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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                |
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| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                         |
| 1a      | Name of plan<br>HYSTER-YALE GROUP, INC. COMBINED PENSION PLAN                                                                                                                                                                                                                                                                                  |
| 1b      | Three-digit plan number (PN) ▶ 021                                                                                                                                                                                                                                                                                                             |
| 1c      | Effective date of plan<br>01/01/1986                                                                                                                                                                                                                                                                                                           |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HYSTER-YALE GROUP, INC.<br><br>5875 LANDERBROOK DRIVE, SUITE 300<br>CLEVELAND, OH 44124 |
| 2b      | Employer Identification Number (EIN)<br>93-0160700                                                                                                                                                                                                                                                                                             |
| 2c      | Plan Sponsor's telephone number<br>252-561-5301                                                                                                                                                                                                                                                                                                |
| 2d      | Business code (see instructions)<br>336990                                                                                                                                                                                                                                                                                                     |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2024 | KELLY CANNEFAX                                               |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                               |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 1535                                                                                                                                                                                                                                                                                                                  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 245<br><b>6a(2)</b> 225<br><b>6b</b> 695<br><b>6c</b> 304<br><b>6d</b> 1224<br><b>6e</b> 240<br><b>6f</b> 1464<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                       |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1B 1C 1I 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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**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) ☒ **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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
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| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>HYSTER-YALE GROUP, INC. COMBINED PENSION PLAN                                                                    | B Three-digit plan number (PN) ▶ 021                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HYSTER-YALE GROUP, INC.                                       | D Employer Identification Number (EIN)<br>93-0160700                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                    |                            |                           |                          |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                  |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                                |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                            |                            |                           |                          |
|        | a Market value                                                                                                                                                                                     | 2a                         | 48533673                  |                          |
|        | b Actuarial value                                                                                                                                                                                  | 2b                         | 53387040                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                         | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|        | a For retired participants and beneficiaries receiving payment                                                                                                                                     | 952                        | 35257356                  | 35257356                 |
|        | b For terminated vested participants                                                                                                                                                               | 338                        | 9246836                   | 9246836                  |
|        | c For active participants                                                                                                                                                                          | 245                        | 7770791                   | 7784427                  |
|        | d Total                                                                                                                                                                                            | 1535                       | 52274983                  | 52288619                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                            |                            |                           |                          |
|        | a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
|        | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                            | 5                          | 5.06 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                                 |                            |                           |                          |
|        | a Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
|        | b Expected plan-related expenses                                                                                                                                                                   | 6b                         | 350691                    |                          |
|        | c Target normal cost                                                                                                                                                                               | 6c                         | 350691                    |                          |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                          |                                                                                                                                                                                                                                                                               |                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>BRETT J. LOGTERMAN</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>1001 LAKESIDE AVENUE<br/>SUITE 1500<br/>CLEVELAND, OH 44114-1172</div> <div>Address of the firm</div> | <div>10/03/2024</div> <div>Date</div> <div>23-07485</div> <div>Most recent enrollment number</div> <div>216-937-4000</div> <div>Telephone number (including area code)</div> |
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| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-20.09</u> % .....                                                                               | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 102.10 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 102.10 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 124.34 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                      |                                                                     |                 |
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| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |                 |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b>                                                          | 0               |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b>                                                          | 0               |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b>                                                          | 0               |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |                 |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                 |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |                 |
| Liquidity shortfall as of end of quarter of this plan year                                                                           |                                                                     |                 |
| (1) 1st                                                                                                                              | (2) 2nd                                                             | (3) 3rd (4) 4th |
|                                                                                                                                      |                                                                     |                 |

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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                        |                        |                                                     |
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| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 3                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

|                |                            |
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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|                                                                                                                                                                        |           |                                                                     |
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| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |           |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b> |                                                                     |

|                 |                                                                                |
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| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                     | <b>31a</b>         | 350691        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 350691        |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                     | <b>34</b>          | 0             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                     | <b>36</b>          | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                     | <b>38a</b>         | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                 |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>HYSTER-YALE GROUP, INC. COMBINED PENSION PLAN</div>                   | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>021</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>HYSTER-YALE GROUP, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>93-0160700</div> |

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

x

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

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**(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

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**(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

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**(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

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**(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

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

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

WILLIS TOWERS WATSON

23-1159360

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 464293                                                                 | 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)

VANGUARD FIDUCIARY TRUST COMPANY

23-2186884

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 27 64               | NONE                                                                                              | 92601                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CROWE LLP

35-0921680

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 24518                                                                  | 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"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                         |            |
| <b>A</b> Name of plan<br><b>HYSTER-YALE GROUP, INC. COMBINED PENSION PLAN</b>                            | <b>B</b> Three-digit plan number (PN) ▶ | <b>021</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HYSTER-YALE GROUP, INC.</b>          |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><b>93-0160700</b>                                       |                                         |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | <b>404668</b>                | <b>381817</b>          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                              |                        |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                              |                        |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | <b>48129005</b>              | <b>47582647</b>        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                              |                        |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                              |                        |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 48533673              | 47964464        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 48533673              | 47964464        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 1587824    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 1587824   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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) |            | 4519039   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 6106863   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 5307805 |         |
| (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)  |         | 5307805 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  |         |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 11938   |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 24518   |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 66995   |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 13668   |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 464293  |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) | 786855  |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 1368267 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 6676072 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -569209 |
| 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: **CROWE LLP**

(2) EIN: **35-0921680**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> 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. ....                                                                                                                         |                                     |                                     |          |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 515768.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                               |                                                                  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>HYSTER-YALE GROUP, INC. COMBINED PENSION PLAN</div>                   | <div>B Three-digit plan number (PN) ▶ 021</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>HYSTER-YALE GROUP, INC.</div> | <div>D Employer Identification Number (EIN)<br/>93-0160700</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                                                                                                                                                                                                                                                                                               |              |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> | <div>0</div>  |
| <div>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):<br/><br/>EIN(s): 23-2186884</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |               |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> | <div>23</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                             |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                               |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                               |
| <div>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) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                               |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                             |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                  | <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2023  
v. 230707

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> 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) .....<br><b>b</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) .....<br><b>c</b> 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) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>15a</b><br><br><br><b>15b</b>                                                       |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><b>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>16a</b><br><br><br><b>16b</b>                                                       |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: <u>39.6</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>59.6</u> %<br>High-Yield Debt: <u>0.0</u> % Real Assets: <u>0.0</u> % Cash or Cash Equivalents: <u>0.8</u> % Other: <u>0.0</u> %<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input checked="" type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

**HYSTER-YALE GROUP, INC.**  
**COMBINED PENSION PLAN**  
Mayfield Heights, Ohio

**FINANCIAL STATEMENTS**  
December 31, 2023 and 2022

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
Mayfield Heights, Ohio

FINANCIAL STATEMENTS  
December 31, 2023 and 2022

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## INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of  
Hyster-Yale Group, Inc. Combined Pension Plan  
Mayfield Heights, Ohio

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

We have performed audits of the financial statements of the Hyster-Yale Group, Inc. Combined Pension Plan (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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2022 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 December 31, 2023 and 2022 and for the years then ended, stating that the certified investment information, as described in Note 4 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 Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements 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).

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(Continued)

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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.

### ***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 from 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 GAAS 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 GAAS, 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.

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(Continued)

Our audits 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.

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.

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2023, 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 schedules, 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 GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules 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 schedules 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).

  
Crowe LLP

New York, New York  
October 10, 2024

HYSTER-YALE GROUP, INC.  
 COMBINED PENSION PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 December 31, 2023 and 2022

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|                                                           | <u>2023</u>          | <u>2022</u>          |
|-----------------------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                             |                      |                      |
| Investments, at fair value                                | \$ 47,582,647        | \$ 48,129,005        |
| Cash                                                      | <u>381,817</u>       | <u>404,668</u>       |
| <b>TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ 47,964,464</u> | <u>\$ 48,533,673</u> |

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See accompanying notes to financial statements.

HYSTER-YALE GROUP, INC.  
 COMBINED PENSION PLAN  
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 Years Ended December 31, 2023 and 2022

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|                                                | <u>2023</u>          | <u>2022</u>          |
|------------------------------------------------|----------------------|----------------------|
| <b>Additions to net assets attributed to:</b>  |                      |                      |
| Net appreciation in fair value of mutual funds | \$ 4,519,039         | \$ -                 |
| Interest and dividends                         | <u>1,587,824</u>     | <u>1,489,669</u>     |
| Total additions                                | 6,106,863            | 1,489,669            |
| <b>Deductions to net assets attributed to:</b> |                      |                      |
| Net depreciation in fair value of mutual funds | -                    | 14,559,502           |
| Benefits paid to participants                  | 5,307,805            | 7,038,676            |
| Administrative expenses                        | <u>1,368,267</u>     | <u>411,346</u>       |
| Total deductions                               | <u>6,676,072</u>     | <u>22,009,524</u>    |
| <b>Net decrease</b>                            | (569,209)            | (20,519,855)         |
| <b>Net assets available for benefits</b>       |                      |                      |
| Beginning of year                              | <u>48,533,673</u>    | <u>69,053,528</u>    |
| End of year                                    | <u>\$ 47,964,464</u> | <u>\$ 48,533,673</u> |

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See accompanying notes to financial statements.

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
December 31, 2022

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**Actuarial present value of accumulated plan benefits:**

Vested benefits:

|                                           |                   |
|-------------------------------------------|-------------------|
| Participants currently receiving payments | \$ 32,709,350     |
| Other participants                        | <u>16,471,335</u> |
| Total vested benefits                     | 49,180,685        |

|                    |               |
|--------------------|---------------|
| Nonvested benefits | <u>18,017</u> |
|--------------------|---------------|

|                                                                   |                             |
|-------------------------------------------------------------------|-----------------------------|
| <b>Total actuarial present value of accumulated plan benefits</b> | <b><u>\$ 49,198,702</u></b> |
|-------------------------------------------------------------------|-----------------------------|

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See accompanying notes to financial statements.

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
Year Ended December 31, 2022

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|                                                                            |                             |
|----------------------------------------------------------------------------|-----------------------------|
| <b>Actuarial present value of plan benefits at beginning of year</b>       | <b>\$ 55,053,261</b>        |
| Benefits paid                                                              | (7,038,676)                 |
| Increase due to decrease in the discount period                            | 2,836,956                   |
| Assumption changes                                                         | (1,275,057)                 |
| Net actuarial (gains) losses                                               | <u>(377,782)</u>            |
| <b>Actuarial present value of accumulated plan benefits at end of year</b> | <b><u>\$ 49,198,702</u></b> |

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See accompanying notes to financial statements.

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023 and 2022

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**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Hyster-Yale Group, Inc Combined Pension Plan (formerly the Hyster-Yale Group, Inc. Defined Benefit Plan for Union Employees) (the “Plan” or “Legacy Union Plan”) provides only general information. Reference should be made to the Plan document for a more complete description of the Plan’s provisions.

General: The Plan (as amended and restated as of January 1, 2020), is sponsored by Hyster-Yale Group, Inc. (the “Company”), and is a defined benefit pension plan within the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) (as amended).

The Plan is frozen for purposes of eligibility and benefit accruals.

Effective January 1, 2020, the Plan was renamed the Hyster Yale Group Inc. Combined Pension Plan.

Plan Administration: The Company is the Plan sponsor and Plan administrator. Vanguard Fiduciary Trust Company (“Trustee”) is the trustee of the Plan. Investment decisions are made by the Hyster-Yale Group, Inc. Retirement Funds Investment Committee.

Vesting: Plan participants are 100% vested in their benefits under the Plan.

Contributions: The Company intends to contribute, at a minimum, amounts necessary to provide the Plan with sufficient assets to meet or exceed the minimum funding requirements under ERISA. Company contributions made for the 2023 and 2022 plan years met or exceeded the ERISA minimum funding requirements.

Legacy Union Plan Benefits: Participants are eligible for benefits upon reaching age 65, or beginning at age 55 with at least 15 years of service, as defined. Certain Danville employees are eligible for a special early retirement pension upon completion of 30 years of service. In general, benefits are computed on the basis of a fixed amount per month for each year of service during which the participant was an active participant of the Plan.

Various disability pre-retirement and post-retirement benefits are payable under the Plan. In general, benefits are distributed in the form of monthly payments.

Legacy Non-Union Plan Benefits: Participants are eligible for benefits upon reaching age 65, or beginning at age 55 with at least 15 years of service, as defined. Plan benefits are equal to the sum of prior plan benefits plus cash pension benefits. Under the cash balance formula, a separate account was established for each participant in the Plan. The interest credited to the cash balance accounts is indexed to the one-year constant maturity yield published by the Federal Reserve as in effect on the last business day of the preceding plan year, subject to a 12% maximum. Various minimum benefits and prior plan benefits also apply.

Various disability pre-retirement and post-retirement benefits are payable under the Plan. In general, benefits are distributed in the form of monthly payments.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

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(Continued)

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023 and 2022

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Expenses: Certain expenses of administering the Plan, principally actuarial fees, accounting fees and some investment management fees are paid by the Plan. These costs are reflected on the accompanying financial statements. Other administrative expenses, such as legal fees and miscellaneous costs, are paid by the Company and are not reflected in the accompanying financial statements. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan.

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Benefit Payments: Benefits are recorded when paid.

Risks and Uncertainties: The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risks. Market risks include risks associated with ongoing global events. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair 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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair value is defined as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

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(Continued)

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023 and 2022

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Continued)

Level 3: Significant unobservable inputs for the asset or liability. Level 3 inputs include the Plan's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions are of the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis using quoted prices in active markets for identical assets (Level 1) are summarized below:

|              | <u>December 31, 2023</u> | <u>December 31, 2022</u> |
|--------------|--------------------------|--------------------------|
| Investments  |                          |                          |
| Mutual Funds | \$ 47,582,647            | \$ 48,129,005            |

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present eligible employees or their beneficiaries. The accumulated plan benefits for active employees are based on the years of service ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, full and permanent disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by actuaries from Willis Towers Watson, the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, full and permanent disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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(Continued)

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023 and 2022

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**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)**

The more significant actuarial assumptions used by the Plan's actuaries to arrive at the valuations of the Plan as of December 31, 2022 are as follows:

|                                                |                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------|
| Assumed rate of return                         | 5.50%                                                                           |
| Mortality basis                                | Pri-2012/MP-2021                                                                |
| Retirement age (Legacy Union)                  | Rates vary by age, ranging from 10% (age 62) to 25% (age 65) to 100% (age 70)   |
| Retirement age (Legacy Non-Union)              | Rates vary by age, ranging from 2.50% (age 55) to 25% (age 65) to 100% (age 70) |
| Cash balance crediting rate (Legacy Non-Union) | 3.50%                                                                           |

The \$1,275,057 decrease in the present value of accumulated plan benefits in 2022 is due to actuarial assumption changes attributable to various annual updates required under IRC 417(e).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**NOTE 4 - CERTIFIED INFORMATION**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held as of December 31, 2023 and 2022, net appreciation (depreciation) in fair value of investments, interest and dividends, for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Vanguard Fiduciary Trust Company (the Trustee of the Plan).

**NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. Certain investments held by the Plan at December 31, 2023 and 2022 are shares of mutual funds managed by Vanguard Group, Inc. The Trustee is a wholly owned subsidiary of the Vanguard Group, Inc. therefore, these investments and investment transactions qualify as party-in-interest transactions. Amounts paid by the Plan to parties-in-interest included fees for investment management, actuarial, audit and trustee services. However, these investments and transactions are not considered prohibited transactions.

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(Continued)

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023 and 2022

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**NOTE 6 - PLAN TERMINATION**

Although it has not expressed an intention to do so, the Company has the right to terminate the Plan at any time within the constraints of ERISA and the Internal Revenue Code. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed in the Plan document and by ERISA and its related regulations. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. However, benefit improvements attributable to plan amendments may not be fully guaranteed by the PBGC. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**NOTE 7 - INCOME TAX STATUS**

The Plan has received a determination letter from the Internal Revenue Service dated January 13, 2021, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code ("the Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe the Plan is qualified and the related trust is tax-exempt.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 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 authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to federal income tax examinations for years prior to 2020.

**NOTE 8 - SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events for recognition and disclosure through October 10, 2024, which is the date the financial statements were available to be issued.

**NOTE 9 - DECEMBER 31, 2023 ACTUARIAL VALUATION (UNAUDITED)**

The December 31, 2023 actuarial valuation was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan's actuary, which has not been audited by independent accountants, is provided below for informational purposes.

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(Continued)

HYSTER-YALE GROUP, INC.  
COMBINED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2023 and 2022

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**NOTE 9 - DECEMBER 31, 2023 ACTUARIAL VALUATION (UNAUDITED) (Continued)**

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

**Actuarial present value of accumulated plan benefits:**

|                                                                       |                                 |
|-----------------------------------------------------------------------|---------------------------------|
| Vested benefits:                                                      |                                 |
| Participants currently receiving payments                             | \$ 31,297,772                   |
| Other participants                                                    | <u>14,638,914</u>               |
| Total vested benefits                                                 | 45,936,686                      |
| <br>Nonvested benefits                                                | <br><u>11,104</u>               |
| <br><b>Total actuarial present value of accumulated plan benefits</b> | <br><b><u>\$ 45,947,790</u></b> |

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2023 consists of the following:

|                                                                                |                                 |
|--------------------------------------------------------------------------------|---------------------------------|
| <b>Actuarial present value of plan benefits at beginning of year</b>           | <b>\$ 49,198,702</b>            |
| <br>Benefits paid                                                              | <br>(5,307,805)                 |
| Increase due to decrease in the discount period                                | 2,599,043                       |
| Net actuarial (gains) losses                                                   | (384,102)                       |
| Assumption changes                                                             | <u>(158,048)</u>                |
| <br><b>Actuarial present value of accumulated plan benefits at end of year</b> | <br><b><u>\$ 45,947,790</u></b> |

The \$158,048 decrease in the present value of accumulated plan benefits in 2023 is due to actuarial assumption changes attributable to various annual updates required under IRC 417(e).

## **SUPPLEMENTAL SCHEDULES**

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2023

| Attained Age | Attained Years of Credited Service <sup>2</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 40-44        | 0                                               | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 1     |
| 45-49        | 0                                               | 26  | 0   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 27    |
| 50-54        | 0                                               | 40  | 6   | 0     | 1     | 0     | 0     | 0     | 0     | 0         | 47    |
| 55-59        | 0                                               | 25  | 26  | 15    | 1     | 0     | 0     | 0     | 0     | 0         | 67    |
| 60-64        | 0                                               | 19  | 11  | 23    | 6     | 3     | 0     | 0     | 0     | 0         | 62    |
| 65-69        | 0                                               | 8   | 3   | 5     | 16    | 4     | 0     | 0     | 0     | 0         | 36    |
| 70 & over    | 0                                               | 1   | 0   | 0     | 1     | 1     | 1     | 0     | 0     | 1         | 5     |
| Total        | 0                                               | 120 | 46  | 44    | 25    | 8     | 1     | 0     | 0     | 1         | 245   |

<sup>2</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan

EIN / PN: 93-0160700/021

Plan Sponsor: Hyster-Yale Group, Inc.

Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

Expected return on plan assets 6.00%

#### Interest rate basis

Applicable month October 2022  
Interest rate basis Segment Rates

| Interest rates          | Reflecting Stabilization | Not Reflecting Stabilization |
|-------------------------|--------------------------|------------------------------|
| First segment rate      | 4.75%                    | 1.57%                        |
| Second segment rate     | 5.00%                    | 3.21%                        |
| Third segment rate      | 5.74%                    | 3.66%                        |
| Effective interest rate | 5.06%                    | 3.07%                        |

#### Annual rates of increase (Legacy Non-Union only)

Cash balance crediting rate 3.50%<sup>1</sup>

**Plan-related expenses** \$350,691 is included in the target normal cost for plan year 2023.

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

<sup>1</sup> Actual crediting rate for plan year 2023 (5.73%) was used, with 3.50% applying from 2024+  
Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

### Mortality

Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).

Disabled

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

### Termination

Rates varying by age and gender

#### Representative rates for males and females

| Age | Rate (males) | Rate (females) |
|-----|--------------|----------------|
| 40  | 4.73%        | 6.08%          |
| 50  | 2.93%        | 3.90%          |
| 60  | 0.00%        | 0.00%          |

### Retirement

Rates vary by age and legacy group

| Rates for Legacy Union |      | Rates for Legacy Non-Union |      |
|------------------------|------|----------------------------|------|
| Age                    | Rate | Age                        | Rate |
| 55-61                  | 0%   | 55 – 59                    | 2.5% |
| 62                     | 10%  | 60                         | 5%   |
| 63-64                  | 5%   | 61 – 64                    | 10%  |
| 65                     | 25%  | 65 – 67                    | 25%  |
| 66                     | 10%  | 68 – 69                    | 50%  |
| 67                     | 30%  | 70                         | 100% |
| 68-69                  | 20%  |                            |      |
| 70                     | 100% |                            |      |

### Disability

None assumed

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

### Benefit commencement date:

|                             |                                                                                                         |
|-----------------------------|---------------------------------------------------------------------------------------------------------|
| Preretirement death benefit | The later of the death of the active participant or the date the participant would have attained age 55 |
| Deferred vested benefit     | The later of age 65 or termination of employment                                                        |
| Disability benefit          | N/A                                                                                                     |
| Retirement benefit          | Upon termination of employment                                                                          |

### Form of payment

**Legacy Union:** Life annuity (100% electing)

#### **Legacy Non-Union:**

Active Retirement: 80% single lump sum distribution; 20% life annuity

Deferred Vested Retirement: 60% single lump sum distribution; 40% life annuity

### Percent married

85% of males; 50% of females.

### Spouse age

Wife three years younger than husband.

### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement

## Methods

### Valuation date

First day of plan year

### Funding target

Present value of accrued benefits as required by regulations under IRC §430.

### Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

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|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Target normal cost</b>        | Plan-related expenses expected to be paid from plan assets during the plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected investment returns (with such expected earnings limited as described in IRS Notice 2009-22), including contributions receivable. The average asset value must be within 10% of fair value on valuation date, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| <b>Benefits not valued</b>       | All benefits described in the Plan Provisions section of this report were valued except for disability benefits which are determined to be immaterial. WTW has reviewed the plan provisions with HYG and based on that review, is not aware of any significant benefits required to be valued that were not.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

### Sources of Data and Other Information

WTW used asset data supplied by the trustee. HYG furnished participant data as of the valuation date. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the Company, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Economic Assumptions

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                                                                       | As required by IRC §430, the basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Cash balance interest crediting rate</b><br><i>(Legacy Non-Union only)</i>              | The plan credits interest to cash balance accounts using the sum of 1% plus one-year constant maturity yield published by the Federal Reserve as in effect on the last business day of the preceding plan year. For the current plan year, the actual rate is used. HYG has selected an expected future one-year constant maturity yield of 2.50%. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate. |
| <b>Lump sum conversion rate</b><br><i>(Legacy Non-Union only)</i>                          | As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Annuity conversion rate for cash balance benefits</b><br><i>(Legacy Non-Union only)</i> | As required by IRC §430, annuity benefits are valued by converting accounts to annuities using the current IRC §430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Assumed return for asset smoothing</b>                                                  | The assumed return of 6.00% used for asset smoothing is the expected return on assets assumption chosen by HYG with the help of their investment advisers for the 2023 fiscal year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is HYG’s best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation. When higher, this rate is limited by the prior year third segment rate of 5.92%.                                                                                                                                            |

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Demographic Assumptions

|                                                          |                                                                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy mortality</b>                                 | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                   |
| <b>Disabled mortality</b>                                | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                   |
| <b>Retirement</b>                                        | Assumed retirement rates differ by age because of expected differences in retirement rates by age.                                                        |
| <b>Form of payment</b><br><i>(Legacy Non-Union Only)</i> | The percentage of retiring participants assumed to take lump sums and annuities is based on recent observed experience and anticipated future experience. |

## Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                                        |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described herein, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Changes in Assumptions and Methods

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Change in assumptions and methods since prior valuation</b> | <p>The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.</p> <p>The mortality projection scale used to calculate the funding target was updated from Scale MP-2020 to Scale MP-2021, as required by IRC §430.</p> <p>The actuarial value of assets methodology was updated from a 5 month smoothing to a 24 month smoothing value.</p> |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                              |
|--------------------------|----------------------------------------------|
| <b>Plan Sponsor</b>      | Hyster-Yale Group, Inc.                      |
| <b>EIN/PN</b>            | 93-0160700/021                               |
| <b>Plan Name</b>         | Hyster-Yale Group Inc. Combined Pension Plan |
| <b>Valuation Date</b>    | January 1, 2023                              |
| <b>Enrolled Actuary</b>  | Brett J. Logterman                           |
| <b>Enrollment Number</b> | 23-07485                                     |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2023</b><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u> |                                                                                                                                                                                                                                                                                                                                   |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                             |
| C If the plan is a collectively-bargained plan, check here: .....                                        | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                               |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                            |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: .....         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                          |

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1a</b> Name of plan<br>HYSTER-YALE GROUP, INC. COMBINED PENSION PLAN                                                                                                                                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;">021</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/1986</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>93-0160700</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/>252-561-5301</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>336990</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 021 | <b>1c</b> Effective date of plan<br>01/01/1986 |  | <b>2b</b> Employer Identification Number (EIN)<br>93-0160700 |  | <b>2c</b> Plan Sponsor's telephone number<br>252-561-5301 |  | <b>2d</b> Business code (see instructions)<br>336990 |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                        | 021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1986                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2b</b> Employer Identification Number (EIN)<br>93-0160700                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>252-561-5301                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>336990                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>Hyster-Yale Group, Inc.<br><br>5875 Landerbrook Drive, Suite 300<br><br>Cleveland OH 44124 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |

**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<br>HERE |                                    | 10/14/24 | Kelly Cannefax                                               |
|              | Signature of plan administrator    | Date     | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    | 10/14/24 | Kelly Cannefax                                               |
|              | Signature of employer/plan sponsor | Date     | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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 (2023)  
v. 2300728

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 1,535                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 245<br><b>6a(2)</b> 225<br><b>6b</b> 695<br><b>6c</b> 304<br><b>6d</b> 1,224<br><b>6e</b> 240<br><b>6f</b> 1,464<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7</b>                                                                                                                                                                                                                                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1B 1C 1I 3H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(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) ☒ **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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

HYSTER-YALE GROUP, INC  
COMBINED PENSION PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2023

|                                 |                                |
|---------------------------------|--------------------------------|
| Name of Plan Sponsor:           | <u>Hyster-Yale Group, Inc.</u> |
| Employee Identification Number: | <u>93-0160700</u>              |
| Three Digit Plan Number:        | <u>021</u>                     |

| (a)<br>Identity of<br><u>Party Involved</u>                                                                                 | (b)<br>Description<br><u>of Assets</u>             | (c)<br>Purchase<br><u>Price</u> | (d)<br>Selling<br><u>Price</u> | (e)<br>Lease<br><u>Rental</u> | (f)<br>Expenses<br>Incurred with<br><u>Transaction</u> | (g)<br>Cost of<br><u>Asset</u> | (h)<br>Current Value<br>of Assets on<br>Transaction<br><u>Date</u> | (i)<br>Net Gain<br>or (Loss) |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------------------------------|--------------------------------|--------------------------------------------------------------------|------------------------------|
| <b>Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:</b> |                                                    |                                 |                                |                               |                                                        |                                |                                                                    |                              |
| The Vanguard<br>Group Inc.                                                                                                  | Vanguard Total Stock Market<br>Index Institutional | \$ 211,541<br>-                 | \$ -<br>3,320,102              | \$ -<br>-                     | \$ -<br>-                                              | \$ 211,541<br>1,757,453        | \$ 211,541<br>3,320,102                                            | \$ -<br>1,562,649            |

See Independent Auditor's Report.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>HYSTER-YALE GROUP, INC. COMBINED PENSION PLAN                                                                    | <b>B</b> Three-digit plan number (PN) ▶ 021                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HYSTER-YALE GROUP, INC.                                       | <b>D</b> Employer Identification Number (EIN)<br>93-0160700                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                                    |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> 48,533,673                                                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> 53,387,040                                                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                               |
|                                                                                                                                                                                                                 | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 952 35,257,356 35,257,356                                                     |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 338 9,246,836 9,246,836                                                       |
| <b>c</b> For active participants.....                                                                                                                                                                           | 245 7,770,791 7,784,427                                                       |
| <b>d</b> Total .....                                                                                                                                                                                            | 1,535 52,274,983 52,288,619                                                   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> 5.06%                                                                |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> 0                                                                   |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> 350,691                                                             |
| <b>c</b> Target normal cost.....                                                                                                                                                                                | <b>6c</b> 350,691                                                             |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |                                                                                          |                                                            |
|------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>SIGN HERE</b> | BRETT J. LOGTERMAN<br><br>Signature of actuary                                           | 10/03/2024<br><br>Date                                     |
|                  | BRETT J. LOGTERMAN<br><br>Type or print name of actuary                                  | 2307485<br><br>Most recent enrollment number               |
|                  | Willis Towers Watson US LLC<br><br>Firm name                                             | 216-937-4000<br><br>Telephone number (including area code) |
|                  | 1001 Lakeside Avenue<br>Suite 1500<br>Cleveland OH 44114-1172<br><br>Address of the firm |                                                            |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2023**  
**v. 230728**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-20.09</u> % .....                                                                              | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 102.10 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 102.10 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 124.34 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                     | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. .... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is a "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is a "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 3                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                             | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 350,691            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 350,691            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2023

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

### Union Employees

| x  | $q_x^r$ | $l_x$ | ${}_{x-55}p_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
|----|---------|-------|----------------------------------|------------------------|----------------------------|
| 55 | 0.00    | 1,000 | 1.000000                         | 0.000000               | 0.000000                   |
| 56 | 0.00    | 1,000 | 1.000000                         | 0.000000               | 0.000000                   |
| 57 | 0.00    | 1,000 | 1.000000                         | 0.000000               | 0.000000                   |
| 58 | 0.00    | 1,000 | 1.000000                         | 0.000000               | 0.000000                   |
| 59 | 0.00    | 1,000 | 1.000000                         | 0.000000               | 0.000000                   |
| 60 | 0.00    | 1,000 | 1.000000                         | 0.000000               | 0.000000                   |
| 61 | 0.00    | 1,000 | 1.000000                         | 0.000000               | 0.000000                   |
| 62 | 0.10    | 1,000 | 1.000000                         | 0.100000               | 6.200000                   |
| 63 | 0.05    | 900   | 0.900000                         | 0.450000               | 28.350000                  |
| 64 | 0.05    | 450   | 0.450000                         | 0.225000               | 14.400000                  |
| 65 | 0.25    | 225   | 0.225000                         | 0.056250               | 3.656250                   |
| 66 | 0.10    | 169   | 0.168750                         | 0.016875               | 1.113750                   |
| 67 | 0.30    | 152   | 0.151875                         | 0.045563               | 3.052688                   |
| 68 | 0.20    | 106   | 0.106313                         | 0.021263               | 1.445850                   |
| 69 | 0.20    | 85    | 0.085050                         | 0.017010               | 1.173690                   |
| 70 | 1.00    | 68    | 0.068040                         | 0.068040               | 4.762800                   |

Average age at retirement 66.661149

Weighted Average 67

Rounded for Schedule SB item 22 64

(After reflecting both Union and Non-Union retirement rates, see next page)

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
 EIN / PN: 93-0160700/021  
 Plan Sponsor: Hyster-Yale Group, Inc.  
 Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

### Non-Union Employees

| x                         | $q_x^r$ | $l_x$ | $_{x-55}p_{55} = l_x / l_{55}$ | $q_x^r * l_x / l_{55}$ | $x * q_x^r * l_x / l_{55}$ |
|---------------------------|---------|-------|--------------------------------|------------------------|----------------------------|
| 55                        | 0.025   | 1,000 | 1.000000                       | 0.025000               | 1.375000                   |
| 56                        | 0.025   | 975   | 0.975000                       | 0.024375               | 1.365000                   |
| 57                        | 0.025   | 951   | 0.950625                       | 0.023766               | 1.354641                   |
| 58                        | 0.025   | 927   | 0.926859                       | 0.023171               | 1.343946                   |
| 59                        | 0.025   | 904   | 0.903688                       | 0.022592               | 1.332940                   |
| 60                        | 0.050   | 881   | 0.881096                       | 0.044055               | 2.643287                   |
| 61                        | 0.100   | 837   | 0.837041                       | 0.083704               | 5.105950                   |
| 62                        | 0.100   | 753   | 0.753337                       | 0.075334               | 4.670688                   |
| 63                        | 0.100   | 678   | 0.678003                       | 0.067800               | 4.271420                   |
| 64                        | 0.100   | 610   | 0.610203                       | 0.061020               | 3.905298                   |
| 65                        | 0.250   | 549   | 0.549183                       | 0.137296               | 8.924216                   |
| 66                        | 0.250   | 412   | 0.411887                       | 0.102972               | 6.796134                   |
| 67                        | 0.250   | 309   | 0.308915                       | 0.077229               | 5.174329                   |
| 68                        | 0.500   | 232   | 0.231686                       | 0.115843               | 7.877337                   |
| 69                        | 0.500   | 116   | 0.115843                       | 0.057922               | 3.996590                   |
| 70                        | 1.000   | 58    | 0.057922                       | 0.057922               | 4.054512                   |
| Average age at retirement |         |       |                                |                        | 64.191287                  |
| Weighted Average          |         |       |                                |                        | 64                         |

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
 EIN / PN: 93-0160700/021  
 Plan Sponsor: Hyster-Yale Group, Inc.  
 Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total     |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|-----------|
| 2023      | 1,401,855           | 2,773,439                      | 4,177,982                                                 | 8,353,276 |
| 2024      | 1,097,750           | 638,594                        | 3,999,677                                                 | 5,736,021 |
| 2025      | 903,754             | 606,151                        | 3,772,170                                                 | 5,282,075 |
| 2026      | 770,518             | 556,225                        | 3,569,996                                                 | 4,896,739 |
| 2027      | 697,909             | 498,145                        | 3,369,202                                                 | 4,565,256 |
| 2028      | 605,909             | 549,999                        | 3,183,488                                                 | 4,339,396 |
| 2029      | 572,697             | 519,045                        | 3,004,173                                                 | 4,095,915 |
| 2030      | 502,425             | 667,374                        | 2,804,773                                                 | 3,974,572 |
| 2031      | 478,442             | 627,590                        | 2,616,063                                                 | 3,722,095 |
| 2032      | 411,195             | 535,880                        | 2,428,239                                                 | 3,375,314 |
| 2033      | 378,572             | 543,310                        | 2,241,592                                                 | 3,163,474 |
| 2034      | 350,548             | 429,185                        | 2,063,916                                                 | 2,843,649 |
| 2035      | 308,686             | 410,435                        | 1,886,702                                                 | 2,605,823 |
| 2036      | 272,550             | 404,223                        | 1,710,369                                                 | 2,387,142 |
| 2037      | 238,765             | 394,559                        | 1,526,133                                                 | 2,159,457 |
| 2038      | 224,652             | 378,934                        | 1,350,064                                                 | 1,953,650 |
| 2039      | 208,658             | 345,116                        | 1,191,761                                                 | 1,745,535 |
| 2040      | 184,867             | 352,797                        | 1,042,100                                                 | 1,579,764 |
| 2041      | 170,151             | 310,945                        | 902,458                                                   | 1,383,554 |
| 2042      | 155,350             | 290,141                        | 773,911                                                   | 1,219,402 |
| 2043      | 141,364             | 270,976                        | 657,169                                                   | 1,069,509 |
| 2044      | 127,931             | 251,682                        | 552,581                                                   | 932,194   |
| 2045      | 115,859             | 232,437                        | 460,160                                                   | 808,456   |
| 2046      | 106,686             | 213,419                        | 379,589                                                   | 699,694   |
| 2047      | 97,792              | 194,798                        | 310,272                                                   | 602,862   |
| 2048      | 89,203              | 176,728                        | 251,407                                                   | 517,338   |
| 2049      | 80,637              | 159,343                        | 202,041                                                   | 442,021   |
| 2050      | 72,314              | 142,750                        | 161,133                                                   | 376,197   |
| 2051      | 64,319              | 127,033                        | 127,613                                                   | 318,965   |
| 2052      | 56,735              | 112,258                        | 100,428                                                   | 269,421   |
| 2053      | 49,628              | 98,473                         | 78,584                                                    | 226,685   |
| 2054      | 43,049              | 85,710                         | 61,179                                                    | 189,938   |
| 2055      | 37,031              | 73,986                         | 47,415                                                    | 158,432   |
| 2056      | 31,588              | 63,304                         | 36,604                                                    | 131,496   |
| 2057      | 26,717              | 53,655                         | 28,161                                                    | 108,533   |
| 2058      | 22,401              | 45,024                         | 21,600                                                    | 89,025    |
| 2059      | 18,615              | 37,382                         | 16,523                                                    | 72,520    |
| 2060      | 15,327              | 30,691                         | 12,610                                                    | 58,628    |
| 2061      | 12,502              | 24,900                         | 9,607                                                     | 47,009    |
| 2062      | 10,099              | 19,951                         | 7,311                                                     | 37,361    |
| 2063      | 8,077               | 15,773                         | 5,565                                                     | 29,415    |
| 2064      | 6,393               | 12,296                         | 4,244                                                     | 22,933    |
| 2065      | 5,006               | 9,445                          | 3,251                                                     | 17,702    |
| 2066      | 3,875               | 7,145                          | 2,508                                                     | 13,528    |

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
 EIN / PN: 93-0160700/021  
 Plan Sponsor: Hyster-Yale Group, Inc.  
 Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

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|      |       |       |       |        |
|------|-------|-------|-------|--------|
| 2067 | 2,963 | 5,319 | 1,955 | 10,237 |
| 2068 | 2,237 | 3,894 | 1,544 | 7,675  |
| 2069 | 1,667 | 2,802 | 1,238 | 5,707  |
| 2070 | 1,225 | 1,981 | 1,009 | 4,215  |
| 2071 | 887   | 1,374 | 836   | 3,097  |
| 2072 | 633   | 935   | 703   | 2,271  |

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Portland & Branch Store Shop Employees' Pension Plan (Part I of the Legacy Union Plan)

#### Plan Provisions

Effective December 31, 2019, the legacy Hyster-Yale Group, Inc. Pension Plan for Non-Union Employees was merged into the legacy Hyster-Yale Group, Inc. Defined Benefit Plan for Union Employees to form the Hyster-Yale Group, Inc. Combined Pension Plan.

|                           |                                                                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b>  | All regular employees on the shop hourly payroll at Portland, Oregon, and at its branch store locations. |
| <b>Participation date</b> | First of a month following completion of 1,000 hours of service in a consecutive 12-month period.        |

#### Definitions

|                                     |                                                                                                                                                                    |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Participant</b>                  | An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan.                                    |
| <b>Vesting service</b>              | One year for each calendar year with 500 or more hours of service.                                                                                                 |
| <b>Pension service</b>              | Calendar years of employment; pro rata credit (1/12 for each 180 hours) is granted for years in which at least 500 hours are completed.                            |
| <b>Pensionable pay</b>              | Base pay, including pre-tax contributions and deferrals, plus commissions, vacation and holiday sick pay; pay for commissioned employees does not exceed \$16,000. |
| <b>Normal retirement date (NRD)</b> | First of month coinciding with or next following the attainment of age 65.                                                                                         |

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

## SCHEDULE SB ATTACHMENTS

|                                |                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly pension benefit</b> | As of any date, one-twelfth of the greater of (i) or (ii), less (iii):<br>(i). 1.0% of pensionable pay plus 0.5% of pensionable pay in excess of \$5,000 for each year of pension service. For all years of pension service prior to 1986, pensionable pay is based on the average earned during 1981 through 1985.<br>(ii). \$240 for each year of pension service.<br>(iii). The terminated plan benefit. |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                            |                                                                                                                                                                                  |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly preretirement death benefit</b> | 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday. |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Eligibility for Benefits

|                                    |                                                                                                                                                             |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                                                                          |
| <b>Early retirement</b>            | Retirement before NRD and on or after both attaining age 55 and completing 15 years of vesting service.                                                     |
| <b>Postponed retirement</b>        | Retirement after NRD.                                                                                                                                       |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing five years of vesting service.                                                      |
| <b>Disability</b>                  | Continuous disability (eligible for benefits under the Federal Social Security Act) for 180 or more days after completing fifteen years of vesting service. |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits.                                                                  |

### Benefits Paid Upon the Following Events

|                          |                                               |
|--------------------------|-----------------------------------------------|
| <b>Normal retirement</b> | Monthly pension benefit determined as of NRD. |
|--------------------------|-----------------------------------------------|

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

## SCHEDULE SB ATTACHMENTS

### Early retirement

Monthly pension benefit determined as of early retirement date with the frozen accrued benefit reduced for early retirement.

| Age | Percentage | Age | Percentage |
|-----|------------|-----|------------|
| 55  | 44%        | 60  | 68%        |
| 56  | 47%        | 61  | 74%        |
| 57  | 51%        | 62  | 80%        |
| 58  | 56%        | 63  | 87%        |
| 59  | 62%        | 64  | 94%        |

### Postponed retirement

Monthly pension benefit determined as of NRD, actuarially increased to reflect the postponement period.

### Deferred vested termination

Monthly pension benefit determined as of termination date, reduced for commencement before age 65.

### Disablement

Monthly benefit determined as of disability date, reduced for commencement before age 65.

### Preretirement death

Monthly preretirement spouse benefit.

## Other Plan Provisions

### Forms of payment

Monthly pension benefits are paid as a life annuity in the amount described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the actuarially equivalent 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% and 100% joint and survivor annuity and a 5-, 10- or 15-year certain and life annuity.

### Conversion factors applied for optional forms of payment

7.50% and the 1971 TPF&C Unisex Mortality Table set back six years for beneficiaries.

### Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

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### Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

### Changes in Plan Provisions

There have been no changes in plan provisions since the prior year.

### Significant Events

To the best of our knowledge there have been no significant events during the year.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Kewanee Shop Employees' Pension Plan (Part II of the Legacy Union Plan)

### Plan Provisions

Effective December 31, 2019, the legacy Hyster-Yale Group, Inc. Pension Plan for Non-Union Employees was merged into the legacy Hyster-Yale Group, Inc. Defined Benefit Plan for Union Employees to form the Hyster-Yale Group, Inc. Combined Pension Plan

|                           |                                                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------|
| <b>Covered employees</b>  | All regular employees on the shop hourly payroll at Kewanee, Illinois.                            |
| <b>Participation date</b> | First of a month following completion of 1,000 hours of service in a consecutive 12-month period. |

### Definitions

|                                            |                                                                                                                                                                                  |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Participation</b>                       | An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan.                                                  |
| <b>Vesting service</b>                     | One year for each calendar year with 500 or more hours of service.                                                                                                               |
| <b>Pension service</b>                     | Calendar years of employment; pro rata credit (1/12 for each 180 hours) is granted for years in which at least 500 hours are completed.                                          |
| <b>Normal retirement date (NRD)</b>        | First of month coinciding with or next following the attainment of age 65.                                                                                                       |
| <b>Monthly pension benefit</b>             | As of any date, the applicable benefit rate (\$18 for Tier 1 employees and \$16 for Tier 2 employees) times pension service less the terminated plan.                            |
| <b>Monthly preretirement death benefit</b> | 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday. |

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

## SCHEDULE SB ATTACHMENTS

### Eligibility for Benefits

|                                    |                                                                                                                                                                                            |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                                                                                                         |
| <b>Early retirement</b>            | Retirement before NRD and on or after both attaining age 55 and completing 15 years of vesting service.                                                                                    |
| <b>Postponed retirement</b>        | Retirement after NRD.                                                                                                                                                                      |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing five years of vesting service.                                                                                     |
| <b>Preretirement death benefit</b> | 50% of the monthly pension benefit based on benefit service at death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday. |

### Benefits Paid Upon the Following Events

| Normal retirement           | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-----|------------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|
| Early retirement            | Monthly pension benefit determined as of early retirement date, reduced for payment before the participant's NRD according to the following schedule: <table><tr><th>Age</th><th>Percentage</th><th>Age</th><th>Percentage</th></tr><tr><td>55</td><td>44%</td><td>60</td><td>68%</td></tr><tr><td>56</td><td>47%</td><td>61</td><td>74%</td></tr><tr><td>57</td><td>51%</td><td>62</td><td>80%</td></tr><tr><td>58</td><td>56%</td><td>63</td><td>87%</td></tr><tr><td>59</td><td>62%</td><td>64</td><td>94%</td></tr></table> | Age | Percentage | Age | Percentage | 55 | 44% | 60 | 68% | 56 | 47% | 61 | 74% | 57 | 51% | 62 | 80% | 58 | 56% | 63 | 87% | 59 | 62% | 64 | 94% |
| Age                         | Percentage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Age | Percentage |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 55                          | 44%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 60  | 68%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 56                          | 47%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 61  | 74%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 57                          | 51%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 62  | 80%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 58                          | 56%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 63  | 87%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 59                          | 62%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 64  | 94%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| Postponed retirement        | Monthly pension benefit determined as of NRD, actuarially increased to reflect the postponement period.                                                                                                                                                                                                                                                                                                                                                                                                                         |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| Deferred vested termination | Monthly pension benefit determined as of termination date, reduced for commencement before age 65.                                                                                                                                                                                                                                                                                                                                                                                                                              |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| Preretirement death         | Monthly preretirement spouse benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                                 | Monthly pension benefits are paid as a life annuity in the amount described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the actuarially equivalent 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% and 100% joint and survivor annuity and a 5-, 10- or 15-year certain and life annuity. |
| <b>Conversion factors for optional forms of payment</b> | 7.50% and the 1971 TPF&C Unisex Mortality Table set back six years for beneficiaries.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Maximum limits on benefits and pay</b>               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective                                                                                                                                                                                                                                                                                                                  |

## Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

## Changes in Plan Provisions

There have been no changes in plan provisions since the prior year.

## Significant Events

To the best of our knowledge there have been no significant events during the year.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Danville Shop Employees' Pension Plan (Part III of the Legacy Union Plan)

### Plan Provisions

Effective December 31, 2019, the legacy Hyster-Yale Group, Inc. Pension Plan for Non-Union Employees was merged into the legacy Hyster-Yale Group, Inc. Defined Benefit Plan for Union Employees to form the Hyster-Yale Group, Inc. Combined Pension Plan

**Covered employees** Employees on the shop hourly payroll (including those represented by the independent Lift Truck Builders Union) at Danville, Illinois, hired prior to June 9, 2003.

**Participation date** First of a month following completion of 1,000 hours of service in a consecutive 12-month period.

### Definitions

**Participant** An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan.

**Vesting service** One year for each calendar year with 500 or more hours of service.

**Pension service** Calendar years of employment; pro rata credit (1/12 for each 180 hours) is granted for years in which at least 500 hours are completed.

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65.

**Monthly pension benefit** \$38.00 times pension service earned prior to July 1, 2006, plus \$40.00 times pension service earned between July 1, 2006, and December 31, 2009.

**30-and-out-pension benefit** A monthly benefit of \$1,600 payable for life but reduced to \$960 at age 62.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

**Monthly preretirement death benefit** 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

### Eligibility for Benefits

|                                    |                                                                                                                                                             |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                                                                          |
| <b>Early retirement</b>            | Retirement before NRD and on or after both attaining age 55 and completing 15 years of vesting service.                                                     |
| <b>30-and-out retirement</b>       | Retirement after completing 30 years of pension service and age plus years of pension service total at least 85.                                            |
| <b>Postponed retirement</b>        | Retirement after NRD.                                                                                                                                       |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing five years of vesting service.                                                      |
| <b>Disability</b>                  | Continuous disability (eligible for benefits under the Federal Social Security Act) for 180 or more days after completing fifteen years of vesting service. |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed or deferred vested retirement benefits.                                                                   |

### Benefits Paid Upon the Following Events

|                          |                                                                                                                                                       |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b> | The monthly pension benefit determined as of NRD.                                                                                                     |
| <b>Early retirement</b>  | Monthly pension benefit determined as of early retirement date, reduced for payment before the participant's NRD according to the following schedule: |

| Age | Percentage | Age | Percentage |
|-----|------------|-----|------------|
| 55  | 44%        | 60  | 68%        |
| 56  | 47%        | 61  | 74%        |
| 57  | 51%        | 62  | 80%        |
| 58  | 56%        | 63  | 87%        |
| 59  | 62%        | 64  | 94%        |

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

## SCHEDULE SB ATTACHMENTS

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|                                    |                                                                                                         |
|------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>30-and-out retirement</b>       | Monthly 30-and-out pension benefit.                                                                     |
| <b>Postponed retirement</b>        | Monthly pension benefit determined as of NRD, actuarially increased to reflect the postponement period. |
| <b>Deferred vested termination</b> | Monthly pension benefit determined as of termination date, reduced for commencement before age 65.      |
| <b>Disablement</b>                 | Monthly pension benefit based on service as of disability date.                                         |
| <b>Preretirement death</b>         | Monthly preretirement spouse benefit.                                                                   |

### Other Plan Provisions

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                                 | Monthly pension benefits are paid as a life annuity in the amount described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the actuarially equivalent 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% and 100% joint and survivor annuity and a 5-, 10- or 15-year certain and life annuity. |
| <b>Conversion factors for optional forms of payment</b> | 7.50% and the 1971 TPF&C Unisex Mortality Table set back six years for beneficiaries.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Maximum limits on benefits and pay</b>               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.                                                                                                                                                                                                                                                                                                                 |

### Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

## SCHEDULE SB ATTACHMENTS

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### Changes in Plan Provisions

There have been no changes in plan provisions since the prior year.

### Significant Events

To the best of our knowledge there have been no significant events during the year.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Legacy Non-Union Plan

### Plan Provisions

Effective December 31, 2019, the legacy Hyster-Yale Group, Inc. Pension Plan for Non-Union Employees was merged into the legacy Hyster-Yale Group, Inc. Defined Benefit Plan for Union Employees to form the Hyster-Yale Group, Inc. Combined Pension Plan

|                           |                                                                                                                                                                             |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b>  | All employees hired prior to January 1, 1997, on the shop hourly payroll at Sulligent, Alabama; Berea, Kentucky; and all salaried employees hired prior to January 1, 1997. |
| <b>Participation date</b> | January 1 coinciding with or next following the date of becoming a covered employee.                                                                                        |

### Definitions

|                                     |                                                                                                                                           |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Participant</b>                  | An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan.           |
| <b>Vesting service</b>              | One year for each year of employment by the controlled group.                                                                             |
| <b>Pension service</b>              | Years and months of service as a covered employee.                                                                                        |
| <b>Pensionable pay</b>              | Base pay, including pre-tax contributions and deferrals, plus overtime, performance bonuses, commissions, vacation, holiday and sick pay. |
| <b>Normal retirement date (NRD)</b> | First of month coinciding with or next following the attainment of age 65.                                                                |

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

## SCHEDULE SB ATTACHMENTS

### Monthly pension benefit

The account balance converted to an annuity plus the frozen accrued benefit.

As of any date, one-twelfth of (i) plus (ii):

- (i) The prior plan benefit excluding the terminated plan benefit
- (ii) An annuity based on the balance in a notional account. The annual additions to the account are age-based percentages of pensionable pay with an additional percentage for pay in excess of the Social Security wage base, until December 31, 1996, when the plan was frozen. The schedule is as follows:

| Age   | Percentage of Pay | Percent of Pay Over Wage Base |
|-------|-------------------|-------------------------------|
| 0-34  | 1.4%              | 1.4%                          |
| 35-39 | 1.7%              | 1.7%                          |
| 40-44 | 2.0%              | 2.0%                          |
| 45-49 | 2.5%              | 2.5%                          |
| 50-54 | 3.1%              | 3.0%                          |
| 55-59 | 3.8%              | 3.8%                          |
| 60+   | 4.5%              | 4.5%                          |

The annual increase interest credit is given on the balance at the end of the prior year based upon the rate for T-bills plus 1%, with a maximum of 12%.

### Monthly preretirement death benefit

50% of the monthly pension benefit exclusive of the cash balance benefit as of the date of death, reduced for the 50% joint and survivor selection and reduced for payment as early as the participant's 55th birthday.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD.

#### Early retirement

Retirement before NRD and on or after both attaining age 55 and completing 15 years of vesting service.

#### Postponed retirement

Retirement after NRD.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

|                                    |                                                                                                                                                                                                               |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vested termination</b>          | Termination for reasons other than death, disability or retirement after completing one year of vesting service; benefit is 20% vested after first year, increasing 20% per year until vesting at five years. |
| <b>Disability</b>                  | The termination of a Participant's employment with the Controlled Group under circumstances which make him eligible for benefits under the Federal Social Security Act.                                       |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits.                                                                                                                    |

### Benefits Paid Upon the Following Events

| Normal retirement           | The monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-----|------------|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|
| Early retirement            | Monthly pension benefit determined as of early retirement date with the frozen accrued benefit reduced for early retirement. <table><tr><th>Age</th><th>Percentage</th><th>Age</th><th>Percentage</th></tr><tr><td>55</td><td>44%</td><td>60</td><td>68%</td></tr><tr><td>56</td><td>47%</td><td>61</td><td>74%</td></tr><tr><td>57</td><td>51%</td><td>62</td><td>80%</td></tr><tr><td>58</td><td>56%</td><td>32</td><td>87%</td></tr><tr><td>59</td><td>62%</td><td>64</td><td>94%</td></tr></table> | Age | Percentage | Age | Percentage | 55 | 44% | 60 | 68% | 56 | 47% | 61 | 74% | 57 | 51% | 62 | 80% | 58 | 56% | 32 | 87% | 59 | 62% | 64 | 94% |
| Age                         | Percentage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Age | Percentage |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 55                          | 44%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 60  | 68%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 56                          | 47%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 61  | 74%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 57                          | 51%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 62  | 80%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 58                          | 56%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 32  | 87%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| 59                          | 62%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 64  | 94%        |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| Postponed retirement        | Monthly pension benefit determined as of the actual retirement date, actuarially increased from NRD.                                                                                                                                                                                                                                                                                                                                                                                                   |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| Deferred vested termination | Monthly pension benefit determined as of termination date, payable at NRD or as early as age 55 if participant has at least five years of service.                                                                                                                                                                                                                                                                                                                                                     |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| Disablement                 | Monthly benefit determined as of disability date, reduced for commencement before 65.                                                                                                                                                                                                                                                                                                                                                                                                                  |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |
| Preretirement death         | Monthly preretirement spouse benefit is payable.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |            |     |            |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |    |     |

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                                 | Monthly pension benefits are paid as a life annuity in the amount described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the actuarially equivalent 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 5-, 10- or 15-year certain and life annuity, a 5-, 10- or 15-year certain annuity, or a lump sum. |
| <b>Conversion factors for optional forms of payment</b> | <p>For the cash balance portion, the applicable interest rate(s) and mortality table</p> <p>For the prior plan benefit, 7.50% and the 1971 TPF&amp;C Mortality Table for males set back six years for beneficiaries.</p>                                                                                                                                                                                                                                                                                                                                                            |
| <b>Maximum limits on benefits and pay</b>               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.                                                                                                                                                                                                                                                                                                                                                           |

## Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

## Changes in Plan Provision

There have been no changes in plan provisions since the prior year.

## Significant Events

To the best of our knowledge there have been no significant events during the year.

|                 |                                              |
|-----------------|----------------------------------------------|
| Plan Name:      | Hyster-Yale Group Inc. Combined Pension Plan |
| EIN / PN:       | 93-0160700/021                               |
| Plan Sponsor:   | Hyster-Yale Group, Inc.                      |
| Valuation Date: | January 1, 2023                              |

HYSTER-YALE GROUP, INC  
COMBINED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2023

|                                 |                         |
|---------------------------------|-------------------------|
| Name of Plan Sponsor:           | Hyster-Yale Group, Inc. |
| Employee Identification Number: | 93-0160700              |
| Three Digit Plan Number:        | 021                     |

| (a)                 | (b)<br>Identity of Issue,<br>Borrower or<br>Similar Party | (c)<br>Description<br>of Investment                    | (d)<br>Cost   | (e)<br>Fair<br>Value |
|---------------------|-----------------------------------------------------------|--------------------------------------------------------|---------------|----------------------|
| <b>Mutual Funds</b> |                                                           |                                                        |               |                      |
| *                   | The Vanguard Group Inc.                                   | Vanguard Intermediate-Term<br>Investment Grade Admiral | \$ 16,511,859 | \$ 14,216,665        |
| *                   | The Vanguard Group Inc.                                   | Vanguard Total Stock Market<br>Index Fund Inst.        | 6,454,606     | 13,284,494           |
| *                   | The Vanguard Group Inc.                                   | Vanguard Long-Term<br>Investment Grade Admiral         | 11,870,423    | 8,621,809            |
| *                   | The Vanguard Group Inc.                                   | Vanguard Total International<br>Stock Index Inst.      | 4,645,694     | 5,727,440            |
| *                   | The Vanguard Group Inc.                                   | Vanguard Long-Term<br>Treasury Index Inst.             | 8,715,611     | <u>5,732,239</u>     |
|                     | Total Investments                                         |                                                        |               | <u>\$ 47,582,647</u> |

\* Party-in-interest investment

See Independent Auditor's Report.

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line 25 Change in Method

The actuarial value of assets methodology was updated from a 5 month smoothing to a 24 month smoothing value.

Plan Name: Hyster-Yale Group Inc. Combined Pension Plan  
EIN / PN: 93-0160700/021  
Plan Sponsor: Hyster-Yale Group, Inc.  
Valuation Date: January 1, 2023