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:
- [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 EQUIPMENT COMPANY 401(K) SAVINGS PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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

4674 OLIN ROAD
DALLAS, TX 75244

2b Employer Identification Number (EIN) 75-1228888

2c Sponsor's telephone number 972-661-9822

2d Business code (see instructions) 423800

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.	10/17/2011	CHRIS HAMMONS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
JOHNSON EQUIPMENT COMPANY, INC.

4674 OLIN ROAD
DALLAS, TX 75244

3b Administrator's EIN
75-1228888

3c Administrator's telephone number
972-661-9822

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**	128
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**	132
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	149
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	149
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	98
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 3D 2F

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)	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)	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
JOHNSON EQUIPMENT COMPANY 401(K) SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-1228888

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
THE GUARDIAN INSURANCE AND ANNUITY 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
13-2656036	78778	601921	98	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
26759	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

JOSEPH B. WEBB
5200 MUSTANG TRAIL
PLANO, TX 75093

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
26759			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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	4986440

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	**6b**	0
c	Premiums due but unpaid at the end of the year	**6c**	0
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**	0

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 ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	0		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below)	**7c(5)**	0		
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	0		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	0		
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

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
JOHNSON EQUIPMENT COMPANY 401(K) SAVINGS 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
JOHNSON EQUIPMENT COMPANY, INC.

D Employer Identification Number (EIN)
75-1228888

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: THE GUARDIAN SEPARATE ACCOUNT L

b Name of sponsor of entity listed in (a): THE GUARDIAN INSURANCE & ANNUITY CO

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)
13-2656036-000	P	4986440

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

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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
JOHNSON EQUIPMENT COMPANY 401(K) SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-1228888

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)	108402	110805
(2) Participant contributions	1b(2)		21829
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	197366	189774
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4166475	4986440
(11) Value of interest in master trust investment accounts	1c(11)		0
(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)	0	0
(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	4472243	5308848
	Liabilities			
g	Benefit claims payable	1g	47384	33038
h	Operating payables	1h		0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	47384	33038
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4424859	5275810

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)	111283	
	(B) Participants	2a(1)(B)	410255	
	(C) Others (including rollovers)	2a(1)(C)	1386	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		522924
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)	9169	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9169
	(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)		462203
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(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		994296
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	80169	
(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)		80169
f Corrective distributions (see instructions)	2f		20155
g Certain deemed distributions of participant loans (see instructions)	2g		12883
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	30138	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		30138
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		143345
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		850951
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: SIBLEY & COMPANY, PC (2) EIN: 75-2165819

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

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
JOHNSON EQUIPMENT COMPANY 401(K) SAVINGS PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-1228888

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): 13-2656036

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):

Johnson Equipment Company, Inc.
401(k) Savings Plan and Trust

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
December 31, 2010

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SIBLEY & COMPANY
A PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

INDEPENDENT AUDITORS' REPORT

The Trustee
Johnson Equipment Company, Inc.
401(k) Savings Plan and Trust
Dallas, Texas

We have audited the statement of net assets available for benefits of the Johnson Equipment Company, Inc. 401(k) Savings Plan and Trust (the "Plan") as of December 31, 2010, and the statements of changes in net assets available for benefits for the year then ended, and supplemental schedules of assets held for investment purposes as of and for the year ended December 31, 2010. 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 3, which was certified by the Guardian Insurance & Annuity Company, Inc, the trustee of the Plan for the year ended December 31, 2010, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executed the investment transactions. The Plan administrator has obtained certification from the trustee as of and for the year ended December 31, 2010, that the information provided to the Plan administrator by the trustees 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.

My audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of Johnson Equipment Company, Inc. 401(k) Savings Plan and Trust, referred to as "supplemental schedule," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in my opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Sibley & Company, PC
Dallas, Texas
August 16, 2011

5220 Spring Valley Road • Suite 615 • Dallas, Texas 75254
Tel 214.303.1000 • Fax 214.303.1040
www.sibleycompany.com

JOHNSON EQUIPMENT COMPANY 401(k) SAVINGS PLAN and TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2010 and 2009

ASSETS	2010	2009
Investments	$ 4,986,440	$ 4,166,475
Receivables:		
Employer Contributions	110,805	108,402
Participant Contributions	21,829	-
Notes Receivable From Participants	189,774	197,367
Total Receivables	322,408	305,769
Total Assets	5,308,848	4,472,244
LIABILITIES		
Deemed distributions	12,883	-
Corrective distributions	20,155	47,384
Total Liabilities	33,038	47,384
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,275,810	$ 4,424,860

The accompanying notes are an integral part of these financial statements

JOHNSON EQUIPMENT COMPANY 401(k) SAVINGS PLAN and TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2010 and 2009

	2010	2009
Additions to Net Assets Attributed To:		
Net appreciation in fair value of investments	$ 461,737	$ 582,762
Interests on loans	9,634	9,467
	471,371	592,229
Contributions:		
Participant contributions	411,641	414,821
Employer's contributions	111,283	140,566
	522,924	555,387
Total Additions	994,295	1,147,616
Deductions From Net Assets Attributed To:		
Benefits paid	93,052	58,370
Corrective distributions	20,155	47,384
Total benefits paid	113,207	58,370
Administrative expenses	30,138	21,705
Total Deductions	143,345	127,459
Net Increase	850,950	1,020,157
Net Assets Available For Benefits, beginning of year	4,424,860	3,404,703
Net Assets Available For Benefits, end of year	$ 5,275,810	$ 4,424,860

The accompanying notes are an integral part of these financial statements

NOTE 1 – PLAN SUMMARY

The following is a description of the 401(k) Plan ("Plan"). The Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all employees of Johnson Equipment Company ("Company") except those that are covered by a collective bargaining agreement between the company and the employees and representatives whereas their benefits are subject to good faith bargaining. The plan was effective on January 1, 1993.

Employees are eligible to participate who have one year of service, with at least 1,000 hours of service, and age twenty-one or older. Plan entry dates are January 1 or July 1 which coincides with or follow satisfaction of these requirements. For matching employer contributions, employees are eligible if they are still employed at the end of the year unless separation is due to normal retirement, disability, or death. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Each year, participants may make elective contributions of pretax compensation subject to the provisions of Internal Revenue Code Section 401(k) and the provisions of the Plan. Participants may also make rollover contributions from other qualified defined benefit or contribution plans. The Plan allows the company to make matching contributions in the amount determined by the company at its discretion. In 2010, the company matched 30% of the participant contributions up to a maximum match of $4,432. The company may make additional discretionary contributions.

C. Participant Accounts

Each participant's account is credited with the participant's contribution and rollover amounts, if any, and allocations of Plan earnings and the company contribution, and charged with an allocation of administration expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the company's matching contribution portion of their accounts plus actual earnings is based on years of continuous service; a participant is 100% vested after six years of credited service.

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

NOTE 1 – PLAN SUMMARY (*Continued*)

E. Payment of Benefits

The benefits to which participants are entitled are the vested portions of their accounts. On termination of service, a participant's vested account balance will be paid in a lump-sum distribution for participant vested account balances that do not exceed $5,000. For vested account balances that exceed $5,000, the participant must consent in writing to the distribution before it may be made. Hardship distributions are permitted subject to certain limits.

F. Forfeited Accounts

Forfeited, non-vested accounts are used to reduce future company contributions. There were no unallocated forfeitures at December 31, 2010 or December 31, 2009.

G. Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to fifteen years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear reasonable rates of interest. Rates of interest range from 1.8% to 9.5%. Principal and interest are paid ratably through payroll deductions.

H. Investment Options

The Plan allows participants to direct their accounts on a daily basis. The Plan's investments are held by a trust fund. The trustee, Guardian Insurance & Annuity Company, Inc., maintains investment funds and a participant loan fund for the benefit of the participants. The investment funds include investments in registered investment companies, which invest in various combinations of debt and equity securities (Note 3).

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting. Investments are recorded at fair value.

B. Estimates

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

C. Investment Valuation and Income Recognition

The Plan's investments in registered investment companies are stated at fair value as certified by the Guardian Insurance & Annuity Company, Inc., the Plan's trustee. Purchases and sales of securities are recorded on a trade date basis. Participant notes receivable are stated at fair value.

NOTE 3 – INVESTMENTS

The Plan's investments are held in a bank-administered trust fund. The following table presents investments at December 31, 2009 and 2010:

	2009		2010	
	Cost	Fair Value	Cost	Fair Value
Participant Directed Funds	3,583,713	4,166,475	4,314,907	4,986,440

During the year 2010, the participant directed funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value in the amount of $461,736.

Fair Value Instruments

The Plan defines fair value within a framework established by generally accepted accounting principles. The framework includes a three-tier hierarchy for measuring fair value as follows: level 1 – quoted market prices in active markets; level 2 – inputs other than quoted prices that are directly or indirectly observable or level 3 – unobservable inputs where there is little or no market activity. The fair value of the Plan's investments in the accompanying financial statements was determined using quoted prices from active markets (level 1).

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intent to do so, the company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants are 100% vested in their accounts. Any unallocated assets of the plan shall be allocated to participant accounts and distributed in such a manner as the company may determine.

NOTE 5 – TAX STATUS

The Internal Revenue Service has determined per a letter dated March 31, 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of interest on participant loans per the financial statements to Form 5500 at December 31, 2010:

Interest earned per financial statements	$ 9,634
Unidentified misstatement	(465)
Difference	$ 9,169

The following is a reconciliation of unrealized investment gain per the financial statements to Form 5500 at December 31, 2010:

Investment gain per financial statements	$ 461,737
Unidentified Misstatement	466
Investment gain per Form 5500	$ 462,203

The following is a reconciliation of net income per the financial statements to Form 5500 at December 31, 2010:

Net income per financial statements	$ 850,950
Rounding	1
Net income per Form 5500	$ 850,951

The following is a reconciliation of net assets available for benefits per the financial statements to form 5500 at December 31, 2009:

Net assets per financial statements	$ 4,424,860
Rounding	(1)
Net assets per Form 5500	$ 4,424,859

The following is a reconciliation of participants' contributions per the financial statements to form 5500 at December 31, 2009:

Participant's contributions per the financial statements	$ 414,821
Plus: 2008 prior year adjustment	2,048
Plus: Prior year accrual	8,978
Participants' Contributions per Form 5500	$ 425,847

NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 *(Cont)*

The following is a reconciliation of employer's contributions per the financial statements to Form 5500 at December 31, 2009:

Employer's contributions per the financial statements	$ 140,566
Plus: 2008 contributions accrued	68,549
Less: 2009 contributions accrued	(108,402)
Less: 2008 allocated forfeiture	(32,086)
Employer's Contributions per Form 5500	$ 68,626

The following is a reconciliation of distributions per the financial statements to Form 5500 at December 31, 2009:

Distributions per financial statements	$ 58,370
Plus: 2009 corrective distributions	47,384
Less: 2008 corrective distributions	(52,329)
Less: 2008 reinvested forfeiture	(32,086)
Less: 2009 Forfeitures	(949)
Distributions per Form 5500	$ 20,390

The following is a reconciliation of unrealized investment gain per the financial statements to Form 5500 at December 31, 2009:

Investment gain per financial statements	$ 582,762
Loan repayments	53,076
Investment gain per Form 5500	$ 635,838

NOTE 7 – SUBSEQUENT EVENTS

Events have been evaluated through July 27, 2011, the date the financial statements were available to be issued, and management determined that no additional disclosures are required.

NOTE 8 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

At December 31, 2010 and 2009, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 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 fair value of investments at December 31, 2010 and 2009, as reported by the trustee is summarized as follows:

	12/31/2009 MARKET	12/31/2010 MARKET
SSgA S&P 500 Index SL 87	1,040,375	1,222,085
BenefitStadn Mod ETF H2	873,482	1,146,895
BenefitStadn Grwth ETF H3	751,648	760,444
SSgA US Bond Index SL 91	409,028	465,704
SSgA Int'l Index SL 89	356,031	386,487
SSgA Russell SC IndexSL86	274,521	319,543

Each of the above investments represents 5% or more of net assets of the plan at December 31, 2010 and 2009.

INVESTMENTS HELD AT DECEMBER 31, 2009 AND 2010 – UNAUDITED

The below schedule represents the investments held by the trustee at December 31, 2009 and 2010. Each investment is reported at fair value at each respective date.

	12/31/2009 MARKET	12/31/2010 MARKET
Fidelity Equity Inc02	$ 273	$ 601
Fidelity High Inc 03	4,745	27,846
Fidelity Small Cap 08	25,885	35,350
AmCen Equity Income 17	1,099	1,860
AmCen Real Estate 18	226	395
AmCen Infl Adj Bond 19	1,214	18,796
AmCen Strat AllocConA 1B	637	1,844
AmCen Strat AllocModA 1C	164	256
AmCen Strat AllocAggA 1D	164	312
AmCen Vista 1H	103	363
AIM Basic Value 25	291	422
Dreyfus Apprec 31	4,085	676
Dreyfus Intl Value 36	6,890	8,482
DreyfusActiv Midcap 37	4,274	1,746
RS Large Cap Alpha 41	57	191
RS Inv Quality Bnd42	4,437	5,667
Janus Overseas 67	377	703
Janus Forty 68	665	1,304
Perkins Mid CapValue 69	6,180	2,984
SSgA Russell SC IndexSL86	274,521	319,543

INVESTMENTS HELD AT DECEMBER 31, 2009 AND 2010 – UNAUDITED *(Cont)*

The below schedule represents the investments held by the trustee at December 31, 2009 and 2010. Each investment is reported at fair value at each respective date.

	12/31/2009	12/31/2010
	MARKET	MARKET
SSgA S&P 500 Index SL 87	1,040,375	1,222,085
SSgA S&P Mid CapIndexSL88	232	17,541
SSgA Int'l Index SL 89	356,031	386,487
SSgA Short Term Inv 90	165,281	164,749
SSgA US Bond Index SL 91	409,028	465,704
Franklin Growth 93	13,520	17,775
Delaware VIP DiversifiedA1	91	130
Delaware VIP LTrmDivIncA2	165	325
Delaware VIP Emrgng MktA3	39,043	54,973
GoldmanSachs Shrt Dr GvB1	2,159	2,667
GoldmanSachs MidCap ValB2	20,414	46,298
GoldmanSachs SmCapValueB3	2,263	14,368
T Rowe Price Equity IncC1	11,907	3,821
T Rowe Price Growth StkC2	13,020	4,493
T Rowe Price Retire2040C8	541	1,769
JPMorgan Mid CapGrowth D1	30,679	46,432
JPMorgan Sml CapEquity D2	2,862	1,926
Davis NY Venture E1	7,021	9,029
Columbia Mar Growth G1	34	118
BenefitStadn Cons ETF H1	43,807	46,621
BenefitStadn Mod ETF H2	873,482	1,146,895
BenefitStadn Grwth ETF H3	751,648	760,444
PIMCO Total Return K1		32,429
PIMCO Short Term K2	46,585	110,020
TOTAL ACCOUNT VALUE	$ 4,166,475	$ 4,986,440

SUPPLEMENTAL SCHEDULE
(ASSETS HELD AT THE END OF THE YEAR- UNAUDITED)
Sponsor EIN: 75-1228888
Plan Number 6-01921
Schedule H, Line 4I – Schedule of Assets (Held at End of Year)
For the Year Ended December 31, 2010

(B) Identity of Issue	(C) Description of Investment	(D) Cost	(E) Market
Am Cen Strat Alloc: Con A	Value of Interest in Pooled Separate Accounts	$ 1,665	$ 1,844
Am Cen Strat Alloc: Mod A	Value of Interest in Pooled Separate Accounts	221	256
Am Cen Strat Alloc: Agg A	Value of Interest in Pooled Separate Accounts	266	312
Amer Cent Inflation Adj Bond	Value of Interest in Pooled Separate Accounts	18,569	18,796
American Century Equity Income	Value of Interest in Pooled Separate Accounts	1,563	1,860
American Century Real Estate	Value of Interest in Pooled Separate Accounts	294	395
American Century Vista	Value of Interest in Pooled Separate Accounts	297	363
Benefit Stadion Conserv ETF	Value of Interest in Pooled Separate Accounts	43,932	46,621
Benefit Stadion Moderate ETF	Value of Interest in Pooled Separate Accounts	1,063,877	1,146,895
Benefit Stadion Growth ETF	Value of Interest in Pooled Separate Accounts	684,800	760,444
Columbia Marsico Growth Fund	Value of Interest in Pooled Separate Accounts	99	118
Davis NY Venture Fund	Value of Interest in Pooled Separate Accounts	8,104	9,029
Delaware VIP Diversified Inc	Value of Interest in Pooled Separate Accounts	108	130
Delaware VIP Emerging Markets	Value of Interest in Pooled Separate Accounts	44,200	54,973
Delaware VIP Lmtd-term Div Inc	Value of Interest in Pooled Separate Accounts	308	325
Dreyfus Active Midcap Fund	Value of Interest in Pooled Separate Accounts	1,643	1,746
Dreyfus Appreciation Fund	Value of Interest in Pooled Separate Accounts	568	676
Dreyfus International Value	Value of Interest in Pooled Separate Accounts	8,167	8,482
Fiedelity Equity Income Fund	Value of Interest in Pooled Separate Accounts	523	601
Fidelity High Income Advantage	Value of Interest in Pooled Separate Accounts	26,015	27,846
Fidelity Small Cap Fund	Value of Interest in Pooled Separate Accounts	26,111	35,350

SUPPLEMENTAL SCHEDULE *(Cont)*
(ASSETS HELD AT THE END OF THE YEAR- UNAUDITED)
Sponsor EIN: 75-1228888
Plan Number 6-01921
Schedule H, Line 4I – Schedule of Assets (Held at End of Year)
For the Year Ended December 31, 2010

(B) Identity of Issue	(C) Description of Investment	(D) Cost	(E) Market
Franklin Growth Fund	Value of Interest in Pooled Separate Accounts	13,812	17,775
Goldman Sachs Mid Cap Value	Value of Interest in Pooled Separate Accounts	37,298	46,298
Goldman Sachs Short Dur Govt	Value of Interest in Pooled Separate Accounts	2,517	2,667
Goldman Sachs Small Cap Value	Value of Interest in Pooled Separate Accounts	13,879	14,368
Invesco Basic Value Fund	Value of Interest in Pooled Separate Accounts	359	422
JPMorgan Mid Cap Growth Fund	Value of Interest in Pooled Separate Accounts	36,015	46,432
JPMorgan Small Cap Equity Fund	Value of Interest in Pooled Separate Accounts	1,441	1,926
Janus Forty Fund	Value of Interest in Pooled Separate Accounts	1,170	1,304
Janus Overseas Fund	Value of Interest in Pooled Separate Accounts	542	703
PIMCO Short Term Fund	Value of Interest in Pooled Separate Accounts	109,293	110,020
PIMCO Total Return Fund	Value of Interest in Pooled Separate Accounts	31,734	32,429
Perkins MidCap Value Fund	Value of Interest in Pooled Separate Accounts	2,328	2,984
RS Investment Quality Bond	Value of Interest in Pooled Separate Accounts	5,058	5,667
RS Large Cap Alpha Fund	Value of Interest in Pooled Separate Accounts	165	191
SSgA Int'l Index SL Fund	Value of Interest in Pooled Separate Accounts	296,295	386,487
SSgA Russell SC Index SL Fund	Value of Interest in Pooled Separate Accounts	215,460	319,543
Ssga S&P 500 Index SL Fund	Value of Interest in Pooled Separate Accounts	997,538	1,222,085
SSgA S&P MC Index SL Fund	Value of Interest in Pooled Separate Accounts	17,310	17,541
SSgA Short Term Investment Fund	Value of Interest in Pooled Separate Accounts	167,108	164,749
SSgA US Bond Index SL Fund	Value of Interest in Pooled Separate Accounts	425,594	465,704
T Rowe Price Equity IncC1	Value of Interest in Pooled Separate Accounts	3,452	3,821
T Rowe Price Growth StkC2	Value of Interest in Pooled Separate Accounts	3,763	4,493
T Rowe Price Retire2040C8	Value of Interest in Pooled Separate Accounts	1,444	1,769
	TOTAL ACCOUNT VALUE	$ 4,314,907	$ 4,986,440

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2010** and ending **12/31/2010**

Name of plan
Johnson Equipment Company 401(k) Savings Plan and Trust

Employer Identification Number
75-1228888

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Participant Loans	**Interest Rates 4-9.25%**	**189,774**	

SUMMARY ANNUAL REPORT
for
Johnson Equipment Company 401(k) Savings Plan and Trust

This is a summary of the annual report for Johnson Equipment Company 401(k) Savings Plan and Trust, 75-1228888/001 for 01/01/2010 through 12/31/2010. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by insurance and trust. Plan expenses were $143,345. These expenses included $30,138 in administrative expenses and $80,169 in benefits paid to participants and beneficiaries, and $33,038 in other expenses. A total of 149 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $5,275,810 as of 12/31/2010, compared to $4,424,859 as of 01/01/2010. During the plan year the plan experienced an increase in its net assets of $850,951. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $994,296, including employer contributions of $111,283, employee contributions of $410,255, gains of $0 from the sale of assets and earnings from investments of $471,372.

Your Rights to Additional Information

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

1. An accountant's report;
2. Assets held for investment;
3. Insurance information including sales commissions paid by insurance carriers;
4. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103 - 12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Johnson Equipment Company, Inc., who is Plan Administrator at 4674 Olin Road, Dallas, TX, 75244, (972) 661-9822. The charge to cover copying cost will be $5.00 for the full annual report, or $0.10 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 4674 Olin Road, Dallas, TX, 75244 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.