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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
JOHNSON ENGINEERING, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1971

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
JOHNSON ENGINEERING, INC.

P.O. BOX 1550
FORT MYERS, FL 33902

2b Employer Identification Number (EIN) 59-1173834

2c Sponsor's telephone number 239-334-0046

2d Business code (see instructions) 541330

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.	10/08/2010	STEVEN K MORRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2010	STEVEN K MORRISON
	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")
JOHNSON ENGINEERING, INC.

P.O. BOX 1550
FORT MYERS, FL 33902

3b Administrator's EIN
59-1173834

3c Administrator's telephone number
239-334-0046

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**	303
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**	115
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	69
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	184
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	184
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	184
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:
2A 2E 2G 2J 3D

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)		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)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
JOHNSON ENGINEERING, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON ENGINEERING, INC.

D Employer Identification Number (EIN)
59-1173834

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TRIAD ADVISORS, INC.

5185 PEACHTREE PARKWAY, SUITE 280
NORCROSS, GA 30092

(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?
26 27 28 51	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	18333	Yes [ ] No [X]

(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?
15 21 25 49 59 60 63 64 99	NONE	20713	Yes [X] No [ ]	Yes [X] No [ ]	22378	Yes [ ] No [X]

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

CLARKE LANZEN SKALLA INV. FIRM, LLC

4020 SOUTH 147TH STREET
OMAHA, NE 68137

(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?
28 51	NONE	38934	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

PENSION FINANCIAL SERVICES, INC.

3700 CRESTWOOD PARKWAY, SUITE 550
DULUTH, GA 30096-7157

(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?
13 17	NONE	15436	Yes [X] No [ ]	Yes [ ] No [X]	14368	Yes [ ] No [X]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	49 64	20491

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CLARKE LANZEN SKALLA INV. FIRM, LLC 4020 S. 147TH STREET OMAHA, NE 68137	ADVISORY/SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRIAD ADVISORS, INC.	28 51	18332

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CLARKE LANZEN SKALLA INV. FIRM, LLC 4020 S. 147TH STREET OMAHA, NE 68137	ADVISORY/SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PENSION FINANCIAL SERVICES, INC.	13 17	4122

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINSTRATIVE SERVICES FEE/OV

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
PENSION FINANCIAL SERVICES, INC.	13 18	10245

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
JOHNSON ENGINEERING, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON ENGINEERING, INC.

D Employer Identification Number (EIN)
59-1173834

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)	5374	2447
(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)	1112077	751771
(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)	148180	142070
(9) Value of interest in common/collective trusts	1c(9)		
(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)	6885487	8206415
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	8151118	9102703
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8151118	9102703

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)	284625	
	(B) Participants	2a(1)(B)	445427	
	(C) Others (including rollovers)	2a(1)(C)	39994	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		770046
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	500	
	(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)	8502	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9002
	(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)		0
	(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

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		1993009
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2772057
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1743990	
(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)		1743990
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)	15436	
(2) Contract administrator fees	2i(2)	20706	
(3) Investment advisory and management fees	2i(3)	38934	
(4) Other	2i(4)	1406	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		76482
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1820472
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		951585
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: WILTSHIRE WHITLEY RICHARDSON & ENGL (2) EIN: 65-0129793

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	
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		500000
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			

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
JOHNSON ENGINEERING, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHNSON ENGINEERING, INC.

D Employer Identification Number (EIN)
59-1173834

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): 31-1592130

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):

EIN: 59-1173834
PN: 001

JOHNSON ENGINEERING, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL REPORT
(Limited-Scope Audit)

DECEMBER 31, 2009 and 2008

INDEX

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Wiltshire,
Whitley,
Richardson
& English, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Warren B. Wiltshire, Jr., CPA
Steven R. Whitley, CPA
Robert G. Richardson, CPA
Joseph C. English, CPA
Cynthia M. Hawkins, CPA
William B. Wiltshire, CPA
Leslie L. D'Alessandro, CPA

INDEPENDENT AUDITORS' REPORT

Johnson Engineering, Inc. Employee
401(k) Profit Sharing Plan and Trust
Fort Myers, Florida

We were engaged to audit the financial statements of Johnson Engineering, Inc. Employee 401(k) Profit Sharing Plan and Trust (the "Plan") as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of December 31, 2009 and 2008, as listed in the accompanying index. 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 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 Notes 3, 4 and 5, which was certified by Nationwide Trust Company, FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee 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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wiltshire Whitley Richardson & English PA

WILTSHIRE, WHITLEY, RICHARDSON & ENGLISH, P.A.

Fort Myers, Florida
October 7, 2010

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JOHNSON ENGINEERING, INC.
EMPLOYEE 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments (at fair value)		
Money market and mutual funds	$ 8,958,186	$ 7,997,564
Participant loans	142,070	148,180
	9,100,256	8,145,744
Contributions receivable		
Employer	2,447	5,374
	9,102,703	8,151,118
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 9,102,703	$ 8,151,118

Read notes to financial statements.

JOHNSON ENGINEERING, INC.
EMPLOYEE 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS		
Additions to net assets attributed to:		
Investment income (loss) :		
Interest	$ 9,002	$ 29,468
Net appreciation (depreciation) in fair value of money market and mutual funds	1,993,009	(3,886,565)
	2,002,011	(3,857,097)
Contributions:		
Participants	445,427	853,430
Employer	284,625	523,455
Rollovers	39,994	17,136
	770,046	1,394,021
Total additions, net of investment loss	2,772,057	(2,463,076)
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	1,743,990	667,756
Administrative expenses	76,482	106,561
Total deductions	1,820,472	774,317
Net increase (decrease)	951,585	(3,237,393)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	8,151,118	11,388,511
End of year	$ 9,102,703	$ 8,151,118

Read notes to financial statements.

JOHNSON ENGINEERING, INC.
EMPLOYEE 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Johnson Engineering, Inc. (the "Company") Employee 401(k) Profit Sharing 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 was originally established by the Company in 1971. Effective January 1, 2002, the Plan was amended and restated to conform the Plan to new tax laws and changes in qualification requirements. The Plan was amended on December 1, 2005 and December 29, 2006 to conform the Plan with new tax laws. Furthermore, the Plan was amended and restated effective January 1, 2010 in accordance with the Economic Growth and Tax Relief Reconciliation Act of 2001.

The Plan is a defined contribution plan covering all employees who have completed two months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). An employee will become a participant on the plan entry date (if employed on that date) immediately following the date the employee completes the eligibility conditions. Plan entry dates are the first day of the month coinciding with, or after, the satisfaction of eligibility requirements. An employee may, subject to the approval of the Company, elect voluntarily not to participate in the Plan. The election not to participate must be communicated to the Company, in writing, at least thirty days before the beginning of the Plan Year.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation as defined in the Plan subject to the limitations set forth under IRC 415. Participants who have attained age 50 by year-end may also make catch-up contributions of $5,500 and $5,000 in 2009 and 2008, respectively. At the discretion of the plan administrator, participants may also contribute amounts representing "rollover contributions" from other qualified plans.

For each plan year, the employer shall contribute (1), (2), and/or (3) below, on behalf of each participant:

(1) Matching contribution: The employer may make matching contributions equal to a discretionary percentage, to be determined by the employer, of each tier, to be determined by the employer, of the participant's elective deferrals.

(2) Nonelective safe harbor contribution: The employer may make a safe harbor nonelective contribution to the account of each eligible participant in an amount equal to 3% of the employee's compensation for the plan year.

Note 1. Description of Plan (Continued)

Contributions (continued)

(3) Profit sharing contribution: The employer may make profit sharing contributions equal to a discretionary amount, to be determined by the employer, not limited to current or accumulated net profits. A participant must complete a year of service (1,000 hours) in order to be eligible for an employer discretionary profit sharing contribution.

The Board of Directors of the employer may elect annually to make a discretionary contribution. Additionally, to the extent necessary, the employer shall contribute to the Plan the amount necessary to provide the top-heavy minimum contribution.

Employer contributions made to the Plan are intended to comply with the safe harbor methods permitted by Code Sections 401(k)(12) and 401(m)(11). All employer contributions must be in cash.

Participant directed accounts

Each participant's account is credited with the participant's contribution and the allocated portion of the Company's contribution and charged with an allocation of administrative expenses. Allocations of administrative expenses are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their compensation deferral and safe harbor employer contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their account plus actual earnings thereon is based on years of continuous service. A participant is 100% vested upon six years of credited service.

Participant loans

Participants may borrow from their fund accounts a maximum of $50,000 or 50% of their non-forfeitable account balance, whichever is less. The loans are secured by the balance in the participant's account and shall bear a reasonable rate of interest. Loans shall provide for repayment by biweekly payroll deductions over a reasonable period of time, not to exceed five years unless the purpose of the loan is to acquire or construct the participant's primary residence.

There were $142,070 and $148,180 in outstanding participant loans at December 31, 2009 and 2008, respectively. Interest rates range from 4.25% to 9.25%.

Note 1. Description of Plan (Continued)

Payment of benefits

On separation from service, a former participant or the designated beneficiary may elect to receive the value of the vested interest of the account as a lump-sum distribution, in periodic installments, or to rollover the vested account balance to another qualified retirement plan.

The Plan has provided, prior to March 28, 2005, that if a participant's employment is terminated and the participant's vested interest in the Plan does not exceed $5,000, a lump sum distribution may be made to the participant as soon as administratively practicable. Effective with respect to distributions made on or after March 28, 2005, the Plan has lowered this threshold to $1,000. In the event of a mandatory distribution greater than $1,000, but less than $5,000, that is made in accordance with the provisions of the Plan providing for an automatic distribution to a participant without the participant's consent, if the participant does not elect to have such distribution paid directly to an "eligible retirement plan" specified by the participant in a direct rollover (in accordance with the direct rollover provisions of the Plan) or to receive the distribution directly, then the plan administrator shall pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator.

In-service distributions are also permitted on a limited basis for hardship reasons and to comply with qualified domestic relations orders.

Forfeited accounts

At December 31, 2009 and 2008, forfeited non-vested accounts totaled $-0- and $50, respectively. As of each anniversary date, any amounts that became forfeitures since the last anniversary date shall first be made available to reinstate previously forfeited account balances of former participants, if the participant is re-employed within five years and fulfills certain requirements, as defined in the Plan. The remaining forfeitures, if any, shall be used to reduce the contribution of the employer for the plan year in which such forfeitures occur. During 2009 and 2008, employer contributions were reduced by forfeited non-vested accounts of $50 and $965, respectively.

Note 2. Summary of Significant Accounting Policies

Basis of accounting

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

Note 2. Summary of Significant Accounting Policies (Continued)

New accounting standards

During 2009, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standard ("SFAS") No. 168 (As Amended), *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles.* This statement establishes the FASB Accounting Standards Codification (FASB ASC) as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with generally accepted accounting principles. Since 2009 is a transition year, these financial statements make references to both the old standards and new Codification to aid financial statement users.

Use of 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 of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

The trustee of the Plan, Nationwide Trust Company FSB, holds the Plan's investments. The Plan's investments are stated at fair value (see Note 5). Investments in money market and mutual funds are stated at their fair market value as determined by quoted market prices on the last business day of the Plan year. Such quoted market prices are based on the net asset value of the shares held by the Plan at year end. Participant loans are valued at their outstanding principal balances (amortized cost), which approximate fair value.

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date.

Realized and unrealized appreciation (depreciation) in the fair value of investments is based on the difference between the fair value of the investments at the beginning of the year, or at the time of purchase for investments purchased during the year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year for unrealized appreciation (depreciation). All realized and unrealized appreciation (depreciation) in the fair value of investments is shown in the accompanying statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of money market and mutual funds.

Note 2. Summary of Significant Accounting Policies (Continued)

Payments of benefits

Benefits are recorded when paid.

Reclassifications

Certain amounts in 2008 have been reclassified to conform with the 2009 presentation.

Note 3. Information Certified by the Plan's Trustee (Unaudited)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2009 and 2008 and the schedules of assets held for investment purposes as of December 31, 2009 and 2008, and the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.

Note 4. Investments (Unaudited)

The following presents investments, as reported by the trustee, that represent 5% or more of the Plan's net assets at December 31, 2009 and/or 2008:

	2009	2008
Money market and mutual funds:		
Advisorone Amerigo Fund N	$ 2,113,492	$ 1,787,277
Advisorone Clermont Fund N	421,642	330,899
Advone Berolina N	564,123	450,614
Advone Descartes N	611,260	541,746
Nationwide Money Market Institutional Fund	751,771	1,112,077
Vanguard Short-Term U.S. Treasury IS	208,220	434,746
Other mutual funds and participant loans	4,429,748	3,488,385
	$ 9,100,256	$ 8,145,744

All investments are in participant directed accounts managed and held by Nationwide Trust Company, FSB.

Note 4. Investments (Unaudited) (Continued)

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $1,993,009 during 2009 and depreciated in value by $3,886,565 during 2008.

Note 5. Fair Value Measurements (Unaudited)

FASB ASC Section 820 – *Fair Value Measurements and Disclosures* (formerly SFAS No. 157, *Fair Value Measurements*), became effective for the Plan during 2008 and 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).

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs were not available. The three levels of the fair value hierarchy under ASC Section 820 (SFAS No. 157), along with the valuation methodologies used for assets measured at fair value in the accompanying statements of net asses available for benefits, are described below:

Level 1 measurements – Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access. The Plan's investments in marketable securities, such as money market and mutual funds, are stated at fair market value determined by quoted market prices.

Level 2 measurements – Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 measurements – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Plan's participant loans are valued at their outstanding principal balances (amortized cost), which approximates fair value.

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.

Note 5. Fair Value Measurements (Unaudited) (Continued)

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

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 751,771	$ -	$ -	$ 751,771
Mutual funds	8,206,415	-	-	8,206,415
Participant loans	-	-	142,070	142,070
	$ 8,958,186	$ -	$ 142,070	$ 9,100,256

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,112,077	$ -	$ -	$ 1,112,077
Mutual funds	6,885,487	-	-	6,885,487
Participant loans	-	-	148,180	148,180
	$ 7,997,564	$ -	$ 148,180	$ 8,145,744

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets (participant loans) for the years ended December 31:

	2009	2008
Balance, beginning of year	$ 148,180	$ 167,720
Realized gains/(losses)	-	-
Unrealized gains/(losses)	-	-
Purchases, sales, issuances and settlements (net)	(6,110)	(19,540)
Transfers	-	-
Balance, end of year	$ 142,070	$ 148,180

Realized and unrealized gains (losses) on Level 3 assets, if any, are reported in net appreciation (depreciation) in fair value of participant loans in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.

Note 6. Related Party and Party-in-Interest Transactions

Expenses absorbed by the plan sponsor amounted to $31,346 and $31,100 during the years ended December 31, 2009 and 2008, respectively.

Certain plan investments are shares of mutual funds managed by affiliates of Nationwide Trust Company, FSB. Nationwide Trust Company, FSB is the trustee as defined by the Plan and, therefore, transactions with Nationwide Trust Company, FSB and its affiliates qualify as party-in-interest transactions. Total fees paid to Nationwide Trust Company, FSB were $20,713 and $20,084 for the years ended December 31, 2009 and 2008, respectively.

Certain plan investments are shares of mutual funds managed by CLS Investment Firm, LLC and/or its affiliates. CLS Investment Firm, LLC provides investment management and advisory services to the Plan and its participants and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $38,934 and $69,842 for the years ended December 31, 2009 and 2008, respectively.

Pension Financial Services, Inc. is a pension consulting firm that provides administrative services to the Plan and is considered a party-in-interest. Administrative fees paid by the Plan totaled $15,436 and $15,253 for the years ended December 31, 2009 and 2008, respectively.

Note 7. Plan Termination

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

During 2008, the Plan experienced a partial-plan termination due to a significant decrease in the number of Company employees. Since all employees are already 100% vested in their accounts, the partial-plan termination had no effect on the Plan.

Note 8. Risks and Uncertainties

The Plan invests in various investment securities, mainly mutual funds. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 8. Risks and Uncertainties (Continued)

The Plan also invests in various investment options that invest in securities of foreign companies, which involve special risks and considerations not typically associated with investing in domestic companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable domestic companies.

Note 9. Tax Status

The Company adopted a Volume Submitter Cross-Tested Profit Sharing 401(k) Plan with a cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service on October 5, 2001 which stated that the Plan and related Trust were designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended and restated since receiving the determination letter, the Company believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 10. Subsequent Events

Effective January 1, 2010, the Plan was amended to permit the employer to elect to make a safe harbor nonelective contribution after a plan year has begun. The safe harbor nonelective contribution will only be required for a Plan Year for which the Plan is amended to provide for such contribution and the appropriate supplemental notice is provided to the participants.

On September 25, 2010, the Financial Accounting Standards Board issued Accounting Standards Update No. 2010-25, *Plan Accounting – Defined Contribution Pension Plans*. The amendments in this update will require that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Since participant loans are already measured at their unpaid principal balances and interest is paid biweekly, the implementation of this amendment is not expected to have a significant effect upon the Plan's financial statements.

Management has evaluated subsequent events through October 7, 2010, the date the 2009 financial statements were available to be issued. For the reissued 2008 financial statements, management has evaluated subsequent events through October 7, 2009, the date the 2008 financial statements were originally available to be issued.

The net appreciation in fair value of money market and mutual funds was $374,391 for the nine months ended September 30, 2010.

JOHNSON ENGINEERING, INC. 59-1173834
EMPLOYEE 401(K) PROFIT SHARING PLAN AND TRUST (PLAN # 001)

SCHEDULES OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR

December 31, 2009 and 2008

(a)	(b) Identity of Issue; Borrower	(c) Description of Investment	(d) Cost	2009 (e) Current Value	2008 (e) Current Value
*	Nationwide Trust Company, FSB	Advisorone Amerigo Fund N	**	$ 2,113,492	$ 1,787,277
*	"	Advisorone Clermont Fund N	**	421,642	330,899
	"	Advone Berolina N	**	564,123	450,614
	"	Advone Descartes N	**	611,260	541,746
	"	Advone Liahona N	**	139,927	68,170
	"	AIM Dynamics Fund Ic	**	-	31,481
	"	AIM Small Cap Growth Fund Investment	**	2,365	671
	"	American Century Value Fund A	**	54,916	39,812
	"	American Funds Capital World Growth Income R5	**	53,956	41,760
	"	American Funds Europacific Gr R5	**	9,929	23,500
	"	American Funds Group Fund Am R6	**	211,090	-
	"	American Funds Group Fund of America R5	**	91,772	252,858
	"	American Funds High Income Tr R6	**	88,209	-
	"	American Funds New World R5	**	609	50,958
	"	American Funds New World R6	**	56,334	-
	"	American High Income Trust Fund Class R5	**	230	69,543
	"	Astn Mntg Cldwl Gr R	**	-	521
	"	Baron Asset Fund	**	30,771	17,471
	"	Blackrock Global Allocation Fund A	**	-	364
	"	Blackrock Global Emerging Markets Investment A	**	2,636	1,794
	"	Blackrock Health Science Opportunity Investment A	**	-	6
	"	Blackrock International Opportunity Portfolio Investment A	**	119,277	94,241
	"	Brandywine Fund	**	-	407
	"	Capital Income Builder R3	**	-	339
	"	Davis Selected American Shares Income Fund S	**	-	7,469
	"	DE Diversified Income A	**	145,038	-
	"	Dodgecox International Stock Fund	**	-	227
	"	Dreyfus Mid Cap Value Fund A	**	152,405	76,145
	"	Dreyfus Premier Greater China A	**	4,965	36,596
	"	Dreyfus S&P 500 Index Fund	**	100,099	67,075
	"	DWS Global International Ltn Opp Am Eq A	**	4,946	-
	"	DWS High Income Institution Fund	**	52,795	42,677
	"	DWS VS Strat Val	**	202,565	225,984
	"	Eagle Capital Appreciation Fund A	**	51,031	12,902
	"	Eagle Series Trust Mid Cap Stock Fund A	**	12,816	7,317
	"	Eaton Vance Floating-Rate A	**	60,942	577
	"	Eaton Vance Income Fund of Boston Class A	**	61,166	353
	"	Eaton Vance Worldwide Health Sciences Fund A	**	446	459

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AT END OF YEAR

December 31, 2009 and 2008

(a)	(b) Identity of Issue; Borrower	(c) Description of Investment	(d) Cost	(e) Current Value 2009	(e) Current Value 2008
	"	Federated Kaufmann Small Cap Fund A	**	$ 1,015	$ 1,055
	"	Fidelity Adv Canada A	**	4,930	-
	"	Goldman Sachs Growth Opportunity Fund A	**	46,701	9,292
	"	Goldman Sachs Mid Cap Value Fund A	**	42,556	20,797
	"	Goldman Sachs Short Duration Government Fund A	**	50,020	102,431
	"	Harbor International Fund Inv Cl	**	146,213	151,480
	"	Harbor International Growth Institutional Fund	**	-	222
	"	Harbor International Institutional Fund	**	-	468
	"	Ivy Asset Strategy Fund Class Y	**	75,335	59,239
	"	Ivy Science and Tech Fund Y	**	4,930	-
	"	Janus Adv Mid Cap Value Fund S	**	-	401
	"	Janus Fund J	**	53,273	41,803
	"	Janus Twenty Fund	**	140,638	81,061
	"	Jennison Utility Fund Class A	**	-	19,206
	"	Jensen Natural Resources Fund A	**	-	21,469
	"	JPM Intrepid Value A	**	37,745	32,447
	"	Legg Mason Cap Fund A	**	10,004	32,916
	"	Legg Mason Value Trust Income Fund	**	-	453
	"	Loomis Sayles Investment Grade Bond A	**	146,683	-
	"	MetroWest High Yield Bond I	**	88,722	-
*	"	MFS Research Bond Fund A	**	63,864	52,560
*	"	Nationwide Fund D	**	6,670	5,760
*	"	Nationwide Investor Destination Aggressive Securities	**	9,570	13,782
*	"	Nationwide Investor Destination Conservative Securities	**	7,327	9,001
*	"	Nationwide Investor Destination Moderate Aggressive Securities	**	14,926	11,189
*	"	Nationwide Investor Destination Moderate Conservative Securities	**	1,438	10,292
*	"	Nationwide Investor Destination Moderate Securities Fund	**	999	995
*	"	Nationwide Money Market Institutional Fund	**	751,771	1,112,077
	"	Neuberger Berman Genesis Fund Tc	**	183,293	161,879
	"	Oakmark Equity & Income Fund Ii	**	166,422	110,800
	"	Oppenheimer Development Markets Fund A	**	31,224	23,103
	"	Oppenheimer Global Opportunity Fund Class A	**	121,927	98,290
	"	Oppenheimer International Bond Fund A	**	54,995	57,784
	"	Oppenheimer International Small Company Fund A	**	-	12,304
	"	Oppenheimer Limited Term Government Fund A	**	-	11,905
	"	Opportunity Capital Appreciation Fund Class A	**	16,044	11,168
	"	Opportunity Global Fund Class A	**	85,297	60,188
	"	Opportunity Main Short-Term Small Cap Fund A	**	10,846	5,918
	"	PIMCO Developed Local Markets Fund A	**	-	17,812

JOHNSON ENGINEERING, INC. 59-1173834
EMPLOYEE 401(K) PROFIT SHARING PLAN AND TRUST (PLAN # 001)

SCHEDULES OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR

December 31, 2009 and 2008

(a)	(b) Identity of Issue; Borrower	(c) Description of Investment	(d) Cost	2009 (e) Current Value	2008 (e) Current Value
	"	PIMCO Low Dur A	**	$ 16,471	$ -
	"	PIMCO Total Return Fund Institution	**	105,558	103,965
	"	Pioneer Strategic Income Fund A	**	211,816	137,368
	"	Putnam International Equity Fund A	**	-	2,437
	"	Rydex Large Cap Value Fund H	**	816	700
	"	Rydex Mid Cap Value Fund H	**	818	695
	"	Rydex Precious Metals Adv	**	594	449
	"	Rydex Series Basic Mat Fund AC	**	4,898	-
	"	Rydex Series Nova Fund AC	**	1,717	933
	"	Rydex Series Telecommunications Fund Ac	**	-	18,550
	"	T Rowe Premier Equity Income Fund R	**	48,414	193
	"	Thornburg International Value Fund I	**	67,830	52,033
	"	UBS U.S. Small Cap Growth Fund A	**	-	1,071
	"	UMB Scout International Fund	**	35,228	22,678
	"	Van Kampen Equity and Income Fund A	**	15,229	10,510
	"	Van Kampen Growth and Income Fund A	**	34,160	48,655
	"	Vanguard Explorer Fund Investor Shares	**	-	244
	"	Vanguard GNMA Fund	**	204,948	-
	"	Vanguard Interim-Term U.S. Treasury IS	**	-	299,850
	"	Vanguard International Growth Investment Fund	**	-	233
	"	Vanguard Short-Term U.S. Treasury IS	**	208,220	434,746
	"	Vanguard Wellesley Income Fund Is	**	-	402
	"	Victory Port Dividend Stock Fund A	**	5,241	6,655
	"	Weitz Hickory	**	-	125
	"	WFAF Governmental Securities Investment Fund Cl	**	72,977	136,386
	"	WFAF Small Cap Value Fund A	**	120,015	46,853
	"	WFAF Total Return Bond Fund A	**	6,106	28,073
*	Participant loans	Principal + interest ranging from 4.25% to 9.25% repayable in bi-weekly installments	**	142,070	148,180
				$ 9,100,256	$ 8,145,744

* Party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

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	"	Rydex Series Nova Fund AC	**	1,717	933
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	"	UBS U.S. Small Cap Growth Fund A	**	-	1,071
	"	UMB Scout International Fund	**	35,228	22,678
	"	Van Kampen Equity and Income Fund A	**	15,229	10,510
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	"	Vanguard Explorer Fund Investor Shares	**	-	244
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	"	Vanguard Interim-Term U.S. Treasury IS	**	-	299,850
	"	Vanguard International Growth Investment Fund	**	-	233
	"	Vanguard Short-Term U.S. Treasury IS	**	208,220	434,746
	"	Vanguard Wellesley Income Fund Is	**	-	402
	"	Victory Port Dividend Stock Fund A	**	5,241	6,655
	"	Weitz Hickory	**	-	125
	"	WFAF Governmental Securities Investment Fund Cl	**	72,977	136,386
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** Cost omitted for participant directed investments