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| 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) |

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| Part II | Basic Plan Information —enter all requested information | | |
| 1a Name of plan | <u>SEAL SECURITY LLC 401(K) PROFIT SHARING PLAN & TRUST</u> | 1b Three-digit plan number (PN) ▶ | <u>002</u> |
| | | 1c Effective date of plan | <u>09/01/1997</u> |
| 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) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | 2b Employer Identification Number (EIN) <u>27-0054421</u> 2c Plan Sponsor's telephone number <u>212-732-2047</u> 2d Business code (see instructions) <u>561600</u> | | |
| <u>SEAL SECURITY LLC</u> | | | |
| <u>19 FULTON ST</u> <u>NEW YORK, NY 10038-2100</u> | <u>19 FULTON ST</u> <u>NEW YORK, NY 10038-2100</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.

| | | | |
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| SIGN HERE | Filed with authorized/valid electronic signature. | 10/06/2016 | HELEN GEKHTBARG |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) | | | Preparer's telephone number |
| | | | |

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| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name | 4b EIN 4c PN |
| 5 Total number of participants at the beginning of the plan year | 5 326 |
| 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) 341 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) 311 |
| b Retired or separated participants receiving benefits..... | 6b 0 |
| c Other retired or separated participants entitled to future benefits..... | 6c 11 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d 322 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e 0 |
| f Total. Add lines 6d and 6e | 6f 322 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g 71 |
| 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: 2A 2E 2F 2G 2J 2K 2T 3D 3H | |
| 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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| Part III | Form M-1 Compliance Information (to be completed by welfare benefit plans) |
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

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| 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 |
| | | 2015 |
| | | This Form is Open to Public Inspection. |

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|--|---|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 | | |
| A Name of plan SEAL SECURITY LLC 401(K) PROFIT SHARING PLAN & TRUST | B Three-digit plan number (PN) ▶ | 002 |
| | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 SEAL SECURITY LLC | D Employer Identification Number (EIN) 27-0054421 | |

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| Part I | Service Provider Information (see instructions) |
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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 |
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| (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
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| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

CETERA ADVISOR NETWORKS, LLC

200 N SEPULVEDA BLVD, SUITE 1200
EL SEGUNDO, CA 90245

| (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? |
|------------------------|---|--|--|--|---|--|
| 22 | BROKER DEALER | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 6440 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

ALLIANT INSURANC SERVICES, INC

320 WEST 57TH STREET 3RD FLOOR
NEW YORK, NY 10019

| (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? |
|------------------------|---|--|--|--|---|--|
| 51 | INVESTMENT PROVIDER | 1310 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 946 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

| (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? |
|------------------------|---|--|--|--|---|--|
| 64 66 | RECORDKEEPER/CUSTODIAN | 32677 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 2336 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 |
|---|---|---|
| CETERA ADVISOR NETWORKS, LLC | | 6440 |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>CETERA ADVISOR NETWORKS, LLC 200 N SEPULVEDA BLVD SUITE 1200 EL SEGUNDO, CA 90245</p> | | |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> | | |
| | | |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>ALLIANT INSURANC SERVICES, INC</p> | | |
| <p>(b) Service Codes (see instructions)</p> | | |
| <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">946</p> | | |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ALLIANT INSURANC SERVICES, INC 320 WEST 57TH STREET 3RD FLOOR NEW YORK, NY 10019</p> | | |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> | | |
| | | |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>NATIONWIDE</p> | | |
| <p>(b) Service Codes (see instructions)</p> | | |
| <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">2336</p> | | |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215</p> | | |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> | | |
| | | |

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

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

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
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Explanation:

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| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
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Explanation:

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|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

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

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

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

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

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| 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. | OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection |
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 | | |
| A Name of plan SEAL SECURITY LLC 401(K) PROFIT SHARING PLAN & TRUST | | B Three-digit plan number (PN) ► 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SEAL SECURITY LLC | | D Employer Identification Number (EIN) 27-0054421 |

| Part I | Asset and Liability Statement | | (a) Beginning of Year | (b) End of Year |
|---|---|-----------------|-----------------------|-----------------|
| 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 | Total noninterest-bearing cash | 1a | | |
| b | Receivables (less allowance for doubtful accounts): | | | |
| | (1) Employer contributions | 1b(1) | | |
| | (2) Participant contributions | 1b(2) | | |
| | (3) Other..... | 1b(3) | | |
| c | General investments: | | | |
| | (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| | (2) U.S. Government securities..... | 1c(2) | | |
| | (3) Corporate debt instruments (other than employer securities): | | | |
| | (A) Preferred | 1c(3)(A) | | |
| | (B) All other..... | 1c(3)(B) | | |
| | (4) Corporate stocks (other than employer securities): | | | |
| | (A) Preferred | 1c(4)(A) | | |
| | (B) Common | 1c(4)(B) | | |
| | (5) Partnership/joint venture interests | 1c(5) | | |
| | (6) Real estate (other than employer real property) | 1c(6) | | |
| | (7) Loans (other than to participants) | 1c(7) | | |
| | (8) Participant loans | 1c(8) | 91294 | 59832 |
| | (9) Value of interest in common/collective trusts..... | 1c(9) | | 109119 |
| | (10) Value of interest in pooled separate accounts..... | 1c(10) | | |
| | (11) Value of interest in master trust investment accounts | 1c(11) | | |
| | (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| | (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 1c(13) | 1254103 | 1187117 |
| | (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| | (15) Other | 1c(15) | | |

1d Employer-related investments:

| | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 1345397 | 1356068 |

Liabilities

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

Net Assets

| | | | |
|---|-----------|---------|---------|
| l Net assets (subtract line 1k from line 1f) | 1l | 1345397 | 1356068 |
|---|-----------|---------|---------|

Part II Income and Expense Statement

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

Income

| | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | | |
| (B) Participants | 2a(1)(B) | 175068 | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 175068 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | 2832 | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 2832 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 20506 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 20506 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 2093 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 3489 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 203988 |

Expenses**e** Benefit payment and payments to provide benefits:

| | | | |
|---|--------------|--------|--------|
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 173525 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 173525 |
| f Corrective distributions (see instructions) | 2f | | 2835 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 596 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 16361 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 16361 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 193317 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 10671 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: BERDON LLP

(2) EIN: 13-0485070

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | Yes | No | N/A | Amount |
|--|-----|-------------------------------------|-----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | <input checked="" type="checkbox"/> | | |
| 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.) | | <input checked="" type="checkbox"/> | | |

| | Yes | No | N/A | 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 | | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | | |
| e Was this plan covered by a fidelity bond? | X | | | 100000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | X | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | X | | | |
| o Did the plan trust incur unrelated business taxable income? | | | | |
| p Were in-service distributions made during the plan year? | | | | |

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

| | | | | | |
|--|--|---|--|---|-----|
| <div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | | <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>2015</div> <div>This Form is Open to Public Inspection.</div> | |
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 | | | | | |
| A Name of plan SEAL SECURITY LLC 401(K) PROFIT SHARING PLAN & TRUST | | | | B Three-digit plan number (PN) ► | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SEAL SECURITY LLC | | | | D Employer Identification Number (EIN) 27-0054421 | |
| Part I Distributions | | | | | |
| All references to distributions relate only to payments of benefits during the plan year. | | | | | |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | | | | 1 | 0 |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 16-1470238 | | | | | |
| 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 | 0 |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. | | | | | |
| Schedule R (Form 5500) 2015 v. 150123 | | | | | |

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. <input type="checkbox"/> | | |

| | |
|----------------|---|
| 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 <input type="checkbox"/> |
| 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: <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |
| | c What duration measure was used to calculate line 19(b)? <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____ |

| | |
|-----------------|---------------------------------|
| Part VII | IRS Compliance Questions |
|-----------------|---------------------------------|

| | | |
|--|--|--|
| 20a Is the plan a 401(k) plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20b 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)? | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test |
| 20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | <input type="checkbox"/> Ratio percentage test | <input type="checkbox"/> Average benefit test |
| 21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22a Has the plan been timely amended for all required tax law changes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 22b 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). | | |
| 22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. | | |
| 22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____. | | |
| 23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**S.E.A.L. SECURITY 401(k)/PROFIT
SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS
(MODIFIED CASH BASIS)**

DECEMBER 31, 2015

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

**INDEX
DECEMBER 31, 2015**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
S.E.A.L. Security 401(k)/Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of S.E.A.L. Security 401(k)/Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2015, 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 the modified cash basis of accounting described in Note 2(a); this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 conducting the 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 3 and supplemental Schedule 1, which was certified by Mid Atlantic Trust Company ("Mid Atlantic") and Nationwide Trust Company, FSB ("Nationwide"), the custodians of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the plan administrator that Mid Atlantic Trust Company held the Plan's investment assets and executed investment transactions from September 9, 2015 to December 31, 2015, and that Nationwide Trust Company, FSB held the Plan's investment assets and executed investment transactions as of December 31, 2014, and for the period January 1, 2015 to September 8, 2015. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodians 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.

Basis of Accounting

We draw attention to Note 2(a) of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter - Report on Supplementary Information

The supplemental schedule, Schedule 1, as of December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes 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 the supplemental schedules.

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 custodians, 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.

Bendon GGP

Certified Public Accountants

Jericho, New York
September 8, 2016

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2015 AND 2014

| | <u>2015</u> | <u>2014</u> |
|---|---------------------|---------------------|
| ASSETS: | | |
| Investments at fair value: | | |
| Mutual funds | \$ 1,187,117 | \$ 1,254,103 |
| Common collective trust | <u>109,119</u> | <u>-</u> |
| Total investments at fair value | 1,296,236 | 1,254,103 |
| Notes receivable from participants | <u>59,832</u> | <u>91,294</u> |
| TOTAL ASSETS | 1,356,068 | 1,345,397 |
| ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR THE PLANS INVESTMENT IN THE COMMON COLLECTIVE TRUST WHOSE UNDERLYING INVESTMENTS INCLUDE FULLY BENEFIT-RESPONSIVE CONTRACTS | <u>(109)</u> | <u>-</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 1,355,959</u> | <u>\$ 1,345,397</u> |

The accompanying notes to financial statements are an integral part of these statements.

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FOR THE YEAR ENDED DECEMBER 31, 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

| | |
|---|----------------|
| Investment income: | |
| Net appreciation in fair value of investments | \$ 5,009 |
| Interest and dividends | <u>20,970</u> |
| Total investment income | 25,979 |
| Participant contributions | 175,068 |
| Participant notes receivable interest | <u>2,832</u> |
| TOTAL ADDITIONS | <u>203,879</u> |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

| | |
|---|---------------------|
| Benefits paid to participants | 173,525 |
| Corrective distributions | 2,835 |
| Deemed distributions | 596 |
| Administrative expenses | <u>16,361</u> |
| TOTAL DEDUCTIONS | <u>193,317</u> |
| NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS | 10,562 |
| NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR | <u>1,345,397</u> |
| NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR | <u>\$ 1,355,959</u> |

The accompanying notes to financial statements are an integral part of this statement.

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the S.E.A.L. Security 401(k)/Profit Sharing Plan and Trust (the "Plan") for employees of S.E.A.L. Security LLC and Silverman Associates (collectively, the "Company") is provided for general purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan, which was established in 1998, is a qualified defined contribution plan with a cash or deferred arrangement in accordance with the provisions of the Internal Revenue Code of 1986 (IRC), as amended by subsequent acts, and the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Company has reserved the right to amend or discontinue the Plan at any time.

(b) Eligibility and Participant Contributions

The Plan was amended on September 1, 2014 to allow for all employees, except leased employees, to be eligible for membership in the Plan. Each participant may elect to contribute from 1% to 90% of his or her compensation to the Plan, subject to the IRC limitation. Participants who have obtained age 50 before the end of the plan year are eligible to make catch-up contributions. Prior to September 1, 2014, employees had to complete one year of service to be eligible for the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit and defined contribution plans (rollover).

(c) Employer Contributions

The Company may elect to make an annual profit sharing contribution to the Plan. The amount of such contribution will be determined by the board of directors of the Company. To be eligible for a profit sharing contribution, employees must reach age 18 and have one year of service. Employer matching contributions are not permitted by the Plan.

(d) Excess Contributions

Contributions in excess of IRC limitations are refunded to the participants in the year the corrective refund is made. Such amounts are shown as a corrective distribution in the statement of changes in net assets available for benefits. There was one corrective distribution in the amount of \$2,835 paid in 2015 for the 2014 plan year.

(e) Participant Accounts and Vesting

Each participant has a fully vested interest in his or her elective deferrals and rollover contributions, plus or minus any earnings or losses, if any. The Plan maintains a graduated vesting schedule for employer contributions, whereby all participants are fully vested after six years of service, or in the event of death, disability, or attainment of normal retirement age (65 years).

(continued)

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Each participant's account is credited with the participant's contribution, including rollovers, and earnings thereon, the related company matching contributions, and earnings thereon, and allocations of the Company's discretionary profit sharing contribution, if any, and earnings thereon. Each participant's account is charged with an allocation of administrative expenses. Allocations are based on participant account balances as a percentage of total participants' account balances, as specified in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

(f) Hardship Withdrawals

The Plan permits for hardship withdrawals limited to the lesser of the amount required to meet the need created by the hardship or the participant's vested account balance. Permissible circumstances for hardship withdrawals include education, purchase of a principal residence, medical expenses, and to prevent foreclosure on a principal residence.

(g) Notes Receivable from Participants

A participant may borrow from his or her participant 401(k) account, subject to certain further restrictions in the Plan. Loans must be for a minimum of \$500 and will generally be limited to 50% of the participant's vested balance. All loans to participants, when added to the outstanding balance of all other loans from the Plan, will be limited to the lesser of \$50,000 or 50% of the participant's vested balance, as defined in the plan document. Loans, together with the interest required to be paid thereon, must be repaid within five years unless they are used to acquire a principal residence, in which case, the repayment period will be within a reasonable time as determined at the time the loan is made. The interest rate on all existing loans during each of the years ended December 31, 2015 and 2014 was 4.25%. All loans are secured by the participant's interest in his or her account balance.

(h) Payment of Benefits and Other Costs

Subject to certain restrictions in the Plan, on termination of service, a participant may elect to receive a lump-sum payment equal to the participant's vested account balance, or installments over a designated period not to exceed the joint life of the participant and his or her beneficiary, or the life expectancy of the participant.

Administrative expenses are primarily comprised of record keeping fees. These expenses are paid directly by the Plan. Other expenses related to the Plan are paid directly by the Company and are not reflected in the Plan's financial statements.

(continued)

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

(i) Investment Options

The trustees of the Plan determine and approve investment options set up for the Plan. Upon enrollment in the Plan, a participant can direct contribution into various investment options offered by the Plan. The Plan's assets are held in trust. The trustee invests monies according to participant directions.

(j) Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

(k) Forfeiture Credits

Forfeiture credits represent amounts forfeited by participants who terminate their participation prior to full vesting. These amounts may be allocated to other participants or used against administrative expenses of the Plan. For the year ended December 31, 2015, there were no forfeitures. There were no unapplied forfeiture credits at December 31, 2015 and 2014.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting; consequently, certain items, principally employee contributions and accrued interest and dividends, are recognized in the determination of additions to, and deductions from, net assets available for plan benefits in different reporting periods than they would be if the financial statements were prepared in conformity with accounting principles generally accepted in the United States of America. Investments are stated at fair value based on quoted market prices which is a modification of the cash basis method of accounting, whereby investments would be stated at their original cost. Additionally, interest on participant loans is accrued and added to the principal balance.

(continued)

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

(b) Investments

Investments held at December 31, 2015 and 2014 in mutual funds are stated at fair value. Fair value of the common collective trust is based on net asset value (NAV) of shares held by the Plan at year-end. Underlying investments are based upon the latest published market quotations, when available. When not available, fair values are determined by the fund manager by reference to quoted market values and other financial data pertaining to investments of similar natural quality and yield. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements. Interest and dividends are recorded when paid. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation or depreciation of these investments.

The common collective trust has a guaranteed investment contract as an underlying asset. Investment contracts held by a defined contribution plan are required to be reported as fair value. However, contract value is the relevant measurement attribution for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts. The average yield of the common collective trust was (0.90)% at December 31, 2015. The yield earned by the common collective trust with an adjustment to reflect the actual interest rate credited to participants at December 31, 2015 was 2.71%. The accompanying statements of net assets available for benefits present the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

(c) Notes Receivable from Participants

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

(d) Accounting Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingencies, if any, at the date of the financial statements and the reported amounts of additions and deductions from net assets available for plan benefits during the year then ended. Actual results could differ from those estimates.

(continued)

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

(e) Recent Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient." Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of desegregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I, II and III are to be applied retrospectively. Management has elected not to adopt Parts I, II and III early. Management does not anticipate its adoption will have a material impact on its financial statements.

In May 2015, the FASB issued ASU 2015-07, "Fair Value Measurement (Topic 850): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)," which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also limits certain disclosures to investments for which the entity has elected to measure the fair value using the practical expedient. The amendments in ASU 2015-07 are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted and the amendments in ASU 2015-07 should be applied retrospectively to all periods presented. Management has elected not to adopt ASU 2015-07 early. As ASU 2015-07 only amends and eliminates certain disclosures, the Plan does not anticipate its adoption will have a material impact on its financial statements.

(f) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2015 through September 8, 2016, the date that the financial statements were available to be issued.

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIANS

The following information was obtained from data that has been prepared and certified to as complete and accurate by the Plan's custodians, Mid Atlantic Trust Company from September 9, 2015 to December 31, 2015 and Nationwide Trust Company, FSB from January 1, 2014 to September 8, 2015. Investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2015 and 2014 are separately identified

Information contained in the statements of net assets available for benefits for investments at fair value, as determined by quoted market price as of December 31, 2015 and 2014 consisted of the following:

| | <u>2015</u> | <u>2014</u> |
|---|---------------------|---------------------|
| Mutual funds: | | |
| Victory Sycamore Established Value A | \$ 70,109 | \$ - |
| American Century One Choice 2025 Portfolio R | 170,131 | - |
| American Century One Choice 2020 Portfolio R | 74,166 | - |
| American Century One Choice 2030 Portfolio R | 153,218 | - |
| American Century One Choice 2040 Portfolio R | 104,883 | - |
| Prudential Jennison Small Company A | 110,655 | - |
| Oppenheimer Global A | 83,878 | - |
| Blackrock Health Sciences Opportunities Portfolio A | 141,425 | - |
| Nationwide Inv. Des. Moderate Aggressive SC | - | 140,851 |
| Nationwide Inv. Des. Moderate SC | - | 73,057 |
| Loomis Sayles Bond Fund IT | - | 85,470 |
| PIMCO Total Return Institutional | - | 71,046 |
| Goldman Sachs Mid Cap Value A | - | 79,983 |
| Other | <u>278,652</u> | <u>803,696</u> |
| | 1,187,117 | 1,254,103 |
| Common collective trust (at contract value): | | |
| Reliance Trust Stable Value Fund - Metlife Series | | |
| 25053 Class | <u>109,010</u> | <u>-</u> |
| | <u>\$ 1,296,127</u> | <u>\$ 1,254,103</u> |

Information contained in the statement of changes in net assets available for benefits for the year ended December 31, 2015 indicates net appreciation of \$5,009 for the year in fair value of plan investments including gains and losses on investments bought and sold as well as held during the year as follows:

| | |
|-------------------------|-----------------|
| Mutual funds | \$ 3,489 |
| Common collective trust | <u>1,520</u> |
| | <u>\$ 5,009</u> |

During the year ended December 31, 2015, the Plan received interest and dividend income of \$20,970.

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Based on the observability inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- Level 1 - Valuation is based upon quoted prices for identical instruments traded in active markets.
- Level 2 - Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.
- Level 3 - Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

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 is a description of the valuation methodologies used for assets measured at fair value:

- Mutual funds - Valued at the closing price reported in the active market in which the security is traded.
- Common collective trust - Valued at net asset value (NAV) of shares held by the Plan at year-end. Underlying investments are based upon the latest published market quotations, when available. When not available, fair values are determined by the fund manager by reference to quoted market values and other financial data pertaining to investments of similar natural quality and yield.

(continued)

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The preceding method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no transfers between Levels 1 and 2 during the years ended December 31, 2015 and 2014.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014. There have been no changes in the methodology used at December 31, 2015 and 2014:

| Fair Value as of December 31, 2015 | | | | |
|------------------------------------|---------------------|-------------------|-------------|---------------------|
| Type of Security | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds: | | | | |
| Equity funds | \$ 528,442 | \$ - | \$ - | \$ 528,442 |
| Balanced funds | 593,645 | - | - | 593,645 |
| Other | <u>65,030</u> | <u>-</u> | <u>-</u> | <u>65,030</u> |
| Total mutual funds | 1,187,117 | - | - | 1,187,117 |
| Common collective trust | <u>-</u> | <u>109,119</u> | <u>-</u> | <u>109,119</u> |
| | <u>\$ 1,187,117</u> | <u>\$ 109,119</u> | <u>\$ -</u> | <u>\$ 1,296,236</u> |
| Fair Value as of December 31, 2014 | | | | |
| Type of Security | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds: | | | | |
| Growth funds | \$ 565,127 | \$ - | \$ - | \$ 565,127 |
| Fixed income funds | 239,503 | - | - | 239,503 |
| Value funds | 229,288 | - | - | 229,288 |
| Balanced funds | 172,683 | - | - | 172,683 |
| Money market funds | <u>47,502</u> | <u>-</u> | <u>-</u> | <u>47,502</u> |
| Total mutual funds | <u>\$ 1,254,103</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,254,103</u> |

(continued)

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes the investment measured at fair value based on NAV per share as of December 31, 2015:

| Investment | December 31, 2015 | | | |
|--|-------------------|-----------------------|----------------------|--------------------------|
| | Fair Value | Unfounded Commitments | Redemption Frequency | Redemption Notice Period |
| Reliance Trust Stable Value Fund - MetLife Series 25053 Class 65 | \$ 109,119 | N/A | Daily | Daily |

NOTE 5 - TAX STATUS

The underlying standardized prototype plan has received an opinion letter from the Internal Revenue Service dated April 10, 2014 stating that the written form of the underlying prototype document is qualified under Section 401(a) of the IRC, and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the IRC. Therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator believes the Plan, as amended, is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 6 - RELATED PARTY TRANSACTIONS

Personnel and facilities of the plan administrator have been provided to the Plan at no charge. Certain investments of the Plan were investment products sold by the plan custodian, Nationwide. Fees paid to Nationwide for the year ended December 31, 2015 amounted to approximately \$16,400.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE 8 - RECONCILIATION TO THE FORM 5500

The net assets of the Plan that are attributed to the common collective trust investing in fully benefit-responsive contracts are recorded at fair value on the Form 5500 and related schedules. The following is a reconciliation of the Plan's net assets available for benefits and changes in net assets available for benefits between the financial statements and Form 5500 as of December 31, 2015:

| | |
|---|---------------------|
| Net assets available for benefits per financial statements | \$ 1,355,959 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | <u>109</u> |
| Net assets per Form 5500 | <u>\$ 1,356,068</u> |
| Net increase in net assets available for benefits per financial statements | \$ 10,562 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | <u>109</u> |
| Net income per Form 5500 | <u>\$ 10,671</u> |

SUPPLEMENTAL FINANCIAL INFORMATION

S.E.A.L. SECURITY 401(k)/PROFIT SHARING PLAN AND TRUST

EIN: 27-0054421, PLAN NO.: 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (HELD AT END OF YEAR)
(MODIFIED CASH BASIS)
SCHEDULE H, PART IV, LINE 4(i)
DECEMBER 31, 2015

| | <u>NUMBER OF SHARES</u> | <u>FAIR VALUE</u> |
|--|-----------------------------|-----------------------|
| MUTUAL FUNDS: | | |
| Prudential Total Return Bond A | 1,365 | \$ 19,113 |
| Invesco Diversified Dividend A | 1,782 | 31,395 |
| Victory Sycamore Established Value A | 2,303 | 70,109 |
| Fidelity Advisory International Value A | 5 | 42 |
| American Century One Choice 2025 Port R | 12,758 | 170,131 |
| American Century One Choice 2035 Port R | 1,676 | 23,992 |
| American Century One Choice 2045 Port R | 2,255 | 33,221 |
| American Century One Choice 2020 Port R | 6,510 | 74,166 |
| American Century One Choice 2030 Port R | 13,376 | 153,218 |
| American Century One Choice 2050 Port R | 1,733 | 20,612 |
| American Century One Choice 2040 Port R | 8,857 | 104,883 |
| American Century One Choice 2055 Port R | 1,071 | 13,422 |
| JP Morgan Intrepid Mid Cap A | 1,831 | 34,429 |
| Oppenheimer International Growth A | 396 | 14,339 |
| Prudential Jennison Small Company A | 5,245 | 110,655 |
| Oppenheimer Global A | 1,116 | 83,878 |
| Prudential Jennison Growth A | 1,407 | 41,895 |
| American Century Small Company A | 1 | 9 |
| Columbia US Government Mortgage A | 5 | 30 |
| Virtus Emerging Markets Opportunities A | 3 | 30 |
| Invesco Equally-Weighted S&P 500 A | 3 | 138 |
| Fidelity Advisor Real Estate A | 2 | 44 |
| Nuveen Strategic Income A | 2 | 21 |
| Eaton Vance Atlanta Capital Small Mid-Cap A | 605 | 14,427 |
| Blackrock Health Sciences Opportunities Portfolio A | 2,912 | 141,425 |
| Delaware Small Cap Value A | 1 | 38 |
| Deutsche Croci International A | 227 | 9,529 |
| Prudential High Yield A | 4,330 | <u>21,926</u> |
| TOTAL MUTUAL FUNDS | | 1,187,117 |
| COMMON COLLECTIVE TRUST: | | |
| Reliance Trust Stable Value Fund - MetLife Series 25053 Class 65 | 703 | 109,119 |
| PARTICIPANT LOANS (Interest rate: 4.25%) | | <u>59,832</u> |
| | | <u>\$ 1,356,068</u> |

The accompanying notes to financial statements and independent auditors' report should be read in conjunction with this supplemental schedule.