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;
- [X] 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
NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 02/01/1998

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

3333 MT. PROSPECT ROAD
FRANKLIN PARK, IL 60131

2b Employer Identification Number (EIN) 36-2960004

2c Sponsor's telephone number 630-782-1000

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.	10/14/2011	JOHN SHAHINIAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	JOHN SHAHINIAN
	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")
NATIONAL LIFT TRUCK, INC.

3333 MT. PROSPECT ROAD
FRANKLIN PARK, IL 60131

3b Administrator's EIN
36-2960004

3c Administrator's telephone number
630-782-1000

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**	160
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**	65
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	79
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	144
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
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**	145
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 2R

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)	X	**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.**	**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
NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL LIFT TRUCK, INC.

D Employer Identification Number (EIN)
36-2960004

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)

MERRILL LYNCH RETIREMENT

22-3513863

(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?
12	PARTYININTEREST	1990	Yes [ ] No [X]	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 [ ]

(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 ☐

(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
(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.	

(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

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

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

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

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

Explanation:

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 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
NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATIONAL LIFT TRUCK, INC.

D Employer Identification Number (EIN)
36-2960004

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: ML RETIREMENT PRESERVATION TRUST

b Name of sponsor of entity listed in (a): MERRILL LYNCH BANK USA

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)
22-6484011-001	C	1774346

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)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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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
NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL LIFT TRUCK, INC.

D Employer Identification Number (EIN)
36-2960004

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2615	2616
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34049	29348
(2) U.S. Government securities	1c(2)	89580	86243
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	42618	44324
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1110323	1339794
(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)	197695	185998
(9) Value of interest in common/collective trusts	1c(9)	1660002	1744346
(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)	4071728	4139604
(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	7208610	7572273
	Liabilities			
g	Benefit claims payable	1g	21269	24549
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	21269	24549
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7187341	7547724

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)	17026	
	(B) Participants	2a(1)(B)	203109	
	(C) Others (including rollovers)	2a(1)(C)	35006	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		255141
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)	7969	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7969
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	65716	
	(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)		65716
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2385901	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2382497	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3404

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	632747	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		632747
(6) Net investment gain (loss) from common/collective trusts	2b(6)		120414
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1085391
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	723018	
(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)		723018
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1990	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1990
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		725008
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		360383
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: CHARLES J. GRIES & CO., L.L.P. (2) EIN: 36-3383864

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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
NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL LIFT TRUCK, INC.

D Employer Identification Number (EIN)
36-2960004

Part I Distributions

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

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

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

EIN(s): 22-3513863

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** 39

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):

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Financial Statements

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CHARLES J. GRIES & COMPANY

Certified
Public Accountants

Woodfield Executive
Center

1101 Perimeter Drive
Suite 800

Schaumburg
Illinois
60173-5026

T.847.517.8222

F.847.517.8553

Independent Auditor's Report

Plan Administrator
National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust

We were engaged to audit the financial statements of National Lift Truck Companies Profit Sharing 401(k) Plan and Trust as of December 31, 2010 and 2009 and for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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, 2010 and 2009, 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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.

Charles J. Gries & Company L.L.P.

CHARLES J. GRIES & COMPANY L.L.P.
Certified Public Accountants

Schaumburg, Illinois
October 10, 2011

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Statements of Net Assets Available for Plan Benefits
December 31, 2010 and 2009

	2010	*2009*
Investments		
At Fair Value		
Mutual funds	$ 4,011,471	$ 4,009,604
Common/collective trust funds	1,744,346	1,660,002
Self-directed brokerage accounts	1,627,842	1,338,694
Total Investments	7,383,659	7,008,300
Other Assets		
Receivables		
Participant notes receivable	185,998	197,695
Interest	2,616	2,615
Total Other Assets	188,614	200,310
Total Assets	7,572,273	7,208,610
Liabilities		
Benefits payable	24,549	21,269
Total Liabilities	24,549	21,269
Net Assets Reflecting All Investments at Fair Value	7,547,724	7,187,341
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	120,414
Net Assets Available for Plan Benefits	$ 7,547,724	$ 7,307,755

The accompanying notes are an integral part of the financial statements.

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Statement of Changes in Net Assets Available for Plan Benefits
For the Year Ended December 31, 2010

Additions to Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of investments	$	632,747
Dividend and other investment income		69,120
Total Investment Income		701,867
Interest - Participant Notes Receivable		7,969
Contributions		
Participants		203,109
Employer		17,026
Rollovers		35,006
Total Contributions		255,141
Total Additions		964,977
Deductions from Net Assets Attributed to:		
Benefits paid to participants		723,018
Administrative expenses		1,990
Total Deductions		725,008
Net Increase		239,969
Net Assets Available for Benefits		
Beginning of Year		7,307,755
End of Year	$	7,547,724

The accompanying notes are an integral part of the financial statements.

1. Summary of Accounting Policies

Basis of Accounting

The financial statements of the National Lift Truck Companies Profit Sharing 401(k) Plan and Trust (the "Plan") have been prepared under the accrual method of accounting.

New Accounting Pronouncements

Effective January 1, 2010, the Plan adopted the Financial Accounting Standards Board ("FASB") guidance that requires participants' loans to be classified as notes receivables from participants, which are segregated from plan investments and measured at their unpaid principle balance plus any unpaid interest. The Plan has reclassified participant loans of $185,998 and $197,695 at December 31, 2010 and 2009, respectively, from investments to notes receivable from participants.

In January 2010, FASB issued guidance that requires reporting entities to make new disclosures about recurring or nonrecurring fair value measurements including significant transfers into and out of Level 1 and Level 2 fair value measurements and information on purchases, sales, issuance, and settlements on a gross basis in the reconciliation of Level 3 reconciliation disclosures that are effective for periods beginning after December 15, 2010. The adoption of this guidance did not have a material impact on the financial statements. The guidance also clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented.

Subsequent Events

In accordance with FASB Accounting Standards Codification ("ASC") Topic 855, *Subsequent Events,* the Plan evaluated subsequent events through October 10, 2011, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

Investments and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market price, which represent the net asset value of shares held by the Plan at year end. The self-directed brokerage accounts consist of common stocks, money market funds, U.S. Government securities, and corporate bonds. Common stocks are valued at quoted market prices; money market funds are valued at cost, which approximates fair value. U.S. Government securities and corporate bonds are valued at estimated fair value basis on similar securities by a third party. Common collective trust funds are stated at fair value as determined by the issuer of the common collective trust funds based on the fair market value of the underlying investments. Common collective trust funds with underlying investments in investments contracts are valued at fair market value of the underlying investments and then adjusted by the issuer to contract value.

1. **Summary of Accounting Policies (Continued)**

Investments and Income Recognition (Continued)

The Merrill Lynch Retirement Preservation Trust, a stable value fund (the "Fund"), is a collective trust fund sponsored by Merrill Lynch Bank and Trust Co., FSB. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant net asset value of $1 per unit. Distributions to the Fund's unit holders are declared daily from the net investment income and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable net asset value of $1 per unit; although there is no guarantee that the Fund will be able to maintain this value.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Fund, plus earnings, less participant withdrawals and administrative expenses. The Fund imposes certain restrictions on the Plan, and the Fund itself may be subject to circumstances that impact its ability to transact at contract value.

In accordance with ASC Topic 962, *Plan Accounting-Defined Contribution Pension Plans,* the Fund is included at fair value in the statement of net assets available for plan benefits at December 31, 2009, and an additional line item is presented representing the adjustment from fair value to contract value. For the period January 1, 2010 through October 6, 2010, investments held by the Fund were reported at contract value. Effective October 6, 2010, the Fund was approved for termination and commencement of liquidation of its assets, at which point it changed from a stable value fund to a short-term bond fund. As of December 31, 2010, all investments held by the Fund are stated at amortized cost, which approximates market value. The statement of changes in net assets available for plan benefits for the year ended December 31, 2009, is presented on a contract value basis.

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

Management fees and operating expenses charged to mutual fund investments are deducted from income earned on a daily basis and are not separately reflected. Management fees and operating expenses charged to the Plan for investments in the common collective trust funds are accrued daily and charged to the Plan at the end of each month. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments. Account and investments management fees charged on accounts maintained for the benefit of participants that are invested in individual securities are charged directly to the account and recorded as administrative expenses in the statement of changes in net assets available for plan benefits.

1. **Summary of Accounting Policies (Continued)**

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Administrative Expenses

The costs incurred in the administration of the Plan are paid by the Plan Sponsor, other than mentioned above.

Plan Amendments

The Plan was amended in November 2009 to comply with the most current government regulations. There were no significant changes to the operation of the Plan due to the amendment.

2. **Plan Description**

The following description of the National Lift Truck Companies Profit Sharing 401(k) Plan and Trust 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 adopted by National Lift Truck, Inc. (Plan Administrator and Sponsor) during January 1994 for certain employees of National Lift Truck, Inc. (the "Company"), National Battery, Inc., National Lift of Arkansas, Inc., and Nissan Liftrucks of Memphis, L.L.C. (together with the Company, the "Employer"). The Plan Administrator maintains all necessary employment records and determines participant eligibility.

Participation and Vesting

Full-time and part time non-union employees of the Employer become eligible to participate in the Plan on the first day of the quarter following their completion of one month of service. Participants are immediately vested in their elective and employer matching contributions, plus actual earnings thereon. Vesting in the Employer's non-elective contribution portion of their account is based on years of continuous service. A participant is 100% vested after six years of service as follows:

Years of Service	*Vesting Percentage*
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6	100%

2. **Plan Description (Continued)**

Payments of Benefits

Upon termination of services due to death, disability or retirement, a participant may elect to take a lump-sum distribution, a series of equal installments over a period not exceeding ten years, or the purchase of an annuity contract.

Participants' Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's matching contribution, (b) the Employer's non-elective contribution, (c) plan earnings, and (d) forfeitures of terminated participants' non-vested accounts. 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.

The Plan currently offers a collective trust fund, fourteen mutual funds, and self-directed brokerage accounts as investment options for participants.

Company Contributions

The Employer will match 25% of the first 4% of each participant's contribution up to 1% of their compensation. The Employer also makes a discretionary non-elective contribution which is allocated to all eligible employees based on the order as follows:

1. An amount equal to 1% shall be allocated to each participant's account based on their annual compensation.
2. Class A – Shareholder-Employees – Lesser of 25% of compensation or $30,000.
3. Class B – Executive Managers – 2 times the allocation percentage of Class D.
4. Class C – Managers – One and one half (1.5) times the allocation percentage of Class D.
5. Class D - .25% of all compensation.

If there is a balance to be allocated after Class D, the entire process is repeated until all funds have been allocated.

The Employer also has the option to allocate the total contribution to each class based on each participant's compensation as a percentage of the whole class of compensation.

There were no discretionary contributions by the Employer for the year ended December 31, 2010.

2. **Plan Description (Continued)**

Participant Contributions

No contributions are required by participants. However, under the terms of the Plan, a participant may elect to defer a portion of their earnings, limited to the maximum allowable amount under the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distribution from other qualified defined benefit or contribution plans. Participants direct the investment of their contribution into various investment options offered by the Plan.

Forfeitures

Unallocated forfeitures at December 31, 2010, totaled $26,750. These amounts will be used to reduce future Employer contributions.

Participant Loans

The Plan allows participants to take out loans secured by their vested account balances. Participants may borrow a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans must be repaid within five years except for loans used to purchase the participant's principle residence. Interest is charged at a rate similar to that charged by a lending institution for a similar loan. Interest rates range from 4.25% to 9.25% for those loans outstanding at December 31, 2010. Principal and interest are paid ratably through payroll deductions.

3. **Investments**

The following table presents the fair value of investments at December 31 that represent 5% or more of the Plan's net assets. The Plan does not have any non-participant-directed investments.

	2010	*2009*
Investments at fair value:		
ML Retirement Preservation Trust	$ 1,744,346	$ 1,660,002
American Growth Fund of America	1,059,207	938,941
Oppenheimer Global Allocation	746,110	685,420
Massachusetts Investors Growth Stock Fund	892,185	829,829

During 2010, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by $632,747 as follows:

Mutual funds	$ 386,831
Self-directed accounts	245,916
Total	$ 632,747

4. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quotes and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan did not have any investments utilizing Level 3 inputs at December 31, 2010 or 2009. 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. There were no transfers in or out of Levels 1, 2, or 3 for the year ended December 31, 2010.

Level 1 Fair Value Measurements

The fair value of money market investments are valued at cost. The fair values of mutual funds and common stocks are based on quoted market prices, when available.

Level 2 Fair Value Measurements

At December 31, 2009, the fair value of the common trust fund (Merrill Lynch Retirement Trust) is based on information provided by the issuer of the common trust fund, by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer of the specific instruments held by the fund at the end of the year. Corporate bonds, U.S. Treasury and Agency bonds are valued by a third party brokerage house. As of December 31, 2010, all investments held by the common trust fund are stated at amortized cost, which approximates market value.

The Plan's investments are reported at fair value in the accompanying statement of assets available for benefits. The following tables set forth the Plan's financial assets that were accounted for at fair value on a recurring basis:

4. **Fair Value Measurements (Continued)**

		Fair Value Measurements Using	
	Fair Value	**(Level 1)**	**(Level 2)**
December 31, 2010			
Mutual funds			
Growth funds	$ 2,072,293	$ 2,072,293	$ -
Allocation funds	746,110	746,110	-
Value funds	375,231	375,231	-
Government funds	426,098	426,098	-
Blended funds	330,356	330,356	-
Other funds	61,383	61,383	-
Total mutual funds	4,011,471	4,011,471	-
Common/collective trust funds	1,744,346	-	1,744,346
Self-directed investments:			
Money markets and cash	29,348	29,348	-
Common stock			
Industrials	381,101	381,101	-
Consumer	263,475	263,475	-
Healthcare	165,640	165,640	-
Energy	147,872	147,872	-
Technology	146,080	146,080	-
Communication	123,461	123,461	-
Financial services	77,245	77,245	-
Other	34,920	34,920	-
Mutual and exchange traded funds			
Blended funds	90,525	90,525	-
Other	37,608	37,608	-
U.S. Treasury and Agency bonds	86,243	-	86,243
Corporate bonds	44,324	-	44,324
Total self-directed investments	1,627,842	1,497,275	130,567
Total	$ 7,383,659	$ 5,508,746	$ 1,874,913

4. **Fair Value Measurements (Continued)**

		Fair Value Measurements Using	
	Fair Value	(Level 1)	(Level 2)
December 31, 2009			
Mutual funds			
Growth funds	$ 1,890,435	$ 1,890,435	$ -
Allocation funds	685,420	685,420	-
Value funds	407,994	407,994	-
Government funds	363,399	363,399	-
Blended funds	384,835	384,835	-
Other funds	277,521	277,521	-
Total mutual funds	4,009,604	4,009,604	-
Common/collective trust funds	1,660,002	-	1,660,002
Self-directed investments:			
Money markets and cash	34,049	34,049	-
Common stock			
Industrials	273,777	273,777	-
Consumer	243,486	243,486	-
Healthcare	200,967	200,967	-
Energy	62,773	62,773	-
Technology	141,975	141,975	-
Communication	95,298	95,298	-
Financial services	35,280	35,280	-
Other	7,466	7,466	-
Mutual and exchange traded funds			
Blended funds	55,524	55,524	-
Other	55,901	55,901	-
U.S. Treasury and Agency bonds	89,580	-	89,580
Corporate bonds	42,618	-	42,618
Total self-directed Investments	1,338,694	1,206,496	132,198
Total	$ 7,008,300	$ 5,216,100	$ 1,792,200

Gains and losses (realized and unrealized) included in the changes in net assets available for benefits for the year ended December 31, 2010 are reported in net appreciation in fair value of investments.

5. **Plan Termination**

Although it has not expressed any intent to do so, the Employer 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, participants will become 100% vested in their accounts.

6. Income Tax Status

The Plan obtained its latest determination letter on March 23, 1994, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (the IRC). The Plan has since been amended and restated. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

In accordance with GAAP, the Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; 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 the year prior to 2007.

7. Risk and Uncertainties

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

8. Summary of Information Certified by Plan Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustees:

	2010	*2009*
Investments, at fair value:		
Mutual funds	$ 4,011,471	$ 4,009,604
Common/collective trust funds	1,744,346	1,660,002
Self-directed brokerage accounts	1,627,842	1,338,694
Participants notes receivable	185,998	197,695
Accrued interest	2,616	2,615
Investment and interest income	709,836	1,185,881
Benefits paid to participants	723,018	345,452
Administrative expenses	1,990	2,334

9. Parties-in-Interest

Merrill Lynch Bank & Trust Co, FSB is the depository for the Plan's assets and invests funds in accordance with the Trust Agreement. Transactions with parties-in-interest included purchases and sales of assets through the Trustee, contributions from the Company and fees paid to the Trustee and auditors.

10. Reconciliation of Financial Statements to Schedule H of Form 5500

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

Net assets available for benefits per the financial statements	$ 7,307,755
Adjustment to fair value from contract value for fully benefit-responsive investments contracts	(120,414)
Net assets available for benefits per Schedule H of Form 5500	$ 7,187,341

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 239,969
Adjustment to fair value from contract value for fully benefit-responsive investment contracts	120,414
Net increase in net assets available for benefits per Schedule H of Form 5500	$ 360,383

Supplementary Information

CHARLES J. GRIES & COMPANY

Certified
Public Accountants

Woodfield Executive
Center

1101 Perimeter Drive
Suite 800

Schaumburg
Illinois
60173-5026

T.847.517.8222

F.847.517.8553

Independent Auditor's Report on Supplementary Information

Plan Administrator
National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets Held at End of Year 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 schedule is the responsibility of the Plan's management. The supplemental schedule has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we express no opinion on it.

Charles J. Gries & Company L.L.P.

CHARLES J. GRIES & COMPANY L.L.P.
Certified Public Accountants

Schaumburg, Illinois
October 10, 2011

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Schedule H, Line 4i - Schedule of Assets Held at End of Year
36-2960004
Plan # 003
December 31, 2010

(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
	Abbott Labs	Common Stock	-	35,932
	Ace Limited	Common Stock	-	43,575
	AOL	Common Stock	-	142
	AT&T	Common Stock	-	33,229
	Apache Corp	Common Stock	-	41,731
	Boeing Company	Common Stock	-	52,208
	Caterpillar, Inc	Common Stock	-	60,879
	Century Link, Inc.	Common Stock	-	47,417
	Chevron Corp	Common Stock	-	11,406
	Coca Cola Company	Common Stock	-	52,616
	Comp Sider NACL SPNS ADR	Common Stock	-	5,001
	Comcast Corp	Common Stock	-	2,109
	Conoco Phillips	Common Stock	-	49,373
	Dean Foods Co NEW	Common Stock	-	1,768
	Dendreon Corp Del	Common Stock	-	34,920
	Du Pont E I DE Nemours	Common Stock	-	9,976
	General Mills	Common Stock	-	14,236
	Google, Inc	Common Stock	-	44,548
	Hewlett Packard	Common Stock	-	5,052
	Honeywell, Int	Common Stock	-	70,437
	Johnson and Johnson Company	Common Stock	-	44,750
	Kraft Foods, Inc	Common Stock	-	70,582
	L-3 Communications	Common Stock	-	12,336
	Marathon Oil Corp	Common Stock	-	45,362
	Marina Biotech Inc	Common Stock	-	677
	McDonalds Corp	Common Stock	-	59,489
	Medtronic, Inc	Common Stock	-	7,418
	Merck and Co	Common Stock	-	9,010
	Metlife Inc.	Common Stock	-	33,330
	Microsoft Corp	Common Stock	-	11,164
	Mosaic Co	Common Stock	-	9,545
	Motorola, Inc	Common Stock	-	1,361
	Nextera Energy Inc.	Common Stock	-	10,398
	Old Second Bancorp	Common Stock	-	340
	Oshkosh Truck Co	Common Stock	-	63,432
	Pfizer, Inc	Common Stock	-	5,253
	Phillip Morris Int	Common Stock	-	8,780
	Procter & Gamble Co	Common Stock	-	53,072
	Sonic Foundry, Inc	Common Stock	-	85,174
	SPDR Gold Trust	Common Stock	-	27,744
	Thermo Fisher Scientific	Common Stock	-	27,680
	Time Warner, Inc	Common Stock	-	2,123
	Time Warner Cable Inc.	Common Stock	-	1,056
	United Techs Corp	Common Stock	-	35,424
	Veolia Environment	Common Stock	-	32,002
	Vodafone Group, Inc	Common Stock	-	26,440
	Wal-Mart	Common Stock	-	809

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Schedule H, Line 4i - Schedule of Assets Held at End of Year
36-2960004
Plan # 003
December 31, 2010

(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
	Waste Management, Inc	Common Stock	-	54,383
	Windstream Corp	Common Stock	-	11,849
	BIF Money Fund	Money Market	-	29,348
	Vanguard Total Stock Fund	Mutual Fund	-	66,229
	Vanguard Financials	Electronically Trade Fund	-	15,712
	Vanguard Small Cap Value	Mutual Fund	-	8,584
	Vanguard Small Cap	Mutual Fund	-	9,864
	Baxtar Int Bond	4.625% due 3/15/15	-	10,890
	Shell International Fin	5.20% due 3/22/17	-	11,089
	Abbot Labs Bond	5.875% due 5/15/16	-	11,544
	General Electric Co Bond	5.25% due 12/6/17	-	10,801
	Accrued Int on Corporate bonds	Accrued interest	-	2,616
	US Treasury Notes	4% due 8/15/18	-	27,092
	US Treasury Notes	5% due 2033	-	43,882
	US Treasury Notes	5% due 2036	-	15,269
*	ML Retirement Preservation Trust	Common Trust Fund	-	1,744,346
	Blackrock International Value Fd	Mutual Fund	-	131,782
	Blackrock St Bond Fd A	Mutual Fund	-	5,294
	Federated Kaufman Fd	Mutual Fund	-	110,510
	JP Morgan Mid-Cap Value Fd	Mutual Fund	-	92,183
	Allianz RCM Tech Cl	Mutual Fund	-	56,089
	American Growth Fd of America	Mutual Fund	-	1,059,207
	Blackrock Capital Appreciation	Mutual Fund	-	10,391
	ING International Value Fd	Mutual Fund	-	71,278
	Blackrock Government Inc Fd	Mutual Fund	-	426,098
	MFS Value Fund	Mutual Fund	-	211,770
	Oppen Global Allocation	Mutual Fund	-	746,110
	Mass Investment Growth Stk Fd	Mutual Fund	-	892,185
	Blackrock International Fund	Mutual Fund	-	48,324
	Davis NY Venture Fd	Mutual Fund	-	150,250
*	Participant Loans	Participant Loans ***	-	185,998
			$ -	$ 7,572,273

* - Indicates a party-in-interest
** - Cost information is not required for participant-directed investments
*** - Interest rates range from 4.25% to 9.25%