Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part	t I Annual Repo	ort Identification Information								
For ca	lendar plan year 2015 o	or fiscal plan year beginning 01/01/2	2015 and ending 12	2/31/2015	· · · · · · · · · · · · · · · · · · ·					
A Thi	is return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan							
B This	s return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	the final return/report a short plan year return/report (less than 12 months)						
C Ch	eck box if filing under:	Form 5558 special extension (enter description)	automatic extension ription)		DFVC prog	ram				
Part	II Basic Plan Ir	nformation—enter all requested in	formation							
1a Na	ame of plan	AND ALARM 401(K) PLAN			ree-digit in number	001				
				1c Eff	ective date o	f plan 1/2014				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)					2b Employer Identification Numb (EIN) 11-3389182					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ROUND THE CLOCK LOCK & ALARM COMPANY			2c Sp	hone number 61-8941						
				2d Business code (see instructions)						
PO BOX 171 EAST ISLIP, NY 11730					561600					
3a PI	an administrator's name	e and address XSame as Plan Spons	sor.	3b Adı	ministrator's	EIN				
				3c Administrator's telephone number						
		the plan sponsor has changed since number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	N					
	oonsor's name			4c PN						
		nts at the beginning of the plan year		5a		1				
b T	otal number of participa	nts at the end of the plan year		5b		1				
	· ·		the plan year (defined benefit plans do not	5c		1				
d(1)	Total number of active	participants at the beginning of the pl	an year	5d(1)		1				
d(2)	Total number of active	participants at the end of the plan ye	ar	5d(2)		1				
e N	Number of participants the han 100% vested	hat terminated employment during the	plan year with accrued benefits that were less	5e		0				
			n/report will be assessed unless reasonable cau			-1-1 0-1- 1-1				
			ctions, I declare that I have examined this return/repas well as the electronic version of this return/report							

belief, it is true, correct, and complete Filed with authorized/valid electronic signature. SIGN 07/18/2016 MICHAEL FERER **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 	f an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			□ □	′es No
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	termined
Part III Financial Information					-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		35	405					35963
b Total plan liabilities			0.5	105				,	25000
C Net plan assets (subtract line 7b from line 7a)	., 7с			405	-				35963
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b)	Total	
(1) Employers	8a(1)								
(2) Participants	8a(2)		2	400					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-	642					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1758
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
Certain deemed and/or corrective distributions (see instructions)	+ +								
f Administrative service providers (salaries, fees, commissions)			1	200					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1200
i Net income (loss) (subtract line 8h from line 8c)	8i								558
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D 2T	n feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	the instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	as from the List of Pla	n Char	octorist	ic Coc	las in th	a instruc	tions:	
If the plan provides we have benefits, effect the applicable we have	Totalure coul	23 HOM the List of Flat	ii Onaic	actorist	.10 000	103 111 111	ic mand	tions.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest									
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	he benefits under	10e	X					2589
f Has the plan failed to provide any benefit when due under the pl			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of vear e	nd.)	10g		Χ				
h If this is an individual account plan, was there a blackout period?	? (See instru	ctions and 29 CFR	10g		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10i		Х				
Part VI Pension Funding Compliance			. •,		<u> </u>	<u>I</u>	<u>I</u>		
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)								<u> П</u>	′es ∏ No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	
12 Is this a defined contribution plan subject to the minimum fundin							RISA?	. N	′es X No

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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 letter ruling granting the waiver									
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," enter the amount of any plan assets that reverted to the employer this year		13a						
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d Trustee's or custodian's						
140 Maine of tracted of easternal						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).									
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes," enter amount									
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information			-					
For calenda	ar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/2	015				
A This return/report is for: \[\begin{align*} \text{ a single-employer plan} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
		a one-participant plan	a foreign plan							
B This retu	rn/report is	the first return/report	the final return/report		37 NS					
		X an amended return/report	a short plan year retur	n/report (less than 12 r	nonths)					
C Check b	oox if filing under:	Form 5558 special extension (enter descripti	automatic extension		☐ DFVC p	rogram				
Part II	Basic Plan Infe	prmation—enter all requested inform								
1a Name		ormation—enter all requested inform	nation		1h There digit					
		ck and Alarm 401(k) Pla	n		1b Three-digit plan numbe (PN) ▶	r 001				
					1c Effective da 01/01/2					
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. B	ox)		2b Employer Id (EIN) 11-3	entification Number 3389182				
		ce, country, and ZIP or foreign postal cock & Alarm Company	ode (If foreign, see insti	ructions)	2c Sponsor's to 631-661	elephone number -8941				
PO Box	171				2d Business co 561600	de (see instructions)				
East I	slip	NY 11730								
3a Plan ad	dministrator's name a	3b Administrator's EIN								
A 1511-						r's telephone number				
name,	EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	last return/report filed f	or this plan, enter the	4b EIN					
a Sponso	or's name				4c PN					
5a Total r	number of participants	s at the beginning of the plan year			. 5a	1				
		at the end of the plan year			. 5b	1				
C Number	er of participants with ete this item)	account balances as of the end of the	plan year (defined bene	efit plans do not	5c	1				
		articipants at the beginning of the plan			5d(1)	1				
		articipants at the end of the plan year				1				
e Numb	er of participants that	terminated employment during the pla	an year with accrued be	nefits that were less	Fo	0				
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable ca	use is established					
SB or Sche	Ities of perjury and o dule MB completed a rue, correct, and com	ther penalties set forth in the instruction of signed by an enrolled actuary, as viplete.	ns, I declare that I have vell as the electronic ver	examined this return/resion of this return/repo	eport, including, if ap ort, and to the best o	oplicable, a Schedule f my knowledge and				
SIGN HERE	~ (7/18/110	Michael Feren						
	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator				
SIGN										
Preparer's	Signature of employed	oyer/plan sponsor name, if applicable) and address (inclu	Date de room or suite numbe	Enter name of individer)	dual signing as emp	loyer or plan sponsor				
	,				. Topal of Gloph					

A comparison of the annual examination and report of an independent qualified public accountant (IOPA) Ves No Ves No No No No No No No N		Form 5500-SF 2015		Page Z			- 00				
Part III Financial Information (a) Beginning of Year (b) End of Year 35, 405 35, 96 35,	b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an independe and condition	ent qualified public a	ccounta	nt (IQF	PA)				No No
7 Plan Assets and Liabilities	C	the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	gram (see ERISA se	ction 40	21)? .		Yes	No No	lot detern	nined
Total plan lassels. To Not plan lassels. Not plan lassels. Not plan lassels. Not plan lassels. Not Not Not Plan lassels. Not	Par	III Financial Information									
a Total plan isastels.	7 F	Plan Assets and Liabilities		(a) Beginning	of Yea	ır			(b) End of	Year	
C Net plan assets (subtract line 7b from line 7a) 7c 35, 403 35, 968 8 n.come, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contribution received or receivable from: (1) Employers 8 (a) 4 (b) Total (b) Total (c) Participants 8 (c) 2, 400 (c) Participants 9 (c) Participants	a	Fotal plan assets	7a				5			3.	5,963
Solution Expenses, and Transfers for this Plan Year Sa(1) Sa(1	b	Total plan liabilities	7b								
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (3) Others (including rollovers). (4) Exercise (including rollovers). (5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b). (6) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b). (7) Other expenses (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) Certain deemed and/or corrective distributions (see instructions). (8) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (1) Total expenses (add lines 8d, 8e, 8f, and 8g). (8) It is near (including rollovers). (8) It is near (including rollovers). (9) Other expenses (add lines 8d, 8e, 8f, and 8g). (1) Total expenses (add lines 8d, 8e, 8f, and 8g). (1) Total expenses (add lines 8d, 8e, 8f, and 8g). (2) It is near the control of the plan (including lines 8d). (3) Other expenses (add lines 8d, 8e, 8f, and 8g). (4) It is near the control of the plan (including lines 8d). (5) It is near the control of the plan (including lines 8d). (6) It is near the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2	C	Net plan assets (subtract line 7b from line 7a)	7c		3.	5,40	5			3.	5,963
(1) Employers	8	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) To	tal	
Solid Composition Solid			8a(1)								
b Other income (loss)	(2) Participants	8a(2)			2,40	0				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	8a(3)				\perp				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) e Certain deemed and/or corrective distributions (see instructions). 8	b	Other income (loss)	8b			-64	2				
to provide benefits)			8c				_				1,758
e Certain deemed and/or corrective distributions (see instructions)			94								
f Administrative service providers (salaries, fees, commissions)		The second secon					+	111			
Solid Programs Soli						1.20	0				
Notine Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1, 20					-		+				
i Net income (loss) (subtract line 8h from line 8c)							+				1.200
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 3D 2T B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Flaudiary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan' (See instructions). 10 Has the plan failed to provide any benefit when due under the plan? 10 Flow as answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10 Jid the plan trust incur unrelated business taxable income? 10 Jid the plan rust incur unrelated business taxable income? 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a	100						+				558
Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristics Part IV Plan Characteristic Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							+				
9a	_		0)								
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			eature codes	from the List of Pla	n Chara	acterist	ic Cod	des in the	instructio	ns:	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No	N/A		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's \	/oluntary Fid	uciary Correction	10a		Х				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		Х				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		Х				
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		Х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10i j Did the plan trust incur unrelated business taxable income? 10j X Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40. 11a	е	carrier, insurance service, or other organization that provides son	ne or all of th	e benefits under	10e	Х					2,58
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	f	Has the plan failed to provide any benefit when due under the pla	in?		10f		X				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	d.)	10a		Х				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h						X				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	f 10h was answered "Yes," check the box if you either provided the required notice or one of the									
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	j	Did the plan trust incur unrelated business taxable income?			10i		Х				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance			,						
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40		Is this a defined benefit plan subject to minimum funding requiren								Yes	No
	11a										
IX— IS THIS A DETINING CONTROLLION DIAN SUDJECT TO THE INTRIBUTE DIAGRAPH OF THE LARGE AT SECTION 307 OF FRISA? IT IT I LES TALLS	12								RISA?	Yes	X No

F	orm 5500-SF 2015	Page 3 -					
(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12	2e below, as applicable.)					
a Ifaw	aiver of the minimum funding standard for a prior years the waiver.	ear is being amortized in this plan year, see it	nstructions, and e .Month	nter the Day_	date of the	letter rul ear	ing
If you co	mpleted line 12a, complete lines 3, 9, and 10 of	Schedule MB (Form 5500), and skip to line	e 13.				
b Enter	he minimum required contribution for this plan year			12b			
c Enter t	ne amount contributed by the employer to the plan	for this plan year		12c			
d Subtr	act the amount in line 12c from the amount in line 1 ive amount)	2b. Enter the result (enter a minus sign to the	e left of a	12d			
e Will th	ne minimum funding amount reported on line 12d be	e met by the funding deadline?			Yes	No	N/A
Part VII	Plan Terminations and Transfers of A	ssets					
13a Has a	resolution to terminate the plan been adopted in any p	lan year?			Yes	X No	
If "Ye	s," enter the amount of any plan assets that reverte	d to the employer this year		13a			
	all the plan assets distributed to participants or ber PBGC?					Yes X	No
	ing this plan year, any assets or liabilities were tran assets or liabilities were transferred. (See instructi		ntify the plan(s) to				
13c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3) F	PN(s)
Part VIII	Trust Information						
14a Name	of trust			14b	Trust's EIN		
14c Name	e of trustee or custodian			14d	Trustee's of telephone		an's
Part IX	IRS Compliance Questions						
15a Is the	plan a 401(k) plan?			Y	es	No	
	s," how does the 401(k) plan satisfy the nondiscriming contributions (as applicable) under sections 40			b h	esign- ased safe arbor nethod	ADI	P/ACP
testin	ADP/ACP test is used, did the 401(k) plan perform g method" for nonhighly compensated employees (2)(ii))?	Treas. Reg sections 1.401(k)-2(a)(2)(ii) and	1.401(m)-	_ Ye		No	
16a Chec	the box to indicate the method used by the plan to	satisfy the coverage requirements under se	ction 410(b):	l ⊔ p	atio ercentage est		erage nefit test
	the plan satisfy the coverage and nondiscrimination lan with any other plans under the permissive aggre			Y	es	No	
17a Has t	ne plan been timely amended for all required tax la	v changes?		_ Y	es	No	N/A
	the last plan amendment/restatement for the require x law changes and codes).	ed tax law changes was adopted	Enter the	applica	ble code _	(See	nstructions
17c If the	plan sponsor is an adopter of a pre-approved mast ory letter, enter the date of that favorable letter	er and prototype (M&P) or volume submitter and the letter's seria		ct to a f	avorable IR	S opinion	or
17d If the deter	plan is an individually-designed plan and received mination letter	a favorable determination letter from the IRS	, enter the date of	the pla	an's last favo	orable	
18 Is the	Plan maintained in a U.S. territory (i.e., Puerto Rice), American Samoa, Guam, the Commonwealth of	o (if no election under ERISA section 1022(i the Northern Mariana Islands or the U.S. Vir	(2) has been gin Islands)?	Ye	es	No	
19 Were	in-service distributions made during the plan year?			. Y	es	No	
If "Ye	s," enter amount			. 19			
	required minimum distributions made to 5% owner d), as required under section 401(a)(9)?			_ Y	es	No	N/A

SUMMARY ANNUAL REPORT FOR AROUND THE CLOCK LOCK AND ALARM 401(K) PLAN

This is a summary of the annual report for the Around the Clock Lock and Alarm 401(k) Plan (Employer Identification Number 11-3389182, Plan Number 001) for the plan year 01/01/2015 through 12/31/2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Plan expenses were \$1,200. These expenses included \$1,200 in administrative expenses and \$0 in benefits paid to participants and beneficiaries, and \$0 in other expenses. A total of 1 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$35,963 as of the end of the plan year, compared to \$35,405 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$558. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$1,758, including employer contributions of \$0, employee contributions of \$2,400, other contributions/other income of \$0 and earnings from investments of -\$642.

Information Regarding Plan Assets

The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the plan year beginning 01/01/2015 and therefore has not had an audit performed.

The plan's assets were held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually and other qualifying assets.

General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at http://www.dol.gov/ebsa under the heading "Frequently Asked Questions."

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Michael Ferer, who is a representative of the plan administrator, at PO Box 171, East Islip, NY 11730 and phone number, 631-661-8941.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: PO Box 171, East Islip, NY 11730, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.