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), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
FLASHER LTD. DBA FLASHER EQUIPMENT CO.

246 W JOSEPHINE STREET
SAN ANTONIO, TX 78212

2b Employer Identification Number (EIN)
74-2989423

2c Sponsor's telephone number
210-736-4251

2d Business code (see instructions)
532400

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	MARY HANNAH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	MARY HANNAH
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
FLASHER LTD. DBA FLASHER EQUIPMENT CO.

246 W JOSEPHINE STREET
SAN ANTONIO, TX 78212

3b Administrator's EIN
74-2989423

3c Administrator's telephone number
210-736-4251

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**	197
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	160
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	173
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	173
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	83
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 Characteristic Codes in the instructions:
2E 2G 2J 2K 3F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
FLASHER LTD. DBA FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
06-0974148	88072	GA-022891	101	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4305	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL SEC CORP
1 GRANITE PLACE
CONCORD, NH 03301

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
2306			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEXT FIN INS AGENCY OF TX INC
2500 WILCREST SUITE 620
HOUSTON, TX 77042

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1999			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	232732
5	Current value of plan's interest under this contract in separate accounts at year end	5	1437541

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	224253
c	Additions: (1) Contributions deposited during the year	7c(1)	5548		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6759		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	12307
d	Total of balance and additions (add **b** and **c(6)**)			7d	236560
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3828		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	3828
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	232732

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FLASHER LTD. DBA FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK4

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

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)
06-0974148-001	P	985168

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K4

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

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)
06-0974148-001	P	452372

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLASHER LTD. DBA FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15029	16180
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)	23802	22651
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1220890	1437541
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	224253	232732
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1483974	1709104
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1483974	1709104

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)	65200	
	(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)		65200
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)		
	(F) Other	2b(1)(F)	6759	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6759
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(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)		

			(a) Amount	(b) Total
2b	(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)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		182645
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		254604
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29474	
	(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)		29474
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(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)		
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29474
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		225130
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DAVIDSON, FREEDLE, ESPENHOVER & OVE **(2)** EIN: 74-2933856

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		84806
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLASHER LTD. DBA FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

Part I Distributions

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

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

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

EIN(s): 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 items 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 item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FLASHER EQUIPMENT COMPANY
401(k) PLAN AND TRUST

Financial Statements and Independent Auditors' Report

As of December 31, 2010 and 2009
And For the Year Ended December 31, 2010

DAVIDSON • FREEDLE
ESPENHOVER & OVERBY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

We were engaged to audit the accompanying statements of net assets available for benefits of Flasher Equipment Company 401(K) Plan and Trust ("the Plan") as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedules of Schedule H, line 4i-Schedule of Assets (Held at End of Year December 31, 2010), Schedule H, line 4i-Schedule of Assets (Held at End of Year December 31, 2009) and Schedule H, Line 4a-Schedule of Delinquent Participant Contributions. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations of 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 6, which was certified by the Hartford Life Insurance Company, the custodian of the plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2010 and 2009 and for the year ended December 31, 2010 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

As discussed in Note 12 to the financial statements, the Plan was not in compliance with the Internal Revenue Service regulations concerning nondiscrimination for the eight years ended December 31, 2010. In addition, Forms 5500, Annual Return/Report of Employee Benefit Plan, have not been properly filed by this plan since 2002. Management plans to correct the nondiscrimination through the Internal Revenue Service's Employee Plans Compliance Resolution System Voluntary Correction Program. Management plans to file amended Forms 5500 for the years ended December 31, 2003 through 2009 in October 2012. Management plans to file Form 5500 for Plan year 2010 under the Department of Labor's Delinquent Filer Voluntary Compliance Program in October 2012. The ultimate impact on the Plan of the resolution of these noncompliance and filing issues cannot be presently determined. Accordingly, no provision for any adverse consequences that may result from resolution of these uncertainties has been made in the accompanying financial statements.

Davidson, Freedle, Espenhover & Overby, P.C.

Kerrville, Texas
October 12, 2012

Gary A. Davidson, CPA • Patrick L. Freedle, CPA • Greg Espenhover, CPA • Kerwin L. Overby, CPA • Richard B. Cox Jr., CPA
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FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS:		
Investments at fair value	$ 1,670,273	$ 1,445,143
Receivables:		
Employers' contributions	76,944	61,296
Participants' contributions	40,229	18,926
Other employers' receivables	22,827	19,970
Participants' note receivable payments due from employers	16,180	15,029
Notes receivable from participants	22,651	23,802
Total receivables	178,831	139,023
TOTAL ASSETS	1,849,104	1,584,166
LIABILITIES:		
Excess contributions refundable	73,184	57,537
TOTAL LIABILITIES	73,184	57,537
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,775,920	$ 1,526,629

See independent auditors' report and notes to financial statements.

FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS:		
Additions to net assets attributed to:		
Net appreciation in fair value of investments (realized and unrealized)	$	182,645
Interest income		6,759
Other income		2,331
Interest income from notes receivable from participants		527
		192,262
Contributions:		
Employers' contributions		15,647
Participants' contributions		70,856
		86,503
TOTAL ADDITIONS		278,765
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants		29,474
TOTAL DEDUCTIONS		29,474
NET INCREASE		249,291
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR		1,526,629
END OF YEAR	$	1,775,920

See independent auditors' report and notes to financial statements.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2010

1. DESCRIPTION OF PLAN

The following description of the Flasher Equipment Company 401(K) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering employees who are of age twenty-one years or older and have completed one year of service. The participants covered under the Plan are employees of Flasher Ltd. (dba Flasher Equipment Company), the Plan Sponsor, and Impact Recovery Systems, Inc., a related entity (the "Employers"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was established in 1998. Effective July 15, 2003, the Plan transferred all assets to Hartford Life Insurance Company ("HLIC") as custodian for the Plan. Mary Hannah, President of Flasher Ltd., has been trustee for the Plan since July 15, 2003.

Contributions – Participants may contribute any percentage of their annual wages not to exceed certain statutory limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Employers may, but are not required to, make matching contributions and other discretionary contributions to the Plan annually as determined by the board of directors. In 2010, the Employers did not make a matching contribution. Included in employers' contributions are amounts, if any, due to the Plan for the correction of failed discrimination testing. See note 8 and note 12.

Participant Accounts – Each participant's account is credited with the participant's contribution, the related matching contribution, and Plan earnings. Allocations are based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeitures – Forfeitures of employer matching contributions and employer non-matching discretionary contributions may be, at the Employer's discretion, applied first to the payment of the Plan's administrative expenses. Any remaining forfeitures may be used to satisfy any contribution that may be required. As of December 31, 2010, there was $39,890 of forfeited non-vested employer matching contributions available to pay administrative expenses of the Plan and to reduce employer contributions in the future.

Vesting – Participant elected deferrals are 100% vested. Participants are vested in the portion of their accounts derived from employer contributions (matching and discretionary) based on years of service as follows:

Years of Service	Vesting Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Investment Options – Upon enrollment in the Plan, a participant may direct contributions to investment options selected by the Plan administrator as permissible investments.

Receivables – Employers' contributions receivable represent employers' match contributions for previous Plan years that are owed to the Plan and amounts the employers' owe to the Plan as a result of failure to satisfy certain discrimination tests as required by the Internal Revenue Code. See note 12. Participants' contributions receivable represent employee elected deferral amounts that have been withheld by the employers' from employee pay and are owed to the Plan. Other employers' receivables represent amounts owed to the Plan by the employers' for lost earnings on late employee remittances. See note 11. All amounts owed to the Plan are considered fully collectible.

Notes Receivable from Participants – Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested interest, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.00% to 9.50%. The Plan requires loans to be amortized over a period of five years or less with payments to be made not less than quarterly. If the purpose of the loan is to acquire or construct the primary residence of the participant, the repayment period may exceed five years. Principal and interest is to be paid ratably through payroll deductions. See notes 11 and 12.

Payment of Benefits – On termination of service, a participant may elect to receive his or her vested account balance in a lump-sum amount.

Tax Status – The Plan was amended and restated effective July 15, 2003. At that time, the PDS Advantage Volume Submitter Base Plan Document sponsored by Thompson Hine LLP dba Plan Document Systems and administered by HLIC had received a determination letter that the Plan, as then designed, was qualified under Section 401 of the IRC. Although the Plan has been amended several times for legislative mandates since receiving the latest determination letter dated March 31, 2008, the Plan administrator and the Plan's management believe that the Plan is currently designed in compliance with the applicable requirements of the IRC. See Note 12 regarding operational noncompliance with certain requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability in the financial statements. However, management did determine that certain instances of non-compliance with Internal Revenue Service requirements for qualified plans have occurred and those have been disclosed in the accompanying notes to these financial statements. See notes 11 and 12. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting –The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants – Loans to participants are reported at their unpaid balance and do not include accrued but unpaid interest. The use of this method of reporting interest from participants does not result in a material difference from that which would result using the accrual method.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits – Benefits are recorded when paid.

Date of Management's Review – Management has evaluated subsequent events through October 12, 2012, which is the date the financial statements were available to be issued.

3. INVESTMENTS

The Plan's investments are primarily held in participant directed accounts in a group annuity contract that includes variable investment offerings through Pooled Separate Accounts and a fixed fund offering called The Fixed Income Account. As of December 31, 2010, the Plan's investments, held by HLIC were as follows (see note 6):

	Number Shares		Fair Value
Investments in pooled separate accounts			
Hartford Index HLS IB	168,567.045	shs	$ 148,339
Hartford Total Return Bond HLS IB	82,530.247	shs	133,699
Fidelity Advisor Equity Income	5,175.975	shs	58,385
Alliance Bernstein Global Thematic Growth Fund A	8,560.109	shs	78,325
Eaton Vance WW Health Sciences A	6,286.581	shs	82,920
Federated International High Income	1,814.342	shs	41,621
American Funds Washington Mutual R3	8,155.461	shs	95,582
American Funds Growth Fund of America R3	3,201.542	shs	39,443
Janus Advisor Flexible Bond S	6,931.532	shs	78,257
Hartford Midcap HLS IB	87,350.769	shs	170,334
Lord Abbett Mid-Cap Value P	5,466.581	shs	84,896
Oppenheimer Global A	5,056.918	shs	80,405
American Funds Europacific Growth R3	3,195.573	shs	57,744
Franklin Balance Sheet Investment A	2,594.609	shs	43,797
Pimco Total Return A	548.203	shs	8,848
Invesco Small Cap Growth A	11,931.714	shs	171,936
Eaton Vance Dividend Builder Fund A	3,462.088	shs	63,010
Total investments in pooled separate accounts			1,437,541
The Hartford Fixed Account	177,658.015	units	232,732
Total investments			$1,670,273

The Plan's investments, held by HLIC as of December 31, 2009 were as follows (see note 6):

	Number Shares		Fair Value
Investments in pooled separate accounts			
Hartford Index HLS IB	162,592.308	shs	$ 126,822
Hartford Total Return Bond HLS IB	82,057.516	shs	125,548
Fidelity Advisor Equity Income	4,965.846	shs	50,453
Alliance Bernstein Global Thematic Growth Fund A	8,383.546	shs	65,727
Eaton Vance WW Health Sciences A	5,991.639	shs	72,379
Federated International High Income	1,841.903	shs	36,967
American Funds Washington Mutual R3	8,105.472	shs	85,918
American Funds Growth Fund of America R3	3,225.424	shs	36,157
Janus Advisor Flexible Bond S	6,784.601	shs	72,256
Hartford Midcap HLS IB	79,296.914	shs	128,461
Lord Abbett Mid-Cap Value P	5,165.796	shs	65,244
Oppenheimer Global A	4,946.187	shs	68,752
American Funds Europacific Growth R3	3,136.158	shs	52,562
Franklin Balance Sheet Investment A	2,569.464	shs	36,435
Pimco Total Return A	460.146	shs	6,939
AIM Small Cap Growth A	11,532.961	shs	134,359
Eaton Vance Dividend Builder Fund A	3,290.818	shs	55,911
Total investments in pooled separate accounts			1,220,890
The Hartford Fixed Account	176,577.165	units	224,253
Total investments			$1,445,143

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

On July 15, 2003, the Plan entered into a group annuity investment contract with HLIC. Under the terms of this contract, HLIC manages the Plan's investments. Participants may direct the investment of their contributions and account balances amongst the options offered under this contract. The group annuity contract provides that HLIC will provide record keeping services, accumulate and invest participants' contributions in investment funds in HLIC subaccounts and general account as invested by Plan participants and to pay participant benefits as provided by the Plan when they become due.

HLIC maintains the investment funds in pooled separate accounts and a fixed income account. The unregistered pooled separate accounts are divided into investment divisions called subaccounts. Each subaccount invests in shares of an underlying mutual fund. The pooled separate accounts are stated at fair value in the accompanying financial statements. The fixed income account is part of HLIC's general account and is subject to the claims of HLIC's general creditors. HLIC credits interest on contributions made to the account at a rate HLIC declares for a period of time that it determines. HLIC guarantees a minimum rate of interest. The declared interest rate during the plan year ended December 31, 2010 was 3%. Guarantees are subject to HLIC's claims paying ability. HLIC generally processes distributions from the fixed account within a reasonable period of time after a valid participant request is received. However, transfers and withdrawals may be limited or deferred. Withdrawals and transfers are not permitted if the amount of the requested withdrawal or transfer from the contract, when added to the sum of all such withdrawals and transfers from the contract made during the preceding twelve months would

exceed 12% of the balance of the fixed income account twelve months earlier. The fixed account is valued at contract value which approximates fair value and represents an amount equal to the sum of the amounts contributed or transferred to the fixed account plus credited interest less expenses and amounts withdrawn from the fixed income account in accordance with the terms of the contract.

5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification, *Fair Value Measurements and Disclosures* (FASB ASC 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Various inputs are used in determining the value of each investment. The three levels inputs of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.)

Level 3 Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments).

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Level 2 Measurements

Pooled Separate Accounts ("PSA's"): These unregistered Pooled Separate Accounts are divided into investments divisions called 'Sub-Accounts'. Each Sub-Account invests in shares of an underlying mutual fund. The shares of the underlying Fund are valued at net asset value (NAV) on a daily basis. See Note 6 regarding the certification by the custodian.

Level 3 Measurements

Fixed Income Account: The fixed account is valued at contract value which approximates fair value and represents an amount equal to the sum of the amounts contributed or transferred to the fixed account plus credited interest less expenses and amounts withdrawn from the fixed income account in accordance with the terms of the contract. The fixed income account is part of HLIC's general account and is subject to the claims of HLIC's general creditors. HLIC guarantees a minimum rate of interest. Guarantees are subject to HLIC's claims paying ability. See Note 6 regarding the certification by the custodian.

The methods described above 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010

	Level 2	Level 3	Total
Pooled separate accounts	$ 1,437,541		$ 1,437,541
Fixed income account		$ 232,732	232,732
Total assets at fair value	$ 1,437,541	$ 232,732	$ 1,670,273

Assets at Fair Value as of December 31, 2009

	Level 2	Level 3	Total
Pooled separate accounts	$ 1,220,890		$ 1,220,890
Fixed income account		$ 224,253	224,253
Total assets at fair value	$ 1,220,890	$ 224,253	$ 1,445,143

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010.

Level 3 Assets **Year Ended December 31, 2010**	Fixed Account
Balance, beginning of year	$ 224,253
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	6,759
Purchases, sales, issuances, and settlements (net)	(1,720)
Balance, end of year	$ 232,732

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information in the accompanying financial statements and supplemental schedules was obtained from the data that has been prepared and certified as complete and accurate by the custodian, HLIC.

	2010	2009
Pooled separate accounts	$ 1,437,541	$ 1,220,890
Fixed income account	$ 232,732	$ 224,253
Interest Income from fixed account	$ 6,759	
Net appreciation in fair value of pooled separate accounts (includes realized and unrealized gains and losses).	$ 182,645	

7. RELATED PARTY TRANSACTIONS AND TRANSACTIONS WITH PARTIES-IN INTEREST

HLIC provides services to the Plan as custodian, record keeper and investment administrator. Fees charged by HLIC, as well as audit and other fees, are paid by the Employers and not by the Plan. There were no fees paid by the Plan in 2010.

8. EXCESS CONTRIBUTIONS REFUNDABLE

Contributions received from participants for 2010 are net of payments of $15,647 made in 2012 to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. That amount is also included with $57,537 from 2003 to 2009 in the plan's statement of net assets available for benefits as excess contributions refundable at December 31, 2010.

9. PLAN TERMINATION

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

10. 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 the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefits.

11. PROHIBITED TRANSACTIONS

During 2010, the Employers failed to remit to the Plan's trust certain employee contributions totaling approximately $84,800 within the period prescribed by the Department of Labor regulations. Delays in remitting contributions to the custodian were due to administrative errors, and the Employers will make contributions to the affected participants' accounts for potential lost income, if any, in 2012. During 2010, the Employers also failed to remit $1,151 in participant loan repayments that had been withheld from participant payroll in 2010 and $15,029 that had been withheld in previous years. This total amount plus accrued interest was remitted to the Plan in June 2012.

12. NONCOMPLIANCE AND SUBSEQUENT EVENTS

The plan was not in compliance with certain Internal Revenue Service regulations concerning qualified plan operations for the eight years ended December 31, 2010. The noncompliance resulted primarily from failure to satisfy the deferral test set forth in IRC § 401(k)(3) and the contribution test set forth in IRC § 401(m)(2). Also, repayment schedules for participant notes receivables were not enforced and the related defaulted loans have not been deemed distributed by the Plan. The correction methods for these past operational failures will be evaluated through the Internal Revenue Service's Employee Plans Compliance Resolution System. Management became aware of these operational failures in March 2012 and intends to bring the Plan into compliance in future years.

In addition, Forms 5500, Annual Return/Report of Employee Benefit Plan with the related auditors' reports were not properly filed by the plan from Plan year 2003 to Plan year 2010. Forms 5500 for Plan years 2003 through 2009 were filed with incorrect census data, missing required schedules and without audited financial statements. Due to lack of information available regarding investments from the Plan's custodian for Plan years 2003 and 2004, the Plan's financial statements were compiled for the years ended December 31, 2003 and 2004. Although Internal Revenue Service reporting requires audited financial statements for this Plan, these compiled financial statements will be included with the amended Forms 5500 for those years. The required auditors' reports and audited financial statements will be filed with the amended Forms 5500 for Plan years 2005 to 2009. Management intends to file the amended Forms 5500 for the years ended December 31, 2003 through 2009 in October 2012. Form 5500 for Plan year 2010 was not timely filed. Management intends to file the 2010 Form 5500 in October 2012 under the Department of Labor's Delinquent Filer Voluntary Compliance Program.

The ultimate impact on the Plan of the resolution of these noncompliance and filing issues cannot be presently determined. Accordingly, no provision for any adverse consequences that may result from resolution of these uncertainties has been made in the accompanying financial statements.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits from the financial statements to the 2010 Form 5500 Schedule H:

Net assets available for benefits per the financial statements	$	1,775,920
Employers' contributions receivable		(76,944)
Participants' contributions receivable		(40,229)
Other employers' receivables		(22,827)
Excess contributions payable		73,184
Net assets per 2010 Form 5500 Schedule H, Part I1l	$	1,709,104

The following is a reconciliation of investment income from the financial statements to the 2010 Form 5500 Schedule H:

Total investment income as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2010	$	192,262
Less accrued other income receivable		(2,331)
Less accrued interest receivable on notes receivable from participants		(527)
	$	189,404
As reported on the 2010 Form 5500 Schedule H:		
Part II 2b(1)(G)	$	6,759
Part II 2b(7)		182,645
	$	189,404

The following is a reconciliation of contribution income from the financial statements to the 2010 Form 5500 Schedule H:

Total contribution income as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2010	$	86,503
Less increase in employers' contributions receivable		(15,647)
Less increase in participants' contributions receivable		(21,303)
Plus increase excess contributions payable at December 31, 2010		15,647
	$	65,200
As reported on the 2010 Form 5500 Schedule H:		
Part II 2a(1)(B)	$	65,200

The plan's financial statements are prepared on the accrual basis of accounting and the Plan's Form 5500 is filed on the cash basis of accounting.

FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

EIN: 74-2989423
Plan Number: 001
December 31, 2010

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date			(d) Cost	(e) Current Value
Investments in pooled separate accounts:						
*	Hartford	Hartford Index HLS IB	168,567.045	shs		$ 148,339
*	Hartford	Hartford Total Return Bond HLS IB	82,530.247	shs		133,699
*	Hartford	Fidelity Advisor Equity Income	5,175.975	shs		58,385
*	Hartford	Alliance Bernstein Global Thematic Growth Fund	8,560.109	shs		78,325
*	Hartford	Eaton Vance WW Health Sciences A	6,286.581	shs		82,920
*	Hartford	Federated International High Income	1,814.342	shs		41,621
*	Hartford	American Funds Washington Mutual R3	8,155.461	shs		95,582
*	Hartford	American Funds Growth Fund of America R3	3,201.542	shs		39,443
*	Hartford	Janus Advisor Flexible Bond S	6,931.532	shs		78,257
*	Hartford	Hartford Midcap HLS IB	87,350.769	shs		170,334
*	Hartford	Lord Abbett Mid-Cap Value P	5,466.581	shs		84,896
*	Hartford	Oppenheimer Global A	5,056.918	shs		80,405
*	Hartford	American Funds Europacific Growth R3	3,195.573	shs		57,744
*	Hartford	Franklin Balance Sheet Investment A	2,594.609	shs		43,797
*	Hartford	Pimco Total Return A	548.203	shs		8,848
*	Hartford	Invesco Small Cap Growth A	11,931.714	shs		171,936
*	Hartford	Eaton Vance Dividend Builder Fund A	3,462.088	shs		63,010
Total investments in pooled separate accounts						1,437,541
*	Hartford	Fixed Account	177,658.015	units		232,732
Total investments at fair value						1,670,273
Notes receivable from participants		4.00% to 9.50%			$ -	22,651
Total						$ 1,692,924

* Indicates party in interest

FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

EIN: 74-2989423
Plan Number: 001
DECEMBER 31, 2009

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date			(d) Cost	(e) Current Value
Investments in pooled separate accounts:						
*	Hartford	Hartford Index HLS IB	162,592.308	shs		$ 126,822
*	Hartford	Hartford Total Return Bond HLS IB	82,057.516	shs		125,548
*	Hartford	Fidelity Advisor Equity Income	4,965.846	shs		50,453
*	Hartford	Alliance Bernstein Global Thematic Growth Fund	8,383.546	shs		65,727
*	Hartford	Eaton Vance WW Health Sciences A	5,991.639	shs		72,379
*	Hartford	Federated International High Income	1,841.903	shs		36,967
*	Hartford	American Funds Washington Mutual R3	8,105.472	shs		85,918
*	Hartford	American Funds Growth Fund of America R3	3,225.424	shs		36,157
*	Hartford	Janus Advisor Flexible Bond S	6,784.601	shs		72,256
*	Hartford	Hartford Midcap HLS IB	79,296.914	shs		128,461
*	Hartford	Lord Abbett Mid-Cap Value P	5,165.796	shs		65,244
*	Hartford	Oppenheimer Global A	4,946.187	shs		68,752
*	Hartford	American Funds Europacific Growth R3	3,136.158	shs		52,562
*	Hartford	Franklin Balance Sheet Investment A	2,569.464	shs		36,435
*	Hartford	Pimco Total Return A	460.146	shs		6,939
*	Hartford	AIM Small Cap Growth A	11,532.961	shs		134,359
*	Hartford	Eaton Vance Dividend Builder Fund A	3,290.818	shs		55,911
Total investments in pooled separate accounts						1,220,890
*	Hartford	Fixed Account	176,577.165	units		224,253
Total investments at fair value						1,445,143
Participant loans		4.00% to 9.50%			$ -	23,802
Total						$ 1,468,945

* Indicates party in interest

See independent auditors' report and notes to financial statements.

FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

EIN: 74-2989423
Plan Number: 001
December 31, 2010

SCHEDULE H, Line 4a -- Schedule of Delinquent Participant Contributions

Plan Year Ended December 31,	Participant Contributions Transferred Late to Plan Check here _X_ if late participant loan repayments are included	Total that Constitute Nonexempt Prohibited Transactions		
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP
2003	$ 89,529			$ 89,529
2004	$ 144,015			$ 144,015
2004	$ 2,849			$ 2,849
2005	$ 133,311			$ 133,311
2005	$ 2,422			$ 2,422
2006	$ 140,153			$ 140,153
2006	$ 188			$ 188
2007	$ 169,929			$ 169,929
2007	$ 2,569			$ 2,569
2008	$ 129,515			$ 129,515
2008	$ 3,135			$ 3,135
2009	$ 102,213			$ 102,213
2009	$ 3,866			$ 3,866
2010	$ 84,806			$ 84,806
2010	$ 1,151			$ 1,151

See independent auditors' report and notes to financial statements.