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

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. | 10/11/2012 | JOHN SHAHINIAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/11/2012 | 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

**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** | 145 |
| **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** | 82 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 25 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 108 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 108 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 108 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**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
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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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**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, PIERCE, FENNER & SMI

4 WORLD FINANCIAL CENTER
NEW YORK, NY 10281

13-5674085

| (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? |
|---|---|---|---|---|---|---|
| 64 51 71 | RECORDKEEPER | 9564 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MERRILL LYNCH, PIERCE, FENNER, & SM

4 WORLD FINANCIAL CENTER
NEW YORK, NY 10281

13-5674085

| (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? |
|---|---|---|---|---|---|---|
| 52 59 60 62 | RECORDKEEPER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 33568 | Yes [ ] No [X] |

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

MERRILL LYNCH, PIERCE, FENNER, & SM

4 WORLD FINANCIAL CENTER
NEW YORK, NY 10281

13-5674085

| (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? |
|---|---|---|---|---|---|---|
| 62 72 | | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

**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)

| (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 |
|---|---|---|
| | | |

| **(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 |
|---|---|---|
| | | |

## 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

**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
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 | 1161943 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# 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
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) | | 87154 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 2616 | 2616 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 29348 | 154175 |
| **(2)** U.S. Government securities | 1c(2) | 86243 | 84091 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 44324 | 78118 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 1339794 | 1314808 |
| **(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) | 185998 | 155180 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1744346 | 1167811 |
| **(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) | 4139604 | 4496446 |
| **(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 | 7572273 | 7540399 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 24549 | 18494 |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 24549 | 18494 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 7547724 | 7521905 |

## 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) | 87154 | |
| **(B)** Participants | 2a(1)(B) | 205248 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 7350 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 299752 |
| **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) | 7053 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7053 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 65558 | |
| **(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) | | 65558 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 5040588 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 5103611 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -63023 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | -115199 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | -115199 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 5868 |
| (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 | | 200009 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 223650 | |
| (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) | | 223650 |
| 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) | 2178 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 2178 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 225828 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -25819 |
| 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

**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
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** 45

## 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):

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


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cjg partners LLP

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## 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, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedule as of December 31, 2011, 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, 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 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.

cjg partners LLP

**cjg partners LLP**
Certified Public Accountants & Advisors

Schaumburg, Illinois
October 5, 2012

**National Lift Truck Companies**
**Profit Sharing 401(k) Plan and Trust**
**Statements of Net Assets Available for Plan Benefits**
**December 31, 2011 and 2010**

| | *2011* | *2010* |
|---|---|---|
| **Investments** | | |
| At Fair Value | | |
| Mutual funds | $ 4,385,738 | $ 4,011,471 |
| Common/collective trust funds | 1,167,811 | 1,744,346 |
| Self-directed brokerage accounts | 1,741,900 | 1,627,842 |
| **Total Investments** | 7,295,449 | 7,383,659 |
| **Other Assets** | | |
| Receivables | | |
| Participant notes receivable | 155,180 | 185,998 |
| Interest | 2,616 | 2,616 |
| Employer | 87,154 | - |
| **Total Other Assets** | 244,950 | 188,614 |
| **Total Assets** | 7,540,399 | 7,572,273 |
| **Liabilities** | | |
| Benefits payable | 18,494 | 24,549 |
| **Total Liabilities** | 18,494 | 24,549 |
| **Net Assets Reflecting All Investments at Fair Value** | 7,521,905 | 7,547,724 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | (5,868) | - |
| **Net Assets Available for Plan Benefits** | $ 7,516,037 | $ 7,547,724 |

***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, 2011**

| | |
|---|---|
| **Additions to Net Assets Attributed to:** | |
| **Investment Loss:** | |
| Net depreciation in fair value of investments | $ (178,222) |
| Dividend and other investment income | 65,558 |
| **Total Investment Loss** | (112,664) |
| **Interest - Participant Notes Receivable** | 7,053 |
| **Contributions** | |
| Participants | 205,248 |
| Employer | 87,154 |
| Rollovers | 7,350 |
| **Total Contributions** | 299,752 |
| **Total Additions** | 194,141 |
| **Deductions from Net Assets Attributed to:** | |
| Benefits paid to participants | 223,650 |
| Administrative expenses | 2,178 |
| **Total Deductions** | 225,828 |
| **Net Decrease** | (31,687) |
| **Net Assets Available for Benefits** | |
| **Beginning of Year** | 7,547,724 |
| **End of Year** | $ 7,516,037 |

***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.

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 5, 2012, 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 Invesco Stable Value Retirement Trust, a short term bond fund (the "New Fund"), is a collective trust fund sponsored by Invesco National Trust Company, effective as of November, 19 2010. The Merrill Lynch Retirement Preservation Trust, a stable value fund (the "Old 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 New Fund and Old Fund's constant net asset value of $1 per unit. Distributions to the New Fund and Old Fund's unit holders are declared daily from the net investment income and automatically reinvested in the New Fund and Old Fund on a monthly basis, when paid. It is the policy of the New Fund and Old Fund to use its best efforts to maintain a stable net asset value of $1 per unit; although there is no guarantee that the New Fund or Old 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 New Fund and Old Fund, plus earnings, less participant withdrawals and administrative expenses. The New Fund and Old Fund impose certain restrictions on the Plan, and the New Fund and Old 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 New Fund and Old Fund is included at fair value in the statement of net assets available for plan benefits at December 31, 2011, 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 Old Fund were reported at contract value. Effective October 6, 2010, the Old 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 Old 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, 2011, 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

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

**Investments and Income Recognition (Continued)**

the account and recorded as administrative expenses in the statement of changes in net assets available for plan benefits.

**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.

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, 2011.

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, 2011, totaled $52,316. 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, 2011. 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.

| | *2011* | *2010* |
|---|---|---|
| Investments at fair value: | | |
| ML Retirement Preservation Trust | $ * | $ 1,744,346 |
| American Growth Fund of America | * | 1,059,207 |
| Blackrock Fundamental Growth FD | 907,904 | * |
| Oppenheimer Global Allocation | 741,971 | 746,110 |
| Invesco Stable Value Retirement Trust | 1,167,811 | * |
| Massachusetts Investors Growth Stock Fund | 932,052 | 892,185 |

During 2011, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by $178,222 as follows:

| | |
|---|---|
| Mutual funds | $ 178,222 |
| Self-directed accounts | - |
| Total | $ 178,222 |

**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, 2011 or 2010. 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, 2011.

**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, 2011, the fair value of the common trust fund (Invesco Stable Value 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 (Merrill Lynch Retirement Trust) 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 | Fair Value Measurements Using (Level 1) | (Level 2) |
|---|---|---|---|
| **December 31, 2011** | | | |
| Mutual funds | | | |
| Growth funds | $ 3,067,089 | $ 3,067,089 | $ - |
| Allocation funds | | | - |
| Value funds | 442,198 | 442,198 | - |
| Government funds | 361,752 | 361,752 | - |
| Blended funds | 325,706 | 325,706 | - |
| Other funds | 188,993 | 188,993 | - |
| Total mutual funds | 4,385,738 | 4,385,738 | - |
| Common/collective trust funds | 1,167,811 | - | 1,167,811 |
| *Self-directed investments:* | | | |
| Money markets and cash | 154,175 | 154,175 | - |
| Common stock | | | |
| Industrials | 331,878 | 331,878 | - |
| Consumer | 325,517 | 325,517 | - |
| Healthcare | 179,771 | 179,771 | - |
| Energy | 138,407 | 138,407 | - |
| Technology | 164,337 | 164,337 | - |
| Communication | 109,275 | 109,275 | - |
| Financial services | 260 | 260 | - |
| Other | 65,363 | 65,363 | - |
| Mutual and exchange traded funds | | | |
| Blended funds | 95,509 | 95,509 | - |
| Other | 15,199 | 15,199 | - |
| U.S. Treasury and Agency bonds | 84,091 | - | 84,091 |
| Corporate bonds | 78,118 | - | 78,118 |
| Total self-directed investments | 1,741,900 | 1,579,691 | 162,209 |
| Total | $ 7,295,449 | $ 5,965,429 | $ 1,330,020 |

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

| | Fair Value | Fair Value Measurements Using (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 |

Gains and losses (realized and unrealized) included in the changes in net assets available for benefits for the year ended December 31, 2011 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, 2011, 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 2008.

**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:

| | *2011* | *2010* |
|---|---|---|
| Investments, at fair value: | | |
| Mutual funds | $ 4,385,738 | $ 4,011,471 |
| Common/collective trust funds | 1,161,943 | 1,744,346 |
| Self-directed brokerage accounts | 1,741,900 | 1,627,842 |
| Participants notes receivable | 155,180 | 185,998 |
| Accrued interest | 2,616 | 2,616 |
| Investment and interest income | 105,611 | 709,836 |
| Benefits paid to participants | 223,650 | 723,018 |
| Administrative expenses | 2,178 | 1,990 |

**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:

| | *2011* | *2010* |
|---|---|---|
| Net assets available for benefits per the financial statements | $7,516,037 | $ 7,547,724 |
| Adjustment to fair value from contract value for fully benefit-responsive investments contracts | 5,868 | - |
| Net assets available for benefits per Schedule H of Form 5500 | $7,521,905 | $ 7,547,724 |

The following is a reconciliation of net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2011 to Schedule H of Form 5500:

| | |
|---|---|
| Net decrease in net assets available for benefits per the financial statements | $ 31,687 |
| Adjustment to fair value from contract value for fully benefit-responsive investment contracts | (5,868) |
| Net decrease in net assets available for benefits per Schedule H of Form 5500 | $ 25,819 |

*Supplementary Information*

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Certified Public Accountants & Advisors

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## 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.

cjg partners LLP

**cjg partners** LLP
Certified Public Accountants & Advisors

Schaumburg, Illinois
October 5, 2012

**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, 2011**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| | ABB Ltd | Common Stock | $ - | $ 5,649 |
| | Abbott Labs | Common Stock | - | 42,173 |
| | American Midstream | Common Stock | - | 7,268 |
| | AOL | Common Stock | - | 91 |
| | AT&T | Common Stock | - | 46,297 |
| | Apache Corp | Common Stock | - | 22,645 |
| | Boeing Company | Common Stock | - | 69,683 |
| | Caterpillar, Inc | Common Stock | - | 58,890 |
| | Chevron Corp | Common Stock | - | 13,300 |
| | Coca Cola Company | Common Stock | - | 55,976 |
| | Comcast Corp | Common Stock | - | 2,276 |
| | Conoco Phillips | Common Stock | - | 52,831 |
| | Du Pont E I DE Nemours | Common Stock | - | 43,491 |
| | Energy Transfer Ptners | Common Stock | - | 35,305 |
| | Google, Inc | Common Stock | - | 48,443 |
| | Honeywell, Int | Common Stock | - | 72,014 |
| | Intel Corp | Common Stock | - | 9,700 |
| | Johnson and Johnson Company | Common Stock | - | 45,906 |
| | Kimberly Clark | Common Stock | - | 44,136 |
| | Kraft Foods, Inc | Common Stock | - | 78,456 |
| | L-3 Communications | Common Stock | - | 11,669 |
| | Macquarie GL Infrstrc TR | Common Stock | - | 6,796 |
| | Marathon Oil Corp | Common Stock | - | 7,058 |
| | Marina Biotech Inc | Common Stock | - | 38 |
| | McDonalds Corp | Common Stock | - | 77,756 |
| | Merck and Co | Common Stock | - | 9,425 |
| | Microsoft Corp | Common Stock | - | 48,026 |
| | Motorola Mobility | Common Stock | - | 698 |
| | Motorola Solutions, Inc | Common Stock | - | 972 |
| | National Grid PLC SP ADR | Common Stock | - | 9,696 |
| | Nextera Energy Inc. | Common Stock | - | 12,176 |
| | Old Second Bancorp | Common Stock | - | 260 |
| | Oracle Corp | Common Stock | - | 5,130 |
| | Oshkosh Truck Co | Common Stock | - | 38,484 |
| | Pacific Biosciences | Common Stock | - | 1,316 |
| | Pfizer, Inc | Common Stock | - | 58,428 |
| | Phillip Morris Int | Common Stock | - | 11,772 |
| | Procter & Gamble Co | Common Stock | - | 55,036 |
| | Sonic Foundry, Inc | Common Stock | - | 45,628 |
| | SPDR Gold Trust | Common Stock | - | 15,199 |
| | Thermo Fisher Scientific | Common Stock | - | 22,485 |
| | Time Warner, Inc | Common Stock | - | 2,385 |
| | Time Warner Cable Inc. | Common Stock | - | 1,017 |
| | United Techs Corp | Common Stock | - | 32,891 |
| | Vodafone Group, Inc | Common Stock | - | 47,651 |
| | Waste Management, Inc | Common Stock | - | 48,247 |
| | Windstream Corp | Common Stock | - | 12,034 |

**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, 2011**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| | BIF Money Fund | Money Market | - | 154,175 |
| | Vanguard Total Stock Fund | Mutual Fund | - | 65,586 |
| | Vanguard Small Cap Value | Mutual Fund | - | 14,727 |
| | Vanguard Small Cap | Mutual Fund | - | 8,400 |
| | Baxtar Int Bond | 4.625% due 3/15/15 | - | 11,058 |
| | Shell International Fin | 5.20% due 3/22/17 | - | 11,692 |
| | Abbot Labs Bond | 5.875% due 5/15/16 | - | 11,731 |
| | General Electric Co Bond | 5.25% due 12/6/17 | - | 11,478 |
| | Swiss Re Solutions | 6.45% due 3/1/19 | - | 11,199 |
| | Charles Schwab Corp | 4.45% due 7/22/20 | - | 10,581 |
| | HSBC Finance Corp | 5.6% due 2/15/18 | - | 10,379 |
| | Accrued Int on Corporate bonds | Accrued interest | - | 2,616 |
| | US Treasury Notes | 4% due 8/15/18 | - | 29,443 |
| | US Treasury Notes | 5% due 2033 | - | 41,961 |
| | US Treasury Notes | 5% due 2036 | - | 12,687 |
| | Invesco Stable Value Retirement Trust | Common Trust Fund | - | 1,167,811 |
| | Blackrock St Bond Fd A | Mutual Fund | - | 25 |
| | JP Morgan Mid-Cap Value Fd | Mutual Fund | - | 160,652 |
| | Allianz RCM Tech Cl | Mutual Fund | - | 57,943 |
| | Blackrock Fundamental Growth Fd | Mutual Fund | - | 907,904 |
| | MFS Value Fund | Mutual Fund | - | 281,546 |
| | Oppen Global Allocation | Mutual Fund | - | 741,971 |
| | Mass Investment Growth Stk Fd | Mutual Fund | - | 932,052 |
| | Blackrock Capital APP GM | Mutual Fund | - | 173,030 |
| | Blackrock International | Mutual Fund | - | 57,152 |
| | Blackrock International GM | Mutual Fund | - | 105,855 |
| | Blackrock International I | Mutual Fund | - | 38,443 |
| | Calamos International | Mutual Fund | - | 123,441 |
| | Delaware Investment Div Inc | Mutual Fund | - | 188,967 |
| | Ivy Mid Cap Growth Fund | Mutual Fund | - | 130,749 |
| | Putnam Capital Opp Fund | Mutual Fund | - | 124,256 |
| | Sentinel Government | Mutual Fund | - | 361,752 |
| * | Participant Loans | Participant Loans *** | - | 155,180 |
| | | | $ - | $ 7,453,245 |

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

PARTY IN INTEREST -
IDENTITY - ABB Ltd
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5649

PARTY IN INTEREST -
IDENTITY - Abbott Labs
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 42173

PARTY IN INTEREST -
IDENTITY - American Midstream
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7268

PARTY IN INTEREST -
IDENTITY - AOL
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 91

PARTY IN INTEREST -
IDENTITY - AT&T
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 46297

PARTY IN INTEREST -
IDENTITY - Apache Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 22645

PARTY IN INTEREST -
IDENTITY - Boeing Company
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 69683

PARTY IN INTEREST -
IDENTITY - Caterpillar, Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 58890

PARTY IN INTEREST -
IDENTITY - Chevron Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 13300

PARTY IN INTEREST -
IDENTITY - Coca Cola Company
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 55976

PARTY IN INTEREST -
IDENTITY - Comcast Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2276

PARTY IN INTEREST -
IDENTITY - Conoco Phillips
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 52831

PARTY IN INTEREST -
IDENTITY - Du Pont E I DE Nemo
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 43491

PARTY IN INTEREST -
IDENTITY - Energy Transfer Ptn
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 35305

PARTY IN INTEREST -
IDENTITY - Google, Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 48443

PARTY IN INTEREST -
IDENTITY - Honeywell, Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 72014

PARTY IN INTEREST -
IDENTITY - Intel Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9700

PARTY IN INTEREST -
IDENTITY - Johnson and Johnson
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 45906

PARTY IN INTEREST -
IDENTITY - Kimberly Clark
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 44136

PARTY IN INTEREST -
IDENTITY - Kraft Foods, Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 78456

PARTY IN INTEREST -
IDENTITY - L-3 Communications
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11669

PARTY IN INTEREST -
IDENTITY - Macquarie GL Infrst
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6796

PARTY IN INTEREST -
IDENTITY - Marathon Oil Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7058

PARTY IN INTEREST -
IDENTITY - Marina Biotech Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 38

PARTY IN INTEREST -
IDENTITY - McDonalds Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 77756

PARTY IN INTEREST -
IDENTITY - Merck and Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 9425

PARTY IN INTEREST -
IDENTITY - Microsoft Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 48026

PARTY IN INTEREST -
IDENTITY - Motorola Mobility
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 698

PARTY IN INTEREST -
IDENTITY - Motarola Solutions,
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 972

PARTY IN INTEREST -
IDENTITY - National Grid PLC S
DESCRIPTION - Common Stock
COST - 0

CURRENT VALUE - 9696

PARTY IN INTEREST -
IDENTITY - Nextera Energy Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12176

PARTY IN INTEREST -
IDENTITY - Old Second Bancorp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 260

PARTY IN INTEREST -
IDENTITY - Oracle Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5130

PARTY IN INTEREST -
IDENTITY - Oshkosh Truck Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 38484

PARTY IN INTEREST -
IDENTITY - Pacific Biosciences
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1316

PARTY IN INTEREST -
IDENTITY - Pfizer, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 58428

PARTY IN INTEREST -
IDENTITY - Phillip Morris Int
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11772

PARTY IN INTEREST -
IDENTITY - Procter & Gamble Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 55036

PARTY IN INTEREST -
IDENTITY - Sonic Foundry, Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 45628

PARTY IN INTEREST -
IDENTITY - SPDR Gold Trust
DESCRIPTION - Common Stock

COST - 0
CURRENT VALUE - 15199

PARTY IN INTEREST -
IDENTITY - Thermo Fisher Scien
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 22485

PARTY IN INTEREST -
IDENTITY - Time Warner, Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2385

PARTY IN INTEREST -
IDENTITY - Time Warner Cable I
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1017

PARTY IN INTEREST -
IDENTITY - United Techs Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 32891

PARTY IN INTEREST -
IDENTITY - Vodafone Group, Inc
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 47651

PARTY IN INTEREST -
IDENTITY - Waste Management, I
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 48247

PARTY IN INTEREST -
IDENTITY - Windstream Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12034

PARTY IN INTEREST -
IDENTITY - BIF Money Fund
DESCRIPTION - Money Market
COST - 0
CURRENT VALUE - 154175

PARTY IN INTEREST -
IDENTITY - Vanguard Total Stoc
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 65586

PARTY IN INTEREST -
IDENTITY - Vanguard Small Cap

DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 14727

PARTY IN INTEREST -
IDENTITY - Vanguard Small Cap
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 8400

PARTY IN INTEREST -
IDENTITY - Baxtar Int Bond
DESCRIPTION - 4.625% due 3/15/15
COST - 0
CURRENT VALUE - 11058

PARTY IN INTEREST -
IDENTITY - Shell International
DESCRIPTION - 5.20% due 3/22/17
COST - 0
CURRENT VALUE - 11692

PARTY IN INTEREST -
IDENTITY - Abbot Labs Bond
DESCRIPTION - 5.875% due 5/15/16
COST - 0
CURRENT VALUE - 11731

PARTY IN INTEREST -
IDENTITY - General Electric Co
DESCRIPTION - 5.25% due 12/6/17
COST - 0
CURRENT VALUE - 11478

PARTY IN INTEREST -
IDENTITY - Swiss Re Solutions
DESCRIPTION - 6.45% due 3/1/19
COST - 0
CURRENT VALUE - 11199

PARTY IN INTEREST -
IDENTITY - Charles Schwab Corp
DESCRIPTION - 4.45% due 7/22/20
COST - 0
CURRENT VALUE - 10581

PARTY IN INTEREST -
IDENTITY - HSBC Finance Corp
DESCRIPTION - 5.6% due 2/15/18
COST - 0
CURRENT VALUE - 10379

PARTY IN INTEREST -
IDENTITY - Accrued Int on Corp
DESCRIPTION - Accrued interest
COST - 0
CURRENT VALUE - 2616

PARTY IN INTEREST -

IDENTITY - US Treasury Notes
DESCRIPTION - 4% due 8/15/18
COST - 0
CURRENT VALUE - 29443

PARTY IN INTEREST -
IDENTITY - US Treasury Notes
DESCRIPTION - 5% due 2033
COST - 0
CURRENT VALUE - 41961

PARTY IN INTEREST -
IDENTITY - US Treasury Notes
DESCRIPTION - 5% due 2036
COST - 0
CURRENT VALUE - 12687

PARTY IN INTEREST -
IDENTITY - Invesco Stable Valu
DESCRIPTION - Common Trust Fund
COST - 0
CURRENT VALUE - 1167811

PARTY IN INTEREST -
IDENTITY - Blackrock St Bond F
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 25

PARTY IN INTEREST -
IDENTITY - JP Morgan Mid-Cap
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 160652

PARTY IN INTEREST -
IDENTITY - Allianz RCM Tech Cl
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 57943

PARTY IN INTEREST -
IDENTITY - Blackrock Capital A
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 907904

PARTY IN INTEREST -
IDENTITY - MFS Value Fund
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 281546

PARTY IN INTEREST -
IDENTITY - Oppen Global Alloca
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 741971

PARTY IN INTEREST -
IDENTITY - Mass Investment Gro
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 932052

PARTY IN INTEREST -
IDENTITY - Blackrock Capital A
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 173030

PARTY IN INTEREST -
IDENTITY - Blackrock Internati
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 57152

PARTY IN INTEREST -
IDENTITY - Blackrock Internati
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 105855

PARTY IN INTEREST -
IDENTITY - Blackrock Internati
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 38443

PARTY IN INTEREST -
IDENTITY - Calamos Internation
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 123441

PARTY IN INTEREST -
IDENTITY - Delaware Investment
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 188967

PARTY IN INTEREST -
IDENTITY - Ivy Mid Cap Growth
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 130749

PARTY IN INTEREST -
IDENTITY - Putnam Capital Opp
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 124256

PARTY IN INTEREST -
IDENTITY - Sentinel Government
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 361752

PARTY IN INTEREST - X
IDENTITY - Participant Loans
DESCRIPTION - Participant Loans
COST - 0
CURRENT VALUE - 155180