

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- 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.)
 - 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:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

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) ▶ <u>003</u>
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 MOUNT PROSPECT RD FRANKLIN PARK, IL 60131	1c Effective date of plan <u>02/01/1998</u>
	2b Employer Identification Number (EIN) <u>36-2960004</u>
	2c Plan Sponsor's telephone number <u>630-782-1000</u>
	2d Business code (see instructions) <u>423800</u>

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.	10/13/2023	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 197
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 157 6a(2) 169 6b 0 6c 33 6d 202 6e 2 6f 204 6g 167 6h 16
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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider 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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-2960004

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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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	15725	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	81033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	RECORDKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL LIFT TRUCK, INC.</u>	D Employer Identification Number (EIN) <u>36-2960004</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VALUE RETIREMENT TRU</u>		
b Name of sponsor of entity listed in (a): <u>MERRILL LYNCH BANK USA</u>		
c EIN-PN <u>27-3868124-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>715435</u>
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

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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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL LIFT TRUCK, INC.</u>	D Employer Identification Number (EIN) <u>36-2960004</u>	

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)	598105
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	2760
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	423545
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	1603818
(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)	81209
(9) Value of interest in common/collective trusts.....	1c(9)	715435
(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)	17310341
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	26248115	20735213
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26248115	20735213

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)	736748	
(B) Participants.....	2a(1)(B)	770502	
(C) Others (including rollovers).....	2a(1)(C)	212457	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1719707
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)	4298	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		4298
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	636514	
(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)		636514
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1435848	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1396940	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-7145863	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-4746436
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	764847	
(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)		764847
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)	1619	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1619
j Total expenses. Add all expense amounts in column (b) and enter total	2j		766466
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-5512902
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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:

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.)

	Yes	No	Amount
4a		X	

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

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

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL LIFT TRUCK, INC.</u>	D Employer Identification Number (EIN) <u>36-2960004</u>	

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	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

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

**Financial Statements and
Independent Auditor's Report**

December 31, 2022 and 2021



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

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Certified Public Accountants

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Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of National Lift Truck Companies Profit Sharing 401(k) Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Independent Auditor's Report

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

Independent Auditor's Report**Plan Administrator
National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
(Continued)**

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, Line4(i) - Schedule of Assets (Held at Year End) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**cjb partners** LLP

Certified Public Accountants

Schaumburg, Illinois

October 13, 2023

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021**

	<i>2022</i>	<i>2021</i>
Investments		
At Fair Value		
Mutual funds	\$ 14,666,219	\$ 18,166,948
Self-directed brokerage accounts	4,671,485	6,793,866
Common/collective trust funds	715,435	699,394
Total Investments	20,053,139	25,660,208
Other Assets		
Receivables		
Participant notes receivable	81,209	120,318
Accrued interest	2,760	2,724
Employer	598,105	464,865
Total Other Assets	682,074	587,907
Total Assets	20,735,213	26,248,115
Net Assets Available for Benefits	\$ 20,735,213	\$ 26,248,115

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

Additions to Net Assets Attributed to:**Investment Loss:**

Net depreciation in fair value of investments	\$ (7,106,955)
Dividend and other investment income	636,514

Total Investment Loss (6,470,441)

Interest Income - Participant Notes Receivable 4,298

Contributions

Participants	770,502
Employer	736,748
Rollovers	212,457

Total Contributions 1,719,707

Total Additions, Net of Investment Loss (4,746,436)

Deductions from Net Assets Attributed to:

Benefits paid to participants	764,847
Administrative expenses	1,619

Total Deductions 766,466

Net Decrease (5,512,902)**Net Assets Available for Benefits**

Beginning of Year 26,248,115

End of Year \$ 20,735,213

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

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2022 and 2021**

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:

<u>Years of Service</u>	<u>Vesting Percentage</u>
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.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2022 and 2021**

**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 \$736,748 for the year ended December 31, 2022 and are subject to certain statutory limitations.

Forfeitures Unallocated forfeitures at December 31, 2022 and 2021, totaled \$21,322 and \$31,087, respectively. These amounts will be used to reduce future Employer contributions. Also in 2022 and 2021, employer contributions were reduced by \$41,217 and \$42,598, respectively, from forfeited nonvested accounts.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2022 and 2021**

**1. Plan Description
(Continued)**

**Participant Notes
Receivable**

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 8% for the loans outstanding at December 31, 2022. 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") are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

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.

Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

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.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2022 and 2021**

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

**Investment Valuation
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, (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.

Purchases and sales of securities are recorded on a trade-date basis. 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 benefits.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2022 and 2021**

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

**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, 2022 and 2021, 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, 2022 and 2021. 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, 2022.

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.

Common collective trusts are valued using the Net Asset Value ("NAV") as a practical expedient and are not categorized in the fair value hierarchy. NAV is provided by the trustee and is based on the fair value of the underlying investments held by the fund less its liabilities. In the event the Plan were to initiate a full redemption of a common collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the common collective trust in order to ensure that securities liquidations will be carried out in an orderly business manner. The common collective trusts have no unfunded commitments, other redemption restrictions, or redemption notice periods. The underlying portfolios of the common collective trusts are comprised of a mix of bonds and cash.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2022 and 2021**

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

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

	Level 1	Total
December 31, 2022		
Mutual funds	\$14,666,219	\$ 14,666,219
<i>Self-directed brokerage accounts:</i>		
Money markets and cash	423,545	423,545
Corporate Stock	1,603,818	1,603,818
Mutual funds	2,644,122	2,644,122
Total self-directed investments	4,671,485	4,671,485
Total	19,337,704	19,337,704
Common/collective trust funds measured at NAV		715,435
Total investments		\$ 20,053,139
December 31, 2021		
Mutual funds	\$18,166,948	\$ 18,166,948
<i>Self-directed brokerage accounts:</i>		
Money markets and cash	321,292	321,292
Corporate Stock	2,574,785	2,574,785
Mutual funds	3,897,789	3,897,789
Total self-directed investments	6,793,866	6,793,866
Total	24,960,814	24,960,814
Common/collective trust funds measured at NAV		699,394
Total investments		\$ 25,660,208

Gains and losses (realized and unrealized) included in the changes in net assets available for benefits for the year ended December 31, 2022 are reported in net appreciation in fair value of investments.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2022 and 2021**

- 4. Investments** During 2022, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by \$ 7,106,955, as follow:

Mutual funds	\$	4,843,347
Self-directed accounts		2,263,608
Total	\$	7,106,955

- 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 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.

In accordance with GAAP, the Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, 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 2019.

- 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 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:

	<i>2022</i>	<i>2021</i>
Investments, at fair value:		
Mutual funds	\$ 14,666,169	\$ 18,166,948
Self-directed brokerage accounts	4,671,485	6,793,866
Common/collective trust funds	715,435	699,394
Participants notes receivable	81,209	120,318
Accrued interest	2,760	2,724
Investment & interest income	(6,466,143)	2,194,798
Benefits paid to participants	764,847	1,507,001
Administrative expenses	1,619	2,100

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2022 and 2021

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.

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, 2022

(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
	Advanced Drainage Systems, Inc.	Common Stock	\$ -	\$ 19,673
	Allakos Inc	Common Stock	-	8,420
	Alta Equipment Group Inc.	Common Stock	-	9,893
	Amazon.com, Inc.	Common Stock	-	20,160
	Apple Inc.	Common Stock	-	19,490
	Atlantica Sustainable	Common Stock	-	83,766
	Booking Holdings Inc.	Common Stock	-	25,900
	Bumble Inc	Common Stock	-	10,076
	Charter Communications, Inc.	Common Stock	-	6,315
	CME Group Inc.	Common Stock	-	2,374
	Comcast Corporation	Common Stock	-	2,522
	Cronos Group Inc.	Common Stock	-	6,714
	Danimer Scientific Inc	Common Stock	-	254
	Disney Co	Common Stock	-	5,370
	Eli Lilly & Co.	Common Stock	-	1,738
	Entergy Copr New	Common Stock	-	1
	Eom Pharmaceutical	Common Stock	-	32,076
	EQT Corp	Common Stock	-	12
	Equinox Gold Corp.	Common Stock	-	10,453
	Futu Holdings Ltd	Common Stock	-	2,296
	Graphic Packaging Holding	Common Stock	-	2,033
	Green Plains Inc	Common Stock	-	16,688
	Growgeneration Corp.	Common Stock	-	15,738
	Halliburton Company	Common Stock	-	39,788
	Honeywell Intl. Inc.	Common Stock	-	27,860
	Huntington Ingalls Inds	Common Stock	-	1
	Iclick Interactive Asia	Common Stock	-	26,528
	Interactive Brokers Group, Inc.	Common Stock	-	116
	Jazz Pharmaceuticals	Common Stock	-	14,470
	Johnson & Johnson	Common Stock	-	478
	Kraft Heinz Co	Common Stock	-	9,717
	L3Harris Technologies	Common Stock	-	31,835
	Lucid Group Inc	Common Stock	-	32,481
	Manitowoc Co Inc	Common Stock	-	683
	Marathon Digital Holdings	Common Stock	-	2,290
	Marathon Petroleum Corp.	Common Stock	-	4,446
	Masimo Corp.	Common Stock	-	98,350
	Mastercard Inc.	Common Stock	-	3,699
	Mcdonalds Corp	Common Stock	-	17,387
	Merck and Co Inc	Common Stock	-	37,685
	Microsoft Corp.	Common Stock	-	30,511
	Motorola Solutions, Inc.	Common Stock	-	77,942
	Nextera Energy Inc Shs	Common Stock	-	5,412
	Northrop Grumman Corp	Common Stock	-	33,440

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, 2022

(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
	Northrop Grumman Corp	Common Stock	-	40,921
	Nutrien Ltd	Common Stock	-	18,111
	Okta, Inc.	Common Stock	-	1,367
	Overstock	Common Stock	-	29,040
	Ovintiv	Common Stock	-	24,493
	Pan American Silver Corp.	Common Stock	-	8,170
	Pepsico Inc	Common Stock	-	19,150
	Perkinelmer inc	Common Stock	-	28,044
	Pfizer Inc.	Common Stock	-	10,248
	Pnc Fincl Services Group	Common Stock	-	47,382
	Portillos Inc	Common Stock	-	301,757
	Skillz Inc	Common Stock	-	507
	Starbucks Corp.	Common Stock	-	41,168
	Stitch Fix, Inc.	Common Stock	-	202
	Stronghold Digital	Common Stock	-	479
	The Trade Desk, Inc.	Common Stock	-	4,483
	Tilray INC	Common Stock	-	13,450
	Tyson Foods Inc	Common Stock	-	6,536
	United Rentals Inc	Common Stock	-	5,331
	Valero Energy Corp	Common Stock	-	10,783
	Viatis Inc.	Common Stock	-	267
	Virtus Investmentt Partners, Inc.	Common Stock	-	22,973
	Visa Inc.	Common Stock	-	39,474
	Vistra Corp	Common Stock	-	46,400
	Walgreens Boots Alliance, Inc.	Common Stock	-	8,406
	Walmart INC	Common Stock	-	38,283
	Warner Bros Discovery	Common Stock	-	10,191
	Westlake Chem Corp	Common Stock	-	29,121
	Alps O'Shares Global	ETF	-	12,150
	ARK Autonomous Tech	ETF	-	260,414
	ARK G. Enomic Revolution	ETF	-	118,566
	ARK Innovation ETF	ETF	-	123,398
	ARK Next Generation	ETF	-	125,288
	Invesco China Tech ETF	ETF	-	481,740
	Invesco QQQ TE Ser 1	ETF	-	532,560
	Proshares TR II Ultra	ETF	-	71,120
	Spd r. s&p 500 ETF Trust	ETF	-	191,215
	Spdr Gold Trust	ETF	-	38,508
	SPDR US Financial Sector	ETF	-	22,777
	Vanguard Dividend	ETF	-	45,555
	Vanguard Short Term Bond	ETF	-	112,920
	DNP Select Income	Mutual Fund	-	34,639
	iShares Edge MSCI	Mutual Fund	-	236,999
	Macquarie GL Infrastrucre TR	Mutual Fund	-	45,440

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, 2022

(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
	ProShares Ultrapro Short QQQ	Mutual Fund	-	12,962
	ProShares Ultrashort	Mutual Fund	-	34,450
	Vanguard Information	Mutual Fund	-	31,941
	Vanguard Intermediate	Mutual Fund	-	111,480
	Accrued Int on Corporate Bonds	Accrued Interest	-	2,760
	BIF MoneyFund	Money Market	-	423,545
	Invesco Stable Value Retirement Trust	Common Trust Fund	-	715,435
	Virtus Ceredex Mid Cap Value	Mutual Fund	-	573,002
	Allianzgi Technology Fund	Mutual Fund	-	349,171
	JP Morgan Government	Mutual Fund	-	1,077,557
	Blackrock International	Mutual Fund	-	31,288
	Blackrock International GM	Mutual Fund	-	508,646
	Blackrock International I	Mutual Fund	-	30,553
	Blackrock Large Cap Focus Growth	Mutual Fund	-	2,046,607
	Invesco Global Allocation Fund	Mutual Fund	-	866,351
	Fuller & Thaler Behavioral	Mutual Fund	-	676,943
	Delaware Investment Div Inc.	Mutual Fund	-	1,067,707
	Mass Invest Growth Stk Fd CL A	Mutual Fund	-	3,962,743
	MFS Value Fund CL A	Mutual Fund	-	1,181,347
	Invesco Global Allocation GM	Mutual Fund	-	1,096,010
	Ivy Mid Cap Growth Fund	Mutual Fund	-	590,190
	Virtus Vontoble Foreign Opp	Mutual Fund	-	608,104
*	Participant Loans	Participant Loans ***	-	81,209

\$ - \$ 20,137,108

- * - Indicates a party-in-interest
** - Cost information is not required for participant-directed investments
*** - Interest rates were 4.25% to 8%

36-2960004

Federal Statements
National Lift Truck Companies 401k Plan and Trust
Plan #003

Multiple-Employer Plan Participating Employer Information

(a) National Lift Truck, Inc.	(b) 36-2960004	(c) 71%
(a) National Lift, LLC	(b) 36-4386206	(c) 21%
(a) National Lift of Arkansas	(b) 36-3220455	(c) 7%
(a) National Battery, Inc.	(b) 36-3835772	(c) 1%

Federal Statements
National Lift Truck Companies Profit Sharing 401k
Plan: 003

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	ACCRUED INT ON CORP	ACCRUED INTEREST	\$	\$ 2,760
	INTERACTIVE BROKER	COMMON STOCK		116
	JOHNSON AND JOHNSON	COMMON STOCK		478
	ELI LILLY & CO.	COMMON STOCK		1,738
	MARATHON PETROLEUM	COMMON STOCK		4,446
	DISNEY	COMMON STOCK		5,370
	KRAFT HEINZ COMPANY	COMMON STOCK		9,717
	PFIZER, INC.	COMMON STOCK		10,248
	APPLE, INC.	COMMON STOCK		19,490
	HONEYWELL, INC.	COMMON STOCK		27,860
	MICROSOFT	COMMON STOCK		30,511
	STARBUCKS	COMMON STOCK		41,168
	MASIMO CORP.	COMMON STOCK		98,350
	INVESCO STABLE VALU	COMMON TRUST FUND		715,435
	BIF MONEY FUND	MONEY MARKET		423,545
	MFS VALUE FUND	MUTUAL FUND		1,181,347
	BLACKROCK INTERNATI	MUTUAL FUND		31,288
	BLACKROCK INTERNATI	MUTUAL FUND		508,646
	BLACKROCK INTERNATI	MUTUAL FUND		30,553
	DELAWARE INVESTMENT	MUTUAL FUND		1,067,707
	IVY MID CAP GROWTH	MUTUAL FUND		590,190
X	PARTICIPANT LOANS	PARTICIPANT LOANS *		81,209
	ENERGY COPR NEW	COMMON STOCK		1
	EQT COPR	COMMON STOCK		12
	STRONGHOLD DIGITAL	COMMON STOCK		479
	DANIMER SCIENTIFIC I	COMMON STOCK		254
	VIATRIS INC	COMMON STOCK		267
	THE TRADE DESK, INC.	COMMON STOCK		4,483
	SKILLZ INC	COMMON STOCK		507
	MANITOWOC CO INC	COMMON STOCK		683
	OKTA, INC.	COMMON STOCK		1,367
	GRAPHIC PACKAGING HO	COMMON STOCK		2,033
	MARATHON DIGITAL HOL	COMMON STOCK		2,290
	FUTU HOLDING	COMMON STOCK		2,296
	CME GROUP INC.	COMMON STOCK		2,374
	COMCAST CORPORATION	COMMON STOCK		2,522
	MASTERCARD, INC.	COMMON STOCK		3,699
	HUNTINGTON INGLASS I	COMMON STOCK		1
	STITCH FIX, INC.	COMMON STOCK		202
	UNITED RENTALS	COMMON STOCK		5,331
	NEXTERA ENERGY INC S	COMMON STOCK		5,412
	CHARTER COMMUNICATIO	COMMON STOCK		6,315
	TYSON FOODS INC	COMMON STOCK		6,536
	CRONOS GROUP, INC.	COMMON STOCK		6,714
	PAN AMERICAN SILVER	COMMON STOCK		8,170
	WALGREENS BOOTS ALLI	COMMON STOCK		8,406
	ALLOAKOS INC	COMMON STOCK		8,420
	ALTA EQUIPMENT GROUP	COMMON STOCK		9,893
	BUMBLE INC.	COMMON STOCK		10,076
	WARNER BROS	COMMON STOCK		10,191
	EQUINIX INC.	COMMON STOCK		10,453
	VALERO ENERGY CORP	COMMON STOCK		10,783
	TILRAY INC	COMMON STOCK		13,450

Federal Statements
National Lift Truck Companies Profit Sharing 401k
Plan: 003

Assets Held for Investment (continued)

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	JAZZ PHARMACEUTICALS	COMMON STOCK	\$	\$ 14,740
	GROWGENERATION CORP	COMMON STOCK		15,738
	GREEN PLAINS INC	COMMON STOCK		16,688
	MCDONALDS CORP	COMMON STOCK		17,387
	NUTRIEN LTD	COMMON STOCK		18,111
	PEPSICO INC	COMMON STOCK		19,150
	ADVANCED DRAINAGE SY	COMMON STOCK		19,673
	AMAZON	COMMON STOCK		20,160
	VIRTUS INVESTMENT PA	COMMON STOCK		22,973
	OVINTIV	COMMON STOCK		24,493
	BOOKING HOLDINGS, IN	COMMON STOCK		25,900
	ICLICK INTERACTIVE A	COMMON STOCK		26,528
	PERKINELMER INC	COMMON STOCK		28,044
	OVERSTOCK	COMMON STOCK		29,040
	WESTLAKE CHEM CORP	COMMON STOCK		29,121
	L3HARRIS TECHNOLOGIE	COMMON STOCK		31,835
	EOM PHARMACEUTICAL	COMMON STOCK		32,076
	LUCID GROUP INC	COMMON STOCK		32,481
	NORTHROP GRUMMAN COR	COMMON STOCK		33,440
	MERCK AND CO INC	COMMON STOCK		37,685
	WALMART INC	COMMON STOCK		38,283
	VISA INC	COMMON STOCK		39,474
	HALLIBURTON COMPANY	COMMON STOCK		39,788
	NORTHROP GRUMMAN COR	COMMON STOCK		40,921
	VISTRA CORP	COMMON STOCK		46,400
	PNC FINCL SERVICES G	COMMON STOCK		47,382
	MOTOROLA SOLUTIONS I	COMMON STOCK		77,942
	ATLANTICA SUSTAINAE	COMMON STOCK		83,766
	PORTILLOS INC	COMMON STOCK		301,757
	ALPS OSHARES GLOBAL	ETF		12,150
	SPDR US FINANCIAL SE	ETF		22,777
	SPDR GOLD TRUST	ETF		38,508
	VANGUARD DIVIDEND	ETF		45,555
	PROSHARES TR II ULTR	ETF		71,120
	VANGUARD SHORT TERM	ETF		112,920
	ARK G. ENOMIC REVOLU	ETF		118,566
	ARK INNOVATION ETF	ETF		123,398
	ARK NEXT GENERATION	ETF		125,288
	SPDR S&P 500 ETF TRU	ETF		191,215
	ARK AUTONOMOUS TECH	ETF		260,414
	INVESCO CHINA TECH E	ETF		481,740
	INVESCO QQQ TE SER 1	ETF		532,560
	VANGUARD INTERMEDIAT	MUTUAL FUND		111,480
	VANGUARD INFORMATION	MUTUAL FUND		31,941
	MASS INVEST GROWTH	MUTUAL FUND		3,962,743
	VIRTUS CEREDEX MID C	MUTUAL FUND		573,002
	ALLIANZGI TECHNOLOGY	MUTUAL FUND		349,171
	JP MORGAN GOVERNMENT	MUTUAL FUND		1,077,557
	INVESCO GLOBAL ALLOC	MUTUAL FUND		1,096,010
	BLACKROCK LARGE CAP	MUTUAL FUND		2,046,607
	INVESCO GLOBAL ALLOC	MUTUAL FUND		866,351
	FULLER & THALER BEHA	MUTUAL FUND		676,943

Federal Statements
National Lift Truck Companies Profit Sharing 401k
Plan: 003

Assets Held for Investment (continued)

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	VIRTUS VONTOBLE FORE	MUTUAL FUND	\$	\$ 608,104
	PROSHARES ULTRAPRO S	MUTUAL FUND		12,962
	PROSHARES ULTRASHORT	MUTUAL FUND		34,450
	DNP SELECT INCOME	MUTUAL FUND		34,639
	MACQUARIE GL INFRAST	MUTUAL FUND		45,440
	ISHARES EDGE MSCI	MUTUAL FUND		236,999