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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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; include room or suite number (employer, if for a single-employer plan)
NATIONAL LIFT TRUCK, INC.

3333 MT. PROSPECT ROAD
FRANKLIN PARK, IL 60131

2b Employer Identification Number (EIN)
36-2960004

2c Plan 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.	10/13/2015	JOHN SHAHINIAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	142
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	126
a(2) Total number of active participants at the end of the plan year	**6a(2)**	141
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	17
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	158
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	117
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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 Characteristics Codes in the instructions:
2A 2E 2G 2J 2K 2R 2S

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan	**B** Three-digit plan number (PN) ▶
NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST	003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
NATIONAL LIFT TRUCK, INC.	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?
15 51 71	RECORDKEEPER	10231	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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(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 63	RECORDKEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	48855	Yes [ ] No [X]

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

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NEW YORK, NY 10281

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(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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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: INVESCO STABLE VALUE RETIREMENT TRU

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)
27-3868124-001	C	0

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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)	221319	330587
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2617	2617
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	109925	118413
(2) U.S. Government securities	1c(2)	31913	25911
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	66303	65424
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2005480	2225726
(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)	186180	166284
(9) Value of interest in common/collective trusts	1c(9)	734363	765455
(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)	6241679	7298159
(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	9599779	10998576
Liabilities			
g Benefit claims payable	1g	23136	30329
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	23136	30329
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9576643	10968247

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)	378846	
(B) Participants	2a(1)(B)	363305	
(C) Others (including rollovers)	2a(1)(C)	21680	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		763831
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)	6925	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6925
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	628356	
(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)		628356
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	379579	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	379405	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		174
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	47225	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		47225

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6873
(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		1453384
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60292	
(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)		60292
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)	1488	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1488
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		61780
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1391604
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: CJG PARTNERS, LLP **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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** 17

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 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

Certified Public Accountants

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the financial statements of National Lift Truck Companies Profit Sharing 401(k) Plan and Trust, which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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, 2014 and 2013, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i – Schedule of Assets Held at End of Year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

cjg partners LLP

Certified Public Accountants & Advisors

Independent Auditor's Report

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

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

cjg partners LLP

cjg partners LLP
Certified Public Accountants

Schaumburg, Illinois
October 7, 2015

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Statements of Net Assets Available for Plan Benefits
December 31, 2014 and 2013

	2014	*2013*
Investments		
At Fair Value		
Mutual funds	$ 7,058,231	$ 6,091,303
Common/collective trust funds	765,455	734,363
Self-directed brokerage accounts	2,675,402	2,363,997
Total Investments	10,499,088	9,189,663
Other Assets		
Receivables		
Participant notes receivable	166,284	186,180
Accrued interest	2,617	2,617
Employer	330,587	221,319
Total Other Assets	499,488	410,116
Total Assets	10,998,576	9,599,779
Liabilities		
Benefits payable	30,329	23,136
Total Liabilities	30,329	23,136
Net Assets Reflecting All Investments at Fair Value	10,968,247	9,576,643
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(12,629)	(5,756)
Net Assets Available for Plan Benefits	$ 10,955,618	$ 9,570,887

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, 2014

Additions to Net Assets Attributed to:	
Investment Income:	
Net appreciation in fair value of investments	$ 47,399
Dividend and other investment income	628,356
Total Investment Income	675,755
Interest - Participant Notes Receivable	6,925
Contributions	
Participants	363,305
Employer	378,846
Rollovers	21,680
Total Contributions	763,831
Total Additions	1,446,511
Deductions from Net Assets Attributed to:	
Benefits paid to participants	60,292
Administrative expenses	1,488
Total Deductions	61,780
Net Increase	1,384,731
Net Assets Available for Benefits	
Beginning of Year	9,570,887
End of Year	$ 10,955,618

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.

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.

Subsequent Events

In accordance with FASB ASC Topic 855, *Subsequent Events,* the Plan evaluated subsequent events through October 7, 2015, 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 and corporate bonds, and mutual funds. 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.

The Invesco Stable Value Retirement Trust, a short-term bond fund (the "Fund"), is a collective trust fund sponsored by Invesco National Trust Company, effective as of November, 19 2010. 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.

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

Investments and Income Recognition (Continued)

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. Plan management believes that the occurrence of events that would cause the Fund to transact at less than contract value is not probable. The average yield of the contract earned and credited to participants was 0.8% in 2014.

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, 2014, and an additional line item is presented representing the adjustment from fair value to contract value. The statement of changes in net assets available for plan benefits for the year ended December 31, 2014, 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.

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.

2. **Plan Description (Continued)**

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. The Plan includes an automatic contribution arrangement feature, whereby eligible employees are automatically enrolled in the Plan with a pre-tax deferral rate of 3% of eligible wages, unless the participants elect to opt-out of this feature within 45 days. Furthermore, automatically enrolled participants will have their deferral percentage automatically increased in 1% increments annually on their enrollment anniversary date, capped at 10%.

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%

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.

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.

2. Plan Description
(Continued)

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.

Discretionary employer contributions totaled $378,846 for the year ended December 31, 2014.

Forfeitures

Unallocated forfeitures at December 31, 2014, totaled $10,078. 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 were 4.25% for the loans outstanding at December 31, 2014. 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.

	2014	*2013*
Investments at fair value:		
Blackrock Fundamental Growth FD	$ 1,239,569	$ 1,098,356
Oppenheimer Global Allocation	866,760	813,463
MFS Value Fund Class A	532,597	*
Invesco Stable Value Retirement Trust	765,455	734,363
Massachusetts Investors Growth Stock Fund	1,638,830	1,397,642
Sentinel Government	562,928	483,966

* Does not represent 5% or more of the Plan's net assets

During 2014, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by $47,399 as follows:

Mutual funds	$	(131,218)
Self-directed accounts		178,617
Total	$	47,399

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, 2014 or 2013. 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, 2014.

Level 1 Fair Value Measurements

The fair value of money market investments is valued at cost. The fair value of mutual funds is based on quoted net asset values held by the Plan at year-end. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

At December 31, 2014, the fair value of the common trust fund, Invesco Stable Value Retirement Trust, is based on information provided by the issuer of the 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, 2014, all investments held by the common trust fund (Merrill Lynch Retirement Trust) are stated at amortized cost, which approximates market value.

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

Level 2 Fair Value Measurements

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

		Fair Value Measurements Using	
	Fair Value	(Level 1)	(Level 2)
December 31, 2014			
Mutual funds			
Growth funds	$ 4,734,690	$ 4,734,690	$ -
Bond funds	405,097	405,097	-
Value funds	820,265	820,265	-
Government funds	562,928	562,928	-
Blended funds	535,251	535,251	-
Total mutual funds	7,058,231	7,058,231	-
Common/collective trust funds	765,455	-	765,455
Self-directed investments:			
Money markets and cash	118,413	118,413	-
Common stock			
Consumer	680,509	680,509	-
Healthcare	428,544	428,544	-
Industrial goods	444,675	444,675	-
Technology	261,284	261,284	-
Financial services	50,530	50,530	-
Energy	173,018	173,018	-
Communication Services	187,166	187,166	-
Mutual and exchange traded funds			
Growth	20,150	20,150	-
Precious metals	3,765	3,765	-
Health care	16,381	16,381	-
Blend	98,398	98,398	-
Value	43,850	43,850	-
Fixed income	57,384	57,384	-
U.S. Treasury and Agency bonds	25,911	-	25,911
Corporate bonds	65,424	-	65,424
Total self-directed investments	2,675,402	2,584,067	91,335
Total	$ 10,499,088	$ 9,642,298	$ 856,790

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

		Fair Value Measurements Using	
	Fair Value	**(Level 1)**	**(Level 2)**
December 31, 2013			
Mutual funds			
Growth funds	$ 4,124,911	$ 4,124,911	$ -
Bond funds	325,122	325,122	-
Value funds	694,549	694,549	-
Government funds	483,966	483,966	-
Blended funds	462,755	462,755	-
Total mutual funds	6,091,303	6,091,303	-
Common/collective trust funds	734,363	-	734,363
Self-directed investments:			
Money markets and cash	109,925	109,925	-
Common stock			
Consumer	405,105	405,105	-
Healthcare	351,876	351,876	-
Industrial goods	271,021	271,021	-
Technology	481,224	481,224	-
Financial services	43,447	43,447	-
Basic materials	180,845	180,845	-
Service	271,962	271,962	-
Mutual and exchange traded funds			
Growth	29,914	29,914	-
Precious metals	16,290	16,290	-
Health care	12,261	12,261	
Blend	18,772	18,772	
Value	41,167	41,167	
Fixed income	31,972	31,972	-
U.S. Treasury and Agency bonds	31,913	-	31,913
Corporate bonds	66,303	-	66,303
Total self-directed Investments	2,363,997	2,265,781	98,216
Total	$ 9,189,663	$ 8,357,084	$ 832,579

Gains and losses (realized and unrealized) included in the changes in net assets available for plan benefits for the year ended December 31, 2014 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, 2014, 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 years prior to 2011.

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 statements of net assets available for plan 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:

	2014	*2013*
Investments, at fair value:		
Mutual funds	$ 7,058,231	$ 6,091,303
Common/collective trust funds	765,455	734,363
Self-directed brokerage accounts	2,675,402	2,363,997
Participants notes receivable	166,284	186,180
Accrued interest	2,617	2,617
Investment & interest income/(loss)	682,682	1,640,003
Benefits paid to participants	60,292	605,345
Administrative expenses	1,488	1,544

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:

	2014	*2013*
Net assets available for benefits per the financial statements	$10,955,618	$ 9,570,887
Adjustment to fair value from contract value for fully benefit-responsive investments contracts	12,629	5,756
Net assets available for benefits per Schedule H of Form 5500	$10,968,247	$ 9,576,643

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2014 to Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 1,384,731
Adjustment to fair value from contract value for fully benefit-responsive investment contracts	6,873
Net increase in net assets available for benefits per Schedule H of Form 5500	$ 1,391,604

Supplementary Information

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, 2014

(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	$ -	$ 58,526
	Abbvie	Common Stock	-	65,440
	Actavis	Common Stock	-	10,554
	Activision	Common Stock	-	10,075
	Alibaba	Common Stock	-	31,182
	Amazon	Common Stock	-	6,207
	Anadarko Pete Corp.	Common Stock	-	10,313
	AOL	Common Stock	-	277
	Apple, Inc.	Common Stock	-	154,524
	AT&T	Common Stock	-	93,078
	Baidu	Common Stock	-	48,558
	Bank of America Corp.	Common Stock	-	37,122
	Baxter International	Common Stock	-	12,826
	Boeing Company	Common Stock	-	84,487
	BP PLC - Sponsored ADR	Common Stock	-	45,744
	California Resources	Common Stock	-	276
	Celgene Corp.	Common Stock	-	16,779
	Caterpillar, Inc	Common Stock	-	59,495
	Century Link, Inc.	Common Stock	-	86,087
	Coca Cola Company	Common Stock	-	67,552
	Cognex	Common Stock	-	2,067
	Comcast Corp	Common Stock	-	5,569
	CSX	Common Stock	-	12,681
	Disney	Common Stock	-	11,303
	Dollar General	Common Stock	-	14,140
	Eaton	Common Stock	-	10,194
	Eli Lilly & Co.	Common Stock	-	68,990
	Energy Transfer Partners	Common Stock	-	60,300
	Exxon Mobile	Common Stock	-	46,225
	General Mills	Common Stock	-	14,666
	Gilead Sciences	Common Stock	-	14,139
	Google, Inc	Common Stock	-	67,652
	Halyard Health	Common Stock	-	3,639
	Hertz	Common Stock	-	29,928
	Honeywell Int'l	Common Stock	-	109,912
	IBM	Common Stock	-	8,022
	Immunocellular	Common Stock	-	4,380
	Intuit	Common Stock	-	23,048
	Johnson and Johnson Company	Common Stock	-	73,199
	Kimberly Clark	Common Stock	-	74,546
	Kinder Morgan	Common Stock	-	85
	Kraft Foods, Inc	Common Stock	-	81,458
	L Brands	Common Stock	-	11,684
	Lam Research	Common Stock	-	13,885
	Libbey, Inc	Common Stock	-	15,720
	Magna	Common Stock	-	54,345
	McKesson Corporation	Common Stock	-	10,379
	Motorola Solutions, Inc	Common Stock	-	1,409

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, 2014

(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
	NCR Corp	Common Stock	-	7,285
	Occidental	Common Stock	-	10,076
	Old Second Bancorp	Common Stock	-	1,074
	Pfizer, Inc	Common Stock	-	74,032
	Phillip Morris Int'l	Common Stock	-	12,218
	Procter & Gamble Co	Common Stock	-	54,654
	Sierra Wireless	Common Stock	-	11,848
	Sonic Foundry, Inc	Common Stock	-	13,523
	Starbucks	Common Stock	-	8,205
	Thermo Fisher Scientific	Common Stock	-	15,661
	Time, Inc	Common Stock	-	197
	Time Warner, Inc	Common Stock	-	5,638
	Time Warner Cable Inc.	Common Stock	-	2,433
	United Rentals	Common Stock	-	52,025
	VMWare	Common Stock	-	53,638
	Wal-Mart Stores, Inc.	Common Stock	-	62,263
	Wells Fargo	Common Stock	-	12,335
	Wesco Aircraft	Common Stock	-	4,194
	XPO Logistics, Inc.	Common Stock	-	81,760
	BIF Money Fund	Money Market	-	118,413
	iShares Nasdaq Biotech	Mutual Fund	-	16,381
	iShares Silver	Mutual Fund	-	3,765
	Macquarie GL Infrstrc TR	Mutual Fund	-	9,888
	Vanguard Intermediate Term Bond	Mutual Fund	-	25,404
	Vanguard Short Term Bond	Mutual Fund	-	31,980
	Vanguard Small Cap Value	Mutual Fund	-	31,202
	Vanguard Small Cap	Mutual Fund	-	20,150
	Vanguard Total Stock Market	Mutual Fund	-	88,510
	Wisdomtree Emerging	Mutual Fund	-	12,648
	Baxtar Int Bond	4.625% due 3/15/15	-	10,082
	Shell International Fin	5.20% due 3/22/17	-	10,856
	General Electric Co Bond	5.25% due 12/6/17	-	11,093
	Swiss Re Solutions	6.45% due 3/1/19	-	11,409
	Charles Schwab Corp	4.45% due 7/22/20	-	10,984
	HSBC Finance Corp	5.6% due 2/15/18	-	11,000
	Accrued Int on Corporate bonds	Accrued interest	-	2,617
	GNM Pool 566499	Pool Mortgage	-	20,584
	GNM Pool 651674	Pool Mortgage	-	5,327
	Invesco Stable Value Retirement Trust	Common Trust Fund	-	765,455
	JP Morgan Mid-Cap Value Fd	Mutual Fund	-	287,668
	Allianz RCM Tech Cl	Mutual Fund	-	108,376
	Blackrock Fundamental Growth Fd	Mutual Fund	-	1,239,569
	MFS Value Fund	Mutual Fund	-	532,597
	Oppenheimer Global Allocation	Mutual Fund	-	866,760
	Mass Investment Growth Stk Fd	Mutual Fund	-	1,638,830
	Blackrock Capital APP GM	Mutual Fund	-	384,225
	Blackrock International	Mutual Fund	-	28,846
	Blackrock International GM	Mutual Fund	-	198,262
	Blackrock International I	Mutual Fund	-	31,677

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, 2014

(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
	Calamos International	Mutual Fund	-	257,698
	Delaware Investment Div Inc	Mutual Fund	-	405,119
	Ivy Mid Cap Growth Fund	Mutual Fund	-	239,210
	Putnam Capital Opp Fund	Mutual Fund	-	276,466
	Sentinel Government	Mutual Fund	-	562,928
*	Participant Loans	Participant Loans ***	-	166,284
			$ -	$10,667,989

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

PARTY IN INTEREST -
IDENTITY - Abbott Labs
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 58526

PARTY IN INTEREST -
IDENTITY - Abbvie
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 65440

PARTY IN INTEREST -
IDENTITY - Actavis
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10554

PARTY IN INTEREST -
IDENTITY - Activision
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10075

PARTY IN INTEREST -
IDENTITY - Alibaba
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 31182

PARTY IN INTEREST -
IDENTITY - Amazon
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 6207

PARTY IN INTEREST -
IDENTITY - Anadarko Pete Corp.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10313

PARTY IN INTEREST -
IDENTITY - AOL
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 277

PARTY IN INTEREST -
IDENTITY - Apple, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 154524

PARTY IN INTEREST -
IDENTITY - AT&T
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 93078

PARTY IN INTEREST -
IDENTITY - Baidu
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 48558

PARTY IN INTEREST -
IDENTITY - Bank of America Cor
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 37122

PARTY IN INTEREST -
IDENTITY - Baxter Internationa
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12826

PARTY IN INTEREST -
IDENTITY - Boeing Company
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 84487

PARTY IN INTEREST -
IDENTITY - BP PLC - Sponsored
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 45744

PARTY IN INTEREST -
IDENTITY - California Resource
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 276

PARTY IN INTEREST -
IDENTITY - Celgene Corp.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 16779

PARTY IN INTEREST -
IDENTITY - Caterpillar, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 59495

PARTY IN INTEREST -
IDENTITY - Century Link, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 86087

PARTY IN INTEREST -
IDENTITY - Coca Cola Company
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 67552

PARTY IN INTEREST -
IDENTITY - Cognex
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2067

PARTY IN INTEREST -
IDENTITY - Comcast Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5569

PARTY IN INTEREST -
IDENTITY - CSX
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12681

PARTY IN INTEREST -
IDENTITY - Disney
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11303

PARTY IN INTEREST -
IDENTITY - Dollar General
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 14140

PARTY IN INTEREST -
IDENTITY - Eaton
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10194

PARTY IN INTEREST -
IDENTITY - Eli Lilly & Co.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 68990

PARTY IN INTEREST -
IDENTITY - Energy Transfer Par
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 60300

PARTY IN INTEREST -
IDENTITY - Exxon Mobile
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 46225

PARTY IN INTEREST -
IDENTITY - General Mills
DESCRIPTION - Common Stock
COST - 0

CURRENT VALUE - 14666

PARTY IN INTEREST -
IDENTITY - Gilead Sciences
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 14139

PARTY IN INTEREST -
IDENTITY - Google, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 67652

PARTY IN INTEREST -
IDENTITY - Halyard Health
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 3639

PARTY IN INTEREST -
IDENTITY - Hertz
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 29928

PARTY IN INTEREST -
IDENTITY - Honeywell Int'l
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 109912

PARTY IN INTEREST -
IDENTITY - IBM
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8022

PARTY IN INTEREST -
IDENTITY - Immunocellular
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4380

PARTY IN INTEREST -
IDENTITY - Intuit
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 23048

PARTY IN INTEREST -
IDENTITY - Johnson and Johnson
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 73199

PARTY IN INTEREST -
IDENTITY - Kimberly Clark
DESCRIPTION - Common Stock

COST - 0
CURRENT VALUE - 74546

PARTY IN INTEREST -
IDENTITY - Kinder Morgan
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 85

PARTY IN INTEREST -
IDENTITY - Kraft Foods, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 81458

PARTY IN INTEREST -
IDENTITY - L Brands
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11684

PARTY IN INTEREST -
IDENTITY - Lam Research
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 13885

PARTY IN INTEREST -
IDENTITY - Libbey, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 15720

PARTY IN INTEREST -
IDENTITY - Magna
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 54345

PARTY IN INTEREST -
IDENTITY - McKesson Corporatio
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10379

PARTY IN INTEREST -
IDENTITY - Motorola Solutions,
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1409

PARTY IN INTEREST -
IDENTITY - NCR Corp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 7285

PARTY IN INTEREST -
IDENTITY - Occidental

DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 10076

PARTY IN INTEREST -
IDENTITY - Old Second Bancorp
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 1074

PARTY IN INTEREST -
IDENTITY - Pfizer, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 74032

PARTY IN INTEREST -
IDENTITY - Phillip Morris Int'
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12218

PARTY IN INTEREST -
IDENTITY - Procter & Gamble Co
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 54654

PARTY IN INTEREST -
IDENTITY - Sierra Wireless
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 11848

PARTY IN INTEREST -
IDENTITY - Sonic Foundry, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 13523

PARTY IN INTEREST -
IDENTITY - Starbucks
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 8205

PARTY IN INTEREST -
IDENTITY - Thermo Fisher Scien
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 15661

PARTY IN INTEREST -
IDENTITY - Time, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 197

PARTY IN INTEREST -

IDENTITY - Time Warner, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 5638

PARTY IN INTEREST -
IDENTITY - Time Warner Cable I
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 2433

PARTY IN INTEREST -
IDENTITY - United Rentals
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 52025

PARTY IN INTEREST -
IDENTITY - VMWare
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 53638

PARTY IN INTEREST -
IDENTITY - Wal-Mart Stores, In
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 62263

PARTY IN INTEREST -
IDENTITY - Wells Fargo
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 12335

PARTY IN INTEREST -
IDENTITY - Wesco Aircraft
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 4194

PARTY IN INTEREST -
IDENTITY - XPO Logistics, Inc.
DESCRIPTION - Common Stock
COST - 0
CURRENT VALUE - 81760

PARTY IN INTEREST -
IDENTITY - BIF Money Fund
DESCRIPTION - Money Market
COST - 0
CURRENT VALUE - 118413

PARTY IN INTEREST -
IDENTITY - iShares Nasdaq Biot
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 16381

PARTY IN INTEREST -
IDENTITY - iShares Silver
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 3765

PARTY IN INTEREST -
IDENTITY - Macquarie GL Infrst
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 9888

PARTY IN INTEREST -
IDENTITY - Vanguard Intermedia
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 25404

PARTY IN INTEREST -
IDENTITY - Vanguard Short Term
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 31980

PARTY IN INTEREST -
IDENTITY - Vanguard Small Cap
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 31202

PARTY IN INTEREST -
IDENTITY - Vanguard Small Cap
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 20150

PARTY IN INTEREST -
IDENTITY - Vanguard Total Stoc
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 88510

PARTY IN INTEREST -
IDENTITY - Wisdomtree Emerging
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 12648

PARTY IN INTEREST -
IDENTITY - Baxtar Int Bond
DESCRIPTION - 4.625% due 3/15/15
COST - 0
CURRENT VALUE - 10082

PARTY IN INTEREST -
IDENTITY - Shell International
DESCRIPTION - 5.20% due 3/22/17
COST - 0
CURRENT VALUE - 10856

PARTY IN INTEREST -
IDENTITY - General Electric Co
DESCRIPTION - 5.25% due 12/6/17
COST - 0
CURRENT VALUE - 11093

PARTY IN INTEREST -
IDENTITY - Swiss Re Solutions
DESCRIPTION - 6.45% due 3/1/19
COST - 0
CURRENT VALUE - 11409

PARTY IN INTEREST -
IDENTITY - Charles Schwab Corp
DESCRIPTION - 4.45% due 7/22/20
COST - 0
CURRENT VALUE - 10984

PARTY IN INTEREST -
IDENTITY - HSBC Finance Corp
DESCRIPTION - 5.6% due 2/15/18
COST - 0
CURRENT VALUE - 11000

PARTY IN INTEREST -
IDENTITY - Accrued Int on Corp
DESCRIPTION - Accrued interest
COST - 0
CURRENT VALUE - 2617

PARTY IN INTEREST -
IDENTITY - GNM Pool 566499
DESCRIPTION - Pool Mortgage
COST - 0
CURRENT VALUE - 20584

PARTY IN INTEREST -
IDENTITY - GNM Pool 651674
DESCRIPTION - Pool Mortgage
COST - 0
CURRENT VALUE - 5327

PARTY IN INTEREST -
IDENTITY - Invesco Stable Valu
DESCRIPTION - Common Trust Fund
COST - 0
CURRENT VALUE - 765455

PARTY IN INTEREST -
IDENTITY - JP Morgan Mid-Cap
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 287668

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

CURRENT VALUE - 108376

PARTY IN INTEREST -
IDENTITY - Blackrock Fundament
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 1239569

PARTY IN INTEREST -
IDENTITY - MFS Value Fund
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 532597

PARTY IN INTEREST -
IDENTITY - Oppenheimer Global
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 866760

PARTY IN INTEREST -
IDENTITY - Mass Investment Gro
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 1638830

PARTY IN INTEREST -
IDENTITY - Blackrock Capital A
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 384225

PARTY IN INTEREST -
IDENTITY - Blackrock Internati
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 28846

PARTY IN INTEREST -
IDENTITY - Blackrock Internati
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 198262

PARTY IN INTEREST -
IDENTITY - Blackrock Internati
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 31677

PARTY IN INTEREST -
IDENTITY - Calamos Internation
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 257698

PARTY IN INTEREST -
IDENTITY - Delaware Investment
DESCRIPTION - Mutual Fund

COST - 0
CURRENT VALUE - 405119

PARTY IN INTEREST -
IDENTITY - Ivy Mid Cap Growth
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 239210

PARTY IN INTEREST -
IDENTITY - Putnam Capital Opp
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 276466

PARTY IN INTEREST -
IDENTITY - Sentinel Government
DESCRIPTION - Mutual Fund
COST - 0
CURRENT VALUE - 562928

PARTY IN INTEREST - X
IDENTITY - Participant Loans
DESCRIPTION - Participant Loans
COST - 0
CURRENT VALUE - 166284