Form	5500-SF	Short Form Annu	•	ort of Small Empl	oyee	C	MB Nos. 1210-0110 1210-0089
	t of the Treasury evenue Service	This form is required to be fil	Benefit Pla		etirement		2015
Employee Benefits	nent of Labor s Security Administration Guaranty Corporation	Income Security Act of 1974		6057(b) and 6058(a) of the			rm is Open to Inspection
	, ,			nstructions to the Form 5	500-SF.		
		lentification Information al plan year beginning 01/01/		and ending 04	4/29/2016		
A This return/		 ⟨ a single-employer plan 	a multiple-employ list of participating	er plan (not multiemployer) g employer information in ac		-	
5	L	a one-participant plan	a foreign plan	- 4			
B This return/r	eport is	the first return/report an amended return/report	X the final return/rep X a short plan year r	orr eturn/report (less than 12 m	onths)		
C Check box i	if filing under:	Form 5558 special extension (enter desc	automatic extension	on		FVC progra	m
Part II B	asic Plan Inforr	nation—enter all requested in					
1a Name of pl	lan	ALARM 401(K) PLAN			1b Three- plan no (PN)	umber	001
					1c Effecti		
		r, if for a single-employer plan) apt., suite no. and street, or P.	D. Box)		2b Employ (EIN)	01/01/ yer Identific 11-33	ation Number
	n, state or province, LOCK LOCK & ALA	country, and ZIP or foreign pos RM COMPANY	tal code (if foreign, see	instructions)	2c Spons	or's telepho 631-661	
					2d Busine	ess code (se	e instructions)
P.O. BOX 171 EAST ISLIP, NY	11730					56160	0
3a Plan admir	nistrator's name and	address XSame as Plan Spor	sor.		3b Admini	istrator's El	N
							ephone number
name, EIN	, and the plan numb	lan sponsor has changed since er from the last return/report.	the last return/report fil	ed for this plan, enter the	4b EIN		
a Sponsor's					4C PN		1
_		the beginning of the plan year.			5a 5b		0
		the end of the plan year					0
				•	5c		0
.,		cipants at the beginning of the p	-		5d(1)		1
		cipants at the end of the plan ye rminated employment during th			5d(2)		0
than 100%	% vested				5e		0
Under penalties	s of perjury and othe	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ctions, I declare that I h	ave examined this return/re	port, including	g, if applica	
belief, it is true,SIGNFile	correct, and comple		08/22/2016	MICHAEL FERER			
	gnature of plan adı	ninistrator	Date	Enter name of individ	ual signing as	s plan admi	nistrator
SIGN HERE	anaturo of omniour	ar/nlan snonsor	Date	Enter name of individ	ual signing of	employer	or plan spansor
	gnature of employe ne (including firm nar	ne, if applicable) and address (Enter name of individ mber)	Preparer's t		
For Demonstration	Daduation Ant Nation	and OMB Control Numbers, see ti					orm 5500-SF (2015)

	Were all of the plan's assets during the plan year invested in eligib 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 cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)			×	Yes No Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		No		determined
Par					<u> </u>					
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) Er	nd of Ye	ar
	Total plan assets	. 7a	(, =•g		963			() =:		0
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		35	963					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)						``	,	
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-	308					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-308
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		35	595					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			60					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				35655
	Net income (loss) (subtract line 8h from line 8c)	8 i				_				-35963
	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2F 2G 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the inst	ructions	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instru	uctions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	ount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		x				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j			х			
Part	VI Pension Funding Compliance			. •,	1		8	1		
11	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "	Yes," see instructions a	and cor	nplete	Scheo	lule SB	(Form		

11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	802 of F	RISA?	Π	Yes	X

5500) and line 11a below).....

Yes No

No

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-					Т		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Y	es No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0
D		e PBGC?				X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I			
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Dert	1/111	Truck Information					
Part		Trust Information		116	T	15.1	
14a	Name	e of trust		140	Trust's E	IN	
14c	Nam	ne of trustee or custodian		14d		's or custoo ne number	lian's
Par	t IX	IRS Compliance Questions		1			
15a	Is th	e plan a 401(k) plan?		Y	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	e AD	PP/ACP st
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No	
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No	
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No	
19	Were	in-service distributions made during the plan year?		Y	es	No	
	lf "Ye	es," enter amount		19			
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A

	5500-SF	Short Form Annu	al Return/Repo	rt of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089
Internal Re	of the Treasury venue Service	This form is required to be file	Benefit Plan		Dotiroment	2015
Employee Benefits	ent of Labor Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of th	e Internal	This Form is Open to
	Guaranty Corporation	▶ Complete all entries in			5500-SE	Public Inspection
Part I Ar	nnual Report Io	lentification Information	1		JJ00-3F.	
For calendar pla		al plan year beginning	01/01/2016	and ending	04,	/29/2016
A This return/re	ک port is for: [a single-employer plan a one-participant plan	a multiple-employer list of participating e a foreign plan	plan (not multiemployer employer information in a) (Filers che accordance w	cking this box must attach a vith the form instructions)
B This return/re	port is	the first return/report	X the final return/repor	t		
] an amended return/report	-	urn/report (less than 12 r	nonths)	
C Check box if	filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter desci				
Part II Ba	sic Plan Inforn	nation—enter all requested in	formation			
1a Name of pla Around the		and Alarm 401(k) P	lan		1b Three plan (PN)	number 001
					1c Effec	tive date of plan 01/2014
Mailing addr	ess (include room, a	, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta	. Box)		2b Empl	over Identification Number
Around th	e Clock Loci	k & Alarm Company	ar code (il foreign, see ins	tructions)	2c Spon	sor's telephone number -661-8941
P.O. BOX (171				2d Busin 561	ess code (see instructions) 500
East Islip	C	NY 11730				
						nistrator's EIN nistrator's telephone number
name, Lin, a	and the plan numbe	an sponsor has changed since t r from the last return/report.	he last return/report filed i	or this plan, enter the	4b EIN	
a Sponsor's na					4c PN	
5a Total number	r of participants at t	he beginning of the plan year			5a	1
b Total number	r of participants at t	he end of the plan year			5b	0
c number of pa	articipants with accoss item)	ount balances as of the end of the	ne plan year (defined ben	efit plans do not	5c	0
d(1) Total numb	per of active particip	pants at the beginning of the pla	n year		5d(1)	1
d(2) Total numb	per of active particip	pants at the end of the plan year	25		5d(2)	1
than 100% v	ested	ninated employment during the p	blan year with accrued be	nefits that were less	5e	
					se is establ	0 ished.
SB or Schedule M		aned by an enrolled actuary as				
SIGN	2 (•	8/22/16	MICHAEL FERER		
HERE Signa	ature of plan admin	nietroter				
SIGN	ture of plan admin	mstrator	Date	Enter name of individu	al signing as	plan administrator
HERE Signa	ture of employer/	plan sponsor	Date	Enter name of individu	al signing on	employer or plan sponsor
Preparer's name (i	ncluding firm name	, if applicable) and address (incl	ude room or suite numbe	r)	Preparer's te	ellephone number
For Paperwork Redu	ction Act Notice and	OMB Control Numbers see the in				

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7221103	-
Page	2

b	Were all of the plan's assets during the plan year invested in eligib 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 cann If the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public a ls.) 5500-SF and mus	account	ant (IC	PA) Form	5500.	X Yes No
	art III Financial Information					····· [No Not determined
7	Plan Assets and Liabilities		(a) Beginnin	a of Vo				b) Find of Vere
а	Total plan assets	7a	(a) Deginini	Colored Designation of the local division of	5,96	3	(b) End of Year
	Total plan liabilities	7b				<u> </u>		0
		7c		3	5,96	3		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo					(b) Total
а			(-),			1		
-	(1) Employers	8a(1)		and the second second		_		
	(2) Participants	8a(2)				-		
	(3) Others (including rollovers)	8a(3)						
		8b			-30	8		
and the second second second	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-308
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	5,59	5		-
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			6	0		
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						35,655
i	Net income (loss) (subtract line 8h from line 8c)	8i					-	-35,963
J	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 3D	feature codes	s from the List of Pl	an Cha	racteris	stic Co	des in the	instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acterist	ic Cod	les in the i	nstructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	
a		tions within th	e time period		103	110		Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Ve	oluntary Fidu	ciary Correction			Х		
b	Program) Were there any nonexempt transactions with any party-in-interest	2 (D		10a				
N	reported on line 10a.)	? (Do not incl	ude transactions	10b		Х		
С				10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond,	that was caused	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	/ an insurance benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the plan			100		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end.)	10g		Х		
AND DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNE	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructio	ons and 29 CFR	10g		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	tice or one of the	101				
j	Did the plan trust incur unrelated business taxable income?			10i			X	
Part	VI Pension Funding Compliance		L					

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)		Yes	∏ Nc
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a		-	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA	2	Yes	X No

is this a defined contribution plan subject to	the minimum funding requireme	nts of section 412 of the Code or section 302 of ER	219

ISA?... Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		1		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, one instructions	id enter th	L date of	the letter r	uling
	Month	Day		Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
	Enter the minimum required contribution for this plan year				Marine States
d	Enter the amount contributed by the employer to the plan for this plan year	12c			
	negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Г	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
_13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s 🗌 No	-
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	T		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		X	Yes 🗌	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to	<u>. </u>		
1	3c(1) Name of plan(s):	2) EIN(s)	T	13c(3)	
		/ _//(0)		100(0)	14(5)
Part	VIII Trust Information				
14a i	Name of trust	14h	Trust's EIN	1	
		140	TUSUS EIN	N	
14c	Name of trustee or custodian	14d	Trustee's	or custodia	an's
			telephone	number	
Part	IX IRS Compliance Questions				
15a	Is the plan a 401(k) plan?	🗌 Ye	s	No	
		De	esign-		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba	ised safe		ACP
		me	irbor ethod	test	
1501	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))2	Yes	 S	ΠNο	
	2(a)(2)(ii))?				
		Ra	itio		
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	. U per tes	rcentage		rage efit test
16b [Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining				
17a ⊦	his plan with any other plans under the permissive aggregation rules?				
17b 🛛	Date the last plan amendment/restatement for the required tax law changes was adopted	. Yes		No	∐N/A
I·	or tax law changes and codes).		2010 C	54/107 (PC005775-07	structions
I/C II	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje dvisory letter, enter the date of that favorable letter and the letter's serial number	ct to a fav	orable IR	S opinion c	r
17d II	the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date o etermination letter	the plan	's last favo	orable	
18 1	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No	
	/ere in-service distributions made during the plan year?	Yes			
	"Yes," enter amount				
		19	11.411.51		
20 M	/ere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not stired), as required under section 401(a)(9)?	☐ Yes	Senten and the shore	Νο	N/A