Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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, including room or suite number (Employer, if for single-employer plan)

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.	10/05/2012	STEVEN MORRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2012	STEVEN 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**	169
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**	87
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	58
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	145
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	145
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	137
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 2K 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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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)

CASE PEARLMAN RETIREMENT PLAN ADVIS

7780 CAMBRIDGE MANOR PL, SUITE B
FORT MYERS, FL 33907

(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 [ ]	21728	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 18 19 49 59 60 63 64 99	NONE	1895	Yes [X] No [ ]	Yes [X] No [ ]	25200	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	45872	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

PENSION FINANCIAL SVCS, INC.

SUITE 550, 3700 CRESTWOOD PKWY
DULUTH, GA 30096

(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 49 99	NONE	12415	Yes [X] No [ ]	Yes [ ] No [X]	16974	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	24142

(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
CASE PEARLMAN RETIREMENT PLAN ADVIS	28 51	21727

(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	4808

(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	ADMINISTRATIVE 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 SVCS., INC.	13 17	12071

(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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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		3327
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	802690	876568
(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)	195273	134214
(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)	7763907	6392467
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	
(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	8761870	7406576
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		3327
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	3327
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8761870	7403249

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	268403	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		268403
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	128	
	(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)	6633	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6761
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-230908
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		44256
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1342775	
(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)		1342775
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)	12350	
(2) Contract administrator fees	2i(2)	1880	
(3) Investment advisory and management fees	2i(3)	45872	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		60102
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1402877
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1358621
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **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. 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): _____

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

FINANCIAL REPORT
(Limited-Scope Audit)

DECEMBER 31, 2011 and 2010

INDEX

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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

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, 2011 and 2010, and for the years then ended, and the supplemental schedules as of December 31, 2011 and 2010, 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 United States 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, a division of Nationwide Bank and the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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, 2011 and 2010, 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 supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and 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 United States 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 4, 2012

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments (at fair value)		
Money market fund	$ 876,568	$ 802,690
Mutual funds	6,392,467	7,763,907
	7,269,035	8,566,597
Receivables		
Notes receivable from participants	134,214	195,273
Cash	3,327	-
Total assets	7,406,576	8,761,870
LIABILITIES		
Due to participant	3,327	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,403,249	$ 8,761,870

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, 2011 and 2010

	2011	2010
ADDITIONS		
Additions to net assets attributed to:		
Investment (loss) income:		
Interest	$ 128	$ 1
Net (depreciation) appreciation in fair value of mutual funds	(230,908)	975,194
	(230,780)	975,195
Interest income from participant loans	6,633	8,747
Contributions:		
Participants	268,403	296,453
Rollovers	-	45,011
	268,403	341,464
Total additions	44,256	1,325,406
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	1,342,775	1,601,217
Administrative expenses	60,102	65,022
Total deductions	1,402,877	1,666,239
Net decrease	(1,358,621)	(340,833)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	8,761,870	9,102,703
End of year	$ 7,403,249	$ 8,761,870

Read 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, 2010, the Plan was amended and restated 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 Internal Revenue Code (IRC) 415. Participants who have attained age 50 by year-end may also make catch-up contributions of $5,500 in 2011 and 2010. 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 may 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. 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.

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.

The Company's Board of Directors elected not to make any employer contributions during 2011 and 2010.

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 matching and discretionary profit sharing contribution portions 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. Regardless of the vesting schedule, participants shall become fully vested upon death or total and permanent disability.

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 or by check 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.

Note 1. Description of Plan (Continued)

Participant loans (continued)

There were $134,214 and $195,273 in outstanding participant loans at December 31, 2011 and 2010, respectively. Interest rates range from 4.25% to 6.00% at December 31, 2011.

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 as permitted under Code Section 401(a)(9) for required minimum distributions, 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. Participants may also take a distribution from their rollover accounts at any time.

Forfeited accounts

At December 31, 2011 and 2010, forfeited non-vested accounts totaled $93. As of each anniversary date, any amounts that became forfeitures since the last anniversary date may first be used to pay any administrative expenses. The remaining forfeitures, if any, will be used to reduce the contribution of the employer for the plan year following the plan year in which such forfeitures occur.

During 2011 and 2010, forfeitures were not used to pay any administrative expenses. Furthermore, employer contributions were not made and, therefore, not reduced by any forfeited non-vested accounts during 2011 and 2010.

Note 2. Summary of Significant Accounting Policies

Basis of accounting

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

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.

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 mutual funds.

Receivables

Contribution receivables are recorded at cost, net of an estimated allowance for doubtful accounts (i.e. net realizable value). Generally, the Plan does not require collateral to support these receivables. The Plan records an allowance for doubtful accounts in an amount approximating anticipated losses from estimated uncollectible amounts. Receivables are periodically evaluated for collectability based on past credit history and its aging. Individual amounts are written off against the allowance when deemed uncollectible and all collection efforts have been exhausted. The allowance for doubtful accounts was $-0- at December 31, 2011 and 2010.

Note 2. Summary of Significant Accounting Policies (Continued)

Receivables (continued)

Effective for fiscal years ending after December 15, 2010, accounting principles generally accepted in the United States of America require that loans to participants be classified as notes receivable from participants and be measured at their unpaid principal balances plus any accrued, but unpaid, interest. Previously, participant loans were classified as investments and measured at their estimated fair values. The new accounting standard has been adopted and applied retrospectively to all prior periods presented. There was no material impact on the Plan's results of operations or financial condition upon adoption of the new standard.

Interest income on notes receivable is recognized over the terms of the notes and is calculated using the simple-interest method on principal amounts outstanding. Notes receivable from participants are considered delinquent if a participant fails to repay a participant loan according to the loan's terms. A deemed distribution occurs when the participant defaults on the loan. If a repayment violation occurs, the amount of the deemed distribution is the entire outstanding balance of the loan, including principal and interest accrued, at the time of the violation. Deemed distributions are recorded as benefits paid to participants in the accompanying statements of changes in net assets available for benefits. The notes receivable are collateralized by the balances in the participants' accounts.

Payments of benefits

Benefits are recorded when paid.

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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, a division of Nationwide Bank and the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2011 and 2010 and the schedules of assets (held at end of year) as of December 31, 2011 and 2010, and the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2011 and 2010.

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, 2011 and/or 2010:

	2011	2010
Money market and mutual funds:		
AdvisorOne Amerigo Fund N	$ 1,195,279	$ 1,670,280
AdvisorOne Clermont Fund N	492,105	552,820
AdvisorOne Descartes N	491,921	702,867
AdvisorOne Liahona N	587,041	769,299
AdvisorOne Select Allocation Fund N	479,122	638,516
AdvisorOne Select Appreciation Fund N *	290,974	446,691
Nationwide Money Market Institutional Fund	876,568	802,690
Other mutual funds	2,856,025	2,983,434
	$ 7,269,035	$ 8,566,597

* Amount represents less than 5% of Plan's net assets at December 31, 2011 or 2010, but is included for comparative purposes.

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

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $230,908 in 2011 and appreciated in value by $975,194 during 2010.

Note 5. Fair Value Measurements (Unaudited)

Accounting principles generally accepted in the United States of America establish 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).

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

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 are not available. The three levels of the fair value hierarchy under accounting principles generally accepted in the United States of America, along with the valuation methodologies used for assets measured at fair value in the accompanying statements of net assets 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. These quoted market prices represent the net asset value ("NAV") of the shares held by the Plan at year end.

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.

Realized and unrealized gains (losses) on Level 3 assets, if any, are reported in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits.

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, 2011			
	Level 1	Level 2	Level 3	Total
Money market fund				
Cash	$ 876,568	$ -	$ -	$ 876,568
Mutual fund holdings				
Specialty	51,753	-	-	51,753
International stocks	408,935	-	-	408,935
Small-cap stocks	334,726	-	-	334,726
Mid-cap stocks	279,032	-	-	279,032
Large-cap stocks	2,489,119	-	-	2,489,119
Balanced	2,095,763	-	-	2,095,763
Bonds	733,139	-	-	733,139
	6,392,467	-	-	6,392,467
	$ 7,269,035	$ -	$ -	$ 7,269,035

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Money market fund				
Cash	$ 802,690	$ -	$ -	$ 802,690
Mutual fund holdings				
Specialty	54,364	-	-	54,364
International stocks	472,115	-	-	472,115
Small-cap stocks	250,111	-	-	250,111
Mid-cap stocks	319,362	-	-	319,362
Large-cap stocks	3,450,368	-	-	3,450,368
Balanced	2,466,941	-	-	2,466,941
Bonds	750,646	-	-	750,646
	7,763,907	-	-	7,763,907
	$ 8,566,597	$ -	$ -	$ 8,566,597

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

Expenses absorbed by the plan sponsor amounted to $21,978 and $24,821 during the years ended December 31, 2011 and 2010, 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 $1,880 and $8,596 for the years ended December 31, 2011 and 2010, 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 $45,872 and $45,180 for the years ended December 31, 2011 and 2010, 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 $12,350 and $11,268 for the years ended December 31, 2011 and 2010, 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.

Note 8. Concentrations, Risks and Uncertainties

At December 31, 2011, thirty-six percent (36%) of total notes receivable from participants were due from two participants. One participant owed 15% of total notes receivable and another participant owed 21% of total notes receivable from participants.

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. Concentrations, 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 March 31, 2008, 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 plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the United States' federal taxing authority. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011 and 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Note 10. Due to Participant

At the end of 2011, the Plan received a trustee-to-trustee transfer of $3,327 for the benefit of a former employee of the Company as a rollover contribution. Although the former employee still had an account balance with the Plan, he was ineligible to make a rollover contribution. Therefore, the amount received has been recorded as cash and due to participant in the accompanying statements of net assets available for benefits.

Note 11. Subsequent Events

Plan management has evaluated subsequent events through October 4, 2012, the date the financial statements were available to be issued.

The net appreciation in fair value of the Plan's money market and mutual funds was $329,497 for the six months ended June 30, 2012, the last date such information was available and reported to the Plan.

SUPPLEMENTAL SCHEDULES

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

FORM 5500, SCHEDULE H, LINE 4I
SCHEDULES OF ASSETS (HELD AT END OF YEAR)

December 31, 2011 and 2010

(a)	(b) Identity of Issue; Borrower	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	2011 (e) Current Value	2010 (e) Current Value
*	Nationwide Trust Company, FSB	AdvisorOne Amerigo Fund N	**	$ 1,195,279	$ 1,670,280
*	"	AdvisorOne Clermont Fund N	**	492,105	552,820
	"	AdvisorOne Descartes N	**	491,921	702,867
	"	AdvisorOne Enhanced Income Fund N	**	138,987	207,990
	"	AdvisorOne Flexible Income Fund N	**	204,132	212,963
	"	AdvisorOne Liahona N	**	587,041	769,299
	"	AdvisorOne Select Allocation Fund N	**	479,122	638,516
	"	AdvisorOne Select Appreciation Fund N	**	290,974	446,691
	"	AdvisorOne Shelter Fund N	**	107,178	-
	"	AllianceBerstein High Income Fund A	**	25,352	-
	"	American Century Value Fund A	**	8,138	8,941
	"	American Funds American High Income Trust Fund Class R5	**	268	264
	"	American Funds Capital World Growth Income Fund R5	**	54,600	58,698
	"	American Funds Europacific Growth Fund R5	**	10,237	13,675
	"	American Funds Group Fund of America Fund R5	**	66,076	92,406
	"	American Funds New World Fund R5	**	622	727
	"	Ave Maria Growth Fund	**	85	11
	"	Baron Asset Fund	**	48,782	42,704
	"	Blackrock Global Emerging Markets Investment Fund A	**	-	3,123
	"	Blackrock International Opportunity Portfolio Investment A	**	1,900	1,221
	"	Buffalo Flexible Income Fund	**	51,010	-
	"	Calamos Growth & Income Fund A	**	55,980	-
	"	Calvert Global Alternative Energy Fund A	**	-	47,080
	"	Diamond Hill Small Cap Fund A	**	721	-
	"	Dreyfus Opportunity Mid Cap Value Fund A	**	110,057	144,109
	"	Dreyfus S&P 500 Index Fund	**	29,532	61,605
	"	DWS Dreman Small Cap Value Institution Fund	**	42	21
	"	DWS High Income Institution Fund	**	15,789	128
	"	DWS Strategic Value Fund A	**	1,208	1,134
	"	Eagle Capital Appreciation Fund A	**	62,126	59,620
	"	Eagle Series Trust Mid Cap Stock Fund A	**	6,361	13,364
	"	Eaton Vance Floating-Rate Fund A	**	43,333	523
	"	Eaton Vance Income Fund of Boston Class A	**	31,582	358
	"	Eaton Vance Worldwide Health Sciences Fund A	**	377	316
	"	Federated Kaufmann Small Cap Fund A	**	1,516	1,395
	"	Goldman Sachs Growth Opportunity Fund A	**	58,839	57,583
	"	Goldman Sachs Mid Cap Value Fund A	**	28,343	60,457
	"	Goldman Sachs Short Duration Government Fund A	**	58,194	65,854

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December 31, 2011 and 2010

(a)	(b) Identity of Issue; Borrower	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	2011 (e) Current Value	2010 (e) Current Value
	"	Harbor International Investment Fund	**	$ 1,616	$ 1,676
	"	Invesco Energy Investment Fund	**	218	113
	"	Invesco Real Estate Fund A	**	231	71
	"	Invesco Small Cap Growth Investment Fund	**	40,135	1,779
	"	Invesco Utility Investment Fund	**	49,143	-
	"	Invesco VK Growth and Income Fund A	**	39,228	57,701
	"	Invesco VK Real Estate Security A	**	-	5,029
	"	Ivy Asset Strategy Fund Class Y	**	30,094	36,642
	"	Janus Fund T	**	-	46,260
	"	Janus Twenty Fund T	**	138,441	141,527
	"	JPMorgan Intrepid Value Fund A	**	20,864	19,743
	"	Legg Mason Capital Management Growth Trust Inst	**	-	55,747
	"	Legg Mason Western Asset Strategic Income Fund A	**	-	51,014
	"	MFS Massachusetts Investors Trust R4	**	44	20
	"	MFS Research Bond Fund A	**	116,824	95,893
*	"	Nationwide Fund D	**	-	-
*	"	Nationwide Investor Destination Aggressive Securities	**	5,127	4,854
*	"	Nationwide Investor Destination Conservative Securities	**	9,241	12,608
*	"	Nationwide Investor Destination Moderate Aggressive Securities	**	12,201	14,389
*	"	Nationwide Investor Destination Moderate Conservative Securities	**	2,363	1,562
*	"	Nationwide Investor Destination Moderate Securities	**	3,816	20,697
*	"	Nationwide Money Market Institutional Fund	**	876,568	802,690
	"	Neuberger Berman Genesis Fund Tr	**	240,015	189,808
	"	Oakmark Equity & Income Fund Ii	**	177,478	207,563
	"	Oppenheimer Development Markets Fund A	**	23,540	53,229
	"	Oppenheimer Global Opportunity Fund Class A	**	134,842	139,100
	"	Oppenheimer Limited Term Government Fund A	**		26,973
	"	Opportunity Global Fund Class A	**	67,394	76,742
	"	Opportunity Main Short-Term Small Cap Fund A	**	-	12,128
	"	PIMCO Total Return Fund Institution	**	63,281	117,449
	"	Pioneer Strategic Income Fund A	**	1,475	43,737
	"	Principal MidCap Blend Institutional Fund	**	25,402	4
	"	Rydex SGI Nova Adv Fund	**	735	644
	"	Rydex SGI Precious Metals Adv	**	1,049	1,111
	"	Rydex SGI S&P 500 Pure Value Fund H	**	1,206	1,128
	"	Rydex SGI S&P MidCap 400 Pure Value Fund H	**	1,163	1,130

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	"	Scout International Fund	**	$ 43,898	$ 46,028
	"	T Rowe Premier Equity Income Fund R	**	65,499	59,863
	"	Thornburg International Value Fund I	**	70,286	77,896
	"	Vanguard GNMA Fund	**	44,703	-
	"	Vanguard Intermediate Term Treasury Investment Fund	**	-	49,528
	"	Victory Diversified Stock Fund A	**	22,602	24,837
	"	WFAF Governmental Securities Investment Fund Cl	**	106,769	73,365
	"	WFAF Small Cap Value Fund A	**	52,296	44,980
	"	WFAF Total Return Bond Fund A	**	21,439	12,596
*	"	Uninvested cash	**	3,327	-
*	Participant loans	Principal + interest ranging from 4.25% to 6.00% repayable in bi-weekly installments	-	134,214	195,273
				$ 7,406,576	$ 8,761,870

* Party-in-interest as defined by ERISA
** Cost omitted for participant directed investments

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*	"	AdvisorOne Clermont Fund N	**	492,105	552,820
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	"	AllianceBerstein High Income Fund A	**	25,352	-
	"	American Century Value Fund A	**	8,138	8,941
	"	American Funds American High Income Trust Fund Class R5	**	268	264
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	"	Ave Maria Growth Fund	**	85	11
	"	Baron Asset Fund	**	48,782	42,704
	"	Blackrock Global Emerging Markets Investment Fund A	**	-	3,123
	"	Blackrock International Opportunity Portfolio Investment A	**	1,900	1,221
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	"	Calamos Growth & Income Fund A	**	55,980	-
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	"	Dreyfus Opportunity Mid Cap Value Fund A	**	110,057	144,109
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	"	Rydex SGI Nova Adv Fund	**	735	644
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	"	Rydex SGI S&P 500 Pure Value Fund H	**	1,206	1,128
	"	Rydex SGI S&P MidCap 400 Pure Value Fund H	**	1,163	1,130

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	"	Vanguard GNMA Fund	**	44,703	-
	"	Vanguard Intermediate Term Treasury Investment Fund	**	-	49,528
	"	Victory Diversified Stock Fund A	**	22,602	24,837
	"	WFAF Governmental Securities Investment Fund Cl	**	106,769	73,365
	"	WFAF Small Cap Value Fund A	**	52,296	44,980
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*	"	Uninvested cash	**	3,327	-
*	Participant loans	Principal + interest ranging from 4.25% to 6.00% repayable in bi-weekly installments	-	134,214	195,273
				$ 7,406,576	$ 8,761,870

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