE SAFETY AMERICA 401(k) PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2014

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* FA International Discovery Fund – Class A	2,243 shares of FA International Discovery Fund – Class A	84,732
* FA Freedom 2045 Fund – Class A	151,431 shares of FA Freedom 2045 Fund – Class A	1,646,058
* FA Freedom 2050 Fund – Class A	82,394 shares of FA Freedom 2050 Fund – Class A	888,211
* FA Government Income Fund – Class A	19,477 shares of FA Government Income Fund – Class A	205,096
* FA Freedom 2055 Fund – Class A	19,228 shares of FA Freedom 2055 Fund – Class A	223,235
BlackRock Equity Dividend Class A	23,630 shares of BlackRock Equity Dividend Class A	588,398
Thornburg International Value Fund Class R4	2,716 shares of Thornburg International Value Fund Class R4	72,459
Allianz NFJ Small-Cap Value Class A	3,444 shares of Allianz NFJ Small-Cap Value Class A	88,650
JP Morgan Equity Index Class A	4,146 shares of JP Morgan Equity Index Class A	170,067
Columbia Mid Cap Value Class A	4,766 shares of Columbia Mid Cap Value Class A	81,119
Total mutual funds		15,728,553
* Notes receivable from participants	Loans with interest from 4.25% to 10.25%, due at various maturity dates	728,222
Total		\$ 17,054,699
* Party-in-interest		

Note: The above information is based on information certified as complete and accurate by Fidelity Management Trust Company, the Plan's trustee.

See accompanying independent auditors' report.