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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
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.	10/13/2017	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)

Preparer's telephone number

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**	171
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)**	149
a(2) Total number of active participants at the end of the plan year	**6a(2)**	145
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	24
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	169
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	171
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	128
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(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	10545	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 63	RECORDKEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	57314	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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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)

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

a Plan name

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

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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)	351773	381864
(2) Participant contributions	1b(2)		13105
(3) Other	1b(3)	2617	2617
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	66585	75930
(2) U.S. Government securities	1c(2)	21428	18295
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	64284	62799
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2299676	2642073
(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)	168594	154980
(9) Value of interest in common/collective trusts	1c(9)	628977	662996
(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)	7330144	8315781
(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	10934078	12330440
	Liabilities			
g	Benefit claims payable	1g	24859	21045
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	24859	21045
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10909219	12309395

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)	429302	
	(B) Participants	2a(1)(B)	458709	
	(C) Others (including rollovers)	2a(1)(C)	30930	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		918941
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)	6894	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6894
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	305984	
	(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)		305984
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	539602	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	526228	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		13374
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	420872	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		420872

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-4315
(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		1661750
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	259649	
(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)		259649
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)	1925	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1925
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		261574
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1400176
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)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ 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			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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** 38

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

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

Table of Contents *Page Number*

Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Plan Benefits	3
Statement of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5 - 14
Supplementary Information	
Schedule H, Line 4i – Schedule of Assets Held at End of Year	15 - 17

cjg partners LLP

Certified Public Accountants

A Woodfield Executive Center
1101 Perimeter Drive, Suite 800
Schaumburg, Illinois 60173

P (847) 517-8222

F (847) 517-8553

W www.cjgpartners.com

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, 2016 and 2015, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2016, 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 9, 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, 2016 and 2015, 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

The supplemental Schedule H, Line 4i – Schedule of Assets Held at End of Year as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 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
Certified Public Accountants

Schaumburg, Illinois
October 3, 2017

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Statements of Net Assets Available for Plan Benefits
December 31, 2016 and 2015

	2016	*2015*
Investments		
At Fair Value		
Mutual funds	$ 8,035,982	$ 7,066,956
Self-directed brokerage accounts	3,078,896	2,715,161
At Contract Value		
Common/collective trust funds	662,996	624,662
Total Investments	11,777,874	10,406,779
Other Assets		
Receivables		
Participant notes receivable	154,980	168,594
Employee contribution receivable	13,105	-
Accrued interest	2,617	2,617
Employer	381,864	351,773
Total Other Assets	552,566	522,984
Total Assets	12,330,440	10,929,763
Liabilities		
Benefits payable	21,045	24,859
Total Liabilities	21,045	24,859
Net Assets Available for Plan Benefits	$ 12,309,395	$ 10,904,904

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, 2016

Additions to Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of investments	$	434,246
Dividend and other investment income		305,984
Total Investment Income		740,230
Interest - Participant Notes Receivable		6,894
Contributions		
Participants		458,709
Employer		429,302
Rollovers		30,930
Total Contributions		918,941
Total Additions		1,666,065
Deductions from Net Assets Attributed to:		
Benefits paid to participants		259,649
Administrative expenses		1,925
Total Deductions		261,574
Net Increase		1,404,491
Net Assets Available for Benefits		
Beginning of Year		10,904,904
End of Year	$	12,309,395

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

1. 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 is a defined contribution plan that 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 National Lift, LLC formally known as Nissan Lift Trucks of Memphis, L.L.C. (together with the Company, the "Employer"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trustees oversee governance of the Plan. The Trustees determine the appropriateness of the Plan's investment offerings and monitors investment performance. 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. 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. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

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.

1. **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. The Plan currently offers various mutual funds, a collective trust fund, and self-directed brokerage accounts as investment options for participants. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 3% of eligible compensation. The deferral rate will increase annually by 1% until it reaches 10%.

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 $429,302 for the year ended December 31, 2016 and are subject to certain statutory limitations.

Forfeitures

Unallocated forfeitures at December 31, 2016 and 2015, totaled $6,162 and $4,276, respectively. These amounts will be used to reduce future Employer contributions. Also in 2016, employer contributions were reduced by $11,389 from forfeited nonvested accounts.

1. Plan Description (Continued)

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% to 4.5% for the loans outstanding at December 31, 2016. Principal and interest are paid ratably through payroll deductions.

2. 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.

Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Subsequent Events

The Plan monitors significant events occurring after the balance sheet date and prior to the issuance of the financial statements to determine the impacts, if any, of events on the financial statements to be issued. The Plan has evaluated subsequent events through the date which the financial statements are issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

New Accounting

In July 2015, the FASB issued new guidance impacting benefit plan accounting and reporting ("ASU 2015-12"). ASU 2015-12 required an employee benefit plan to use contract value as the only measurement amount of fully benefit-responsive investment contract. It also simplifies and increases the effectiveness of plan investment disclosure requirements for employee benefit plans, and provides employee benefit plans with a measurement-date practical expedient for asset fair value. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. The Plan has adopted ASU 2015-12 in 2016 and has reapplied ASU 2015-12 retrospectively, as required and as reflected in the statements of net assets available for benefits and in the notes to the financial statements. Certain historical disclosures that are no longer required have been removed. The adoption in 2016 did not have a material effect on the financial statements.

2. Summary of Accounting Policies (Continued)

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.

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 1.3% in 2016.

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, 2016, 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, 2016, 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.

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

Investments and Income Recognition (Continued)

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.

Participant Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

3. **Fair Value Measurements**

The fair value measurement accounting literature 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, 2016 or 2015. 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, 2016.

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.

3. Fair Value Measurements
(Continued)

Level 2 Fair Value Measurements

At December 31, 2016, 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, 2016, 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 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:

	Level 1	Level 2	Total
December 31, 2016			
Shares of registered investment companies	$ 8,035,982	$ -	$ 8,035,982
Self-directed investments:			
Money markets and cash	75,930	-	75,930
Corporate Stock	2,642,073	-	2,642,073
Shares of registered investment companies	279,799	-	279,799
U.S. Treasury and Agency bonds	-	18,295	18,295
Corporate bonds	-	62,799	62,799
Total self-directed investments	2,997,802	81,094	3,078,896
Total	$ 11,033,784	$ 81,094	$ 11,777,874

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

	Level 1	Level 2	Total
December 31, 2015			
Shares of registered investment companies	$ 7,066,956	$ -	$ 7,066,956
Self-directed investments:			
Money markets and cash	66,585	-	66,585
Corporate Stock	2,299,676	-	2,299,676
Shares of registered investment companies	263,188	-	263,188
U.S. Treasury and Agency bonds	-	21,428	21,428
Corporate bonds	-	64,284	64,284
Total self-directed investments	2,629,449	85,712	2,715,161
Total	$ 9,696,405	$ 85,712	$ 10,411,094

Gains and losses (realized and unrealized) included in the changes in net assets available for plan benefits for the year ended December 31, 2016 are reported in net appreciation in fair value of investments.

4. **Guaranteed Investment Contract with Insurance Company**

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Invesco Trust Company (Invesco). Invesco maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attributed for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Invesco, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

4. Guaranteed Investment Contract with Insurance Company (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2016 and 2015, was $662,996 and $624,662, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Invesco. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan Administrator does not believe that any event that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

5. Investments

During 2016, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by $434,246, as follows:

Mutual funds	$	180,445
Self-directed accounts		253,801
Total	$	434,246

6. 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.

7. Income Tax Status

The Plan obtained its latest determination letter on November 13, 1997, 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.

7. Income Tax Status (Continued)

In accordance with GAAP, the Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, 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 2013.

8. 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.

9. 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:

	2016	*2015*
Investments, at fair value:		
Mutual funds	$ 8,035,982	$ 7,066,956
Self-directed brokerage accounts	3,078,896	2,715,161
Common/collective trust funds	662,996	628,977
Participants notes receivable	154,980	168,594
Accrued interest	2,617	2,617
Investment & interest income/(loss)	747,124	(2,371)
Benefits paid to participants	259,649	889,837
Administrative expenses	1,925	1,454

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:

	2016	*2015*
Net assets available for benefits per the financial statements	$12,309,395	$ 10,904,904
Adjustment to fair value from contract value for fully benefit-responsive investments contracts	-	4,315
Net assets available for benefits per Schedule H of Form 5500	$12,309,395	$ 10,909,219

10. Reconciliation of Financial Statements to Schedule H of Form 5500 (Continued)

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2016 to Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 1,404,491
Adjustment to fair value from contract value for fully benefit-responsive investment contracts	(4,315)
Net increase in net assets available for benefits per Schedule H of Form 5500	$ 1,400,176

11. 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.

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, 2016

(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	$ -	$ 83,344
	Abbvie	Common Stock	-	62,620
	Activision Blizzard	Common Stock	-	18,055
	Advandix Inc.	Common Stock	-	974
	Alkermes PLC	Common Stock	-	8,337
	Alphabet, Inc. Class A	Common Stock	-	50,717
	Alphabet, Inc. Class C	Common Stock	-	49,396
	Alibaba	Common Stock	-	43,905
	Allergan	Common Stock	-	8,610
	Amazon	Common Stock	-	14,997
	Apple, Inc.	Common Stock	-	175,467
	Applied Material	Common Stock	-	12,908
	AT&T	Common Stock	-	114,874
	Baidu	Common Stock	-	35,019
	Bank of America Corp.	Common Stock	-	71,273
	Boeing Company	Common Stock	-	101,192
	Bristol-Meyers Squibb	Common Stock	-	8,766
	California Reserve	Common Stock	-	106
	Carnival Corp.	Common Stock	-	10,412
	Caterpillar, Inc.	Common Stock	-	60,281
	CenturyLink, Inc.	Common Stock	-	51,722
	Charter Communications	Common Stock	-	2,015
	Coca Cola Company	Common Stock	-	66,336
	Comcast Corp.	Common Stock	-	6,629
	Core Lab	Common Stock	-	12,004
	Costco Wholesale	Common Stock	-	8,006
	Disney	Common Stock	-	26,576
	Eaton Corp.	Common Stock	-	10,064
	Eli Lilly & Co.	Common Stock	-	73,550
	Equinix	Common Stock	-	16,441
	Exxon Mobile	Common Stock	-	96,578
	Facebook	Common Stock	-	56,375
	FireEye	Common Stock	-	2,380
	First Energy Corp.	Common Stock	-	20,131
	General Mills	Common Stock	-	16,987
	Halyard Health	Common Stock	-	1
	Honeywell, Inc.	Common Stock	-	127,435
	Immunocellular	Common Stock	-	308
	Interactive Broker	Common Stock	-	7,302
	Intuit	Common Stock	-	17,192
	Johnson and Johnson Company	Common Stock	-	92,168
	Kimberly Clark	Common Stock	-	78,117

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, 2016

(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
	Kinder Morgan	Common Stock	-	41
	Kraft Foods, Inc.	Common Stock	-	115,262
	L Brands	Common Stock	-	16,789
	Lam Research	Common Stock	-	18,503
	Marathon Petroleum Corp.	Common Stock	-	7,049
	Masimo Corp.	Common Stock	-	6,740
	Match Group Inc.	Common Stock	-	34,200
	McKesson Corporation	Common Stock	-	7,023
	Microsoft	Common Stock	-	53,751
	Motorola Solutions, Inc.	Common Stock	-	1,741
	Nasdaq OMX	Common Stock	-	4,698
	Natus Medical Inc.	Common Stock	-	5,220
	Nike	Common Stock	-	6,100
	Occidental	Common Stock	-	57,697
	Pfizer, Inc.	Common Stock	-	82,298
	Phillip Morris Intl'l	Common Stock	-	13,724
	The Priceline Group	Common Stock	-	14,661
	Procter & Gamble Co.	Common Stock	-	76,933
	Qualcomm Inc.	Common Stock	-	87,368
	Sierra Wireless	Common Stock	-	3,925
	Sonic Foundry, Inc.	Common Stock	-	8,762
	Starbucks	Common Stock	-	11,104
	Three D Systems	Common Stock	-	2,658
	Thermo Fisher Scientific	Common Stock	-	17,638
	Time, Inc.	Common Stock	-	143
	Time Warner, Inc.	Common Stock	-	6,371
	Twenty First Century	Common Stock	-	8,412
	Under Armour	Common Stock	-	2,905
	United Rentals	Common Stock	-	53,846
	Verizon Com.	Common Stock	-	17,349
	Wal-Mart Stores, Inc.	Common Stock	-	50,112
	XPO Logisitics, Inc.	Common Stock	-	129,480
	BIF Money Fund	Money Market	-	75,930
	iShares Nasdaq Biotech	Mutual Fund	-	5,308
	Macquarie GL Infrstrc TR	Mutual Fund	-	15,784
	Vanguard Energy	Mutual Fund	-	10,468
	Vanguard Intermediate Term Bond	Mutual Fund	-	37,382
	Vanguard Short Term Bond	Mutual Fund	-	43,698
	Vanguard Small Cap Value	Mutual Fund	-	35,695
	Vanguard Small Cap	Mutual Fund	-	21,302
	Vanguard Total Stock Market	Mutual Fund	-	105,706
	Shell International Fin	5.20% due 3/22/17	-	10,082
	General Electric Co. Bond	5.25% due 12/6/17	-	10,359

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, 2016

(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
	Swiss Re Solutions	6.45% due 3/1/19	-	10,813
	Charles Schwab Corp.	4.45% due 7/22/20	-	10,690
	HSBC Finance Corp.	5.60% due 2/15/18	-	10,336
	Pentair	5.00% due 5/15/21	-	10,519
	Accrued Int on Corporate Bonds	Accrued Interest	-	2,617
	GNM Pool 566499	Pool Mortgage	-	14,429
	GNM Pool 651674	Pool Mortgage	-	3,866
	Invesco Stable Value Retirement Trust	Common Trust Fund	-	662,996
	JP Morgan Mid-Cap Value Fd	Mutual Fund	-	296,701
	Lazard Small Cap Open	Mutual Fund	-	313,807
	Allianz RCM Tech Cl	Mutual Fund	-	120,663
	American AMCAP	Mutual Fund	-	1,863,804
	MFS Value Fund	Mutual Fund	-	605,169
	Oppenheimer Global Allocation	Mutual Fund	-	963,366
	Mass Investment Growth Stk Fd	Mutual Fund	-	1,827,718
	Blackrock International	Mutual Fund	-	30,090
	Blackrock International GM	Mutual Fund	-	249,576
	Blackrock International I	Mutual Fund	-	19,941
	Calamos International	Mutual Fund	-	300,890
	Columbia US Government Mortgage	Mutual Fund	-	653,889
	Delaware Investment Div Inc.	Mutual Fund	-	499,653
	Ivy Mid Cap Growth Fund	Mutual Fund	-	290,616
	WisdomTree	Mutual Fund	-	4,555
*	Participant Loans	Participant Loans ***	-	154,980
			$ -	$11,935,471

* - Indicates a party-in-interest
** - Cost information is not required for participant-directed investments
*** - Interest rates were 4.25% to 4.5%

Federal Statements

National Lift Truck Companies Profit Sharing 401k
Plan: 003

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
	ABBOTT LABS	COMMON STOCK	$	$ 83,344
	ABBVIE	COMMON STOCK		62,620
	ACTIVISION BLIZZARD	COMMON STOCK		18,055
	ADVANDIX INC.	COMMON STOCK		974
	ALKERMES PLC	COMMON STOCK		8,337
	ALPHABET INC. CLASS	COMMON STOCK		50,717
	ALPHABET INC. CLASS	COMMON STOCK		49,396
	ALIBABA	COMMON STOCK		43,905
	ALLERGAN	COMMON STOCK		8,610
	AMAZON	COMMON STOCK		14,997
	APPLE, INC.	COMMON STOCK		175,467
	APPLIED MATERIAL	COMMON STOCK		12,908
	AT&T	COMMON STOCK		114,874
	BAIDU	COMMON STOCK		35,019
	BANK OF AMERICA COR	COMMON STOCK		71,273
	BOEING COMPANY	COMMON STOCK		101,192
	BRISTOL-MEYERS SQUI	COMMON STOCK		8,766
	CALIFORNIA RESERVE	COMMON STOCK		106
	CARNIVAL CORP.	COMMON STOCK		10,412
	CATERPILLAR, INC.	COMMON STOCK		60,281
	CENTURYLINK, INC.	COMMON STOCK		51,722
	CHARTER COMMUNICATI	COMMON STOCK		2,015
	COCA COLA COMPANY	COMMON STOCK		66,336
	COMCAST CORP.	COMMON STOCK		6,629
	CORE LAB	COMMON STOCK		12,004
	COSTCO WHOLESALE	COMMON STOCK		8,006
	DISNEY	COMMON STOCK		26,576
	EATON CORP.	COMMON STOCK		10,064
	ELI LILLY & CO.	COMMON STOCK		73,550
	EQUINIX	COMMON STOCK		16,441
	EXXON MOBILE	COMMON STOCK		96,578
	FACEBOOK	COMMON STOCK		56,375
	FIREEYE	COMMON STOCK		2,380
	FIRST ENERGY CORP.	COMMON STOCK		20,131
	GENERAL MILLS	COMMON STOCK		16,987
	HALYARD HEALTH	COMMON STOCK		1
	HONEYWELL, INC.	COMMON STOCK		127,435
	IMMUNOCELLULAR	COMMON STOCK		308
	INTERACTIVE BROKER	COMMON STOCK		7,302
	INTUIT	COMMON STOCK		17,192
	JOHNSON AND JOHNSON	COMMON STOCK		92,168
	KIMBERLY CLARK	COMMON STOCK		78,117
	KINDER MORGAN	COMMON STOCK		41
	KRAFT FOODS, INC.	COMMON STOCK		115,262
	L BRANDS	COMMON STOCK		16,789
	LAM RESEARCH	COMMON STOCK		18,503
	MARATHON PETROLEUM	COMMON STOCK		7,049
	MASIMO CORP.	COMMON STOCK		6,740
	MATCH GROUP INC.	COMMON STOCK		34,200
	MCKESSON CORPORATIO	COMMON STOCK		7,023
	MICROSOFT	COMMON STOCK		53,751
	MOTOROLA SOLUTIONS,	COMMON STOCK		1,741
	NASDAQ OMX	COMMON STOCK		4,698

Federal Statements

National Lift Truck Companies Profit Sharing 401k

Plan: 003

Assets Held for Investment (continued)

Party in Interest	Identity	Description	Cost	Current Value
	NATUS MEDICAL INC.	COMMON STOCK	$	$ 5,220
	NIKE	COMMON STOCK		6,100
	OCCIDENTAL	COMMON STOCK		57,697
	PFIZER, INC.	COMMON STOCK		82,298
	PHILLIP MORRIS INTL	COMMON STOCK		13,724
	THE PRICELINE GROUP	COMMON STOCK		14,661
	PROCTER & GAMBLE CO	COMMON STOCK		76,933
	QUALCOMM INC.	COMMON STOCK		87,368
	SIERRA WIRELESS	COMMON STOCK		3,925
	SONIC FOUNDRY, INC.	COMMON STOCK		8,762
	STARBUCKS	COMMON STOCK		11,104
	THREE D SYSTEMS	COMMON STOCK		2,658
	THERMO FISHER SCIEN	COMMON STOCK		17,638
	TIME, INC.	COMMON STOCK		143
	TIME WARNER, INC.	COMMON STOCK		6,371
	TWENTY FIRST CENTUR	COMMON STOCK		8,412
	UNDER ARMOUR	COMMON STOCK		2,905
	UNITED RENTALS	COMMON STOCK		53,846
	VERIZON COM.	COMMON STOCK		17,349
	WAL-MART STORES, IN	COMMON STOCK		50,112
	XPO LOGISITICS, INC	COMMON STOCK		129,480
	BIF MONEY FUND	MONEY MARKET		75,930
	ISHARES NASDAQ BIOT	MUTUAL FUND		5,308
	MACQUARIE GL INFRST	MUTUAL FUND		15,784
	VANGUARD ENERGY	MUTUAL FUND		10,468
	VANGUARD INTERMEDIA	MUTUAL FUND		37,382
	VANGUARD SHORT TERM	MUTUAL FUND		43,698
	VANGUARD SMALL CAP	MUTUAL FUND		35,695
	VANGUARD SMALL CAP	MUTUAL FUND		21,302
	VANGUARD TOTAL STOC	MUTUAL FUND		105,706
	SHELL INTERNATIONAL	5.20% DUE 3/22/17		10,082
	GENERAL ELECTRIC CO	5.25% DUE 12/6/17		10,359
	SWISS RE SOLUTIONS	6.45% DUE 3/1/19		10,813
	CHARLES SCHWAB CORP	4.45% DUE 7/22/20		10,690
	HSBC FINANCE CORP.	5.60% DUE 2/15/18		10,336
	PENTAIR	5.00% DUE 5/15/21		10,519
	ACCRUED INT ON CORP	ACCRUED INTEREST		2,617
	GNM POOL 566499	POOL MORTGAGE		14,429
	GNM POOL 651674	POOL MORTGAGE		3,866
	INVESCO STABLE VALU	COMMON TRUST FUND		662,996
	JP MORGAN MID-CAP V	MUTUAL FUND		296,701
	LAZARD SMALL CAP OP	MUTUAL FUND		313,807
	ALLIANZ RCM TECH CL	MUTUAL FUND		120,663
	AMERICAN AMCAP	MUTUAL FUND		1,863,804
	MFS VALUE FUND	MUTUAL FUND		605,169
	OPPENHEIMER GLOBAL	MUTUAL FUND		963,366
	MASS INVESTMENT GRO	MUTUAL FUND		1,827,718
	BLACKROCK INTERNATI	MUTUAL FUND		30,090
	BLACKROCK INTERNATI	MUTUAL FUND		249,576
	BLACKROCK INTERNATI	MUTUAL FUND		19,941
	CALAMOS INTERNATION	MUTUAL FUND		300,890
	COLUMBIA US GOVERNM	MUTUAL FUND		653,889

Federal Statements

National Lift Truck Companies Profit Sharing 401k

Plan: 003

Assets Held for Investment (continued)

Party in Interest	Identity	Description	Cost	Current Value
	DELAWARE INVESTMENT	MUTUAL FUND	$	$ 499,653
	IVY MID CAP GROWTH	MUTUAL FUND		290,616
	WISDOMTREE	MUTUAL FUND		4,555
X	PARTICIPANT LOANS	PARTICIPANT LOANS *		154,980