

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☒ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST	1b Three-digit plan number (PN) ▶ 003
		1c Effective date of plan 02/01/1998
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL LIFT TRUCK, INC. 3333 MOUNT PROSPECT RD FRANKLIN PARK, IL 60131	2b Employer Identification Number (EIN) 36-2960004
		2c Plan Sponsor's telephone number 630-782-1000
		2d Business code (see instructions) 423800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/07/2025	JOHN SHAHINIAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 229
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 190 6a(2) 196 6b 0 6c 38 6d 234 6e 3 6f 237 6g(1) 195 6g(2) 199 6h 22
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2A 2E 2G 2J 2K 2R 2S

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 _____
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL LIFT TRUCK, INC.	D Employer Identification Number (EIN) 36-2960004	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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NEW YORK, NY 10281

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 71	RECORDKEEPER	19948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 59 60 63	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	99935	Yes ☐ No ☒

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

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 72	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL LIFT TRUCK, INC.	D Employer Identification Number (EIN) 36-2960004	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	673418	800467
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2960	3172
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	293672	529974
(2) U.S. Government securities	1c(2)	197632	197971
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1738557	1911120
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	172601	189243
(9) Value of interest in common/collective trusts	1c(9)	795983	698466
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21852280	23946357
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25727103	28276770
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25727103	28276770

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	979249	
(B) Participants	2a(1)(B)	1097853	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		2077102
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	15315	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15315
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1326297	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1326297
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4074170	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3612816	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1502363	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5382431

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2829837	
(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)		2829837
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)	2927	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2927
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2832764

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2549667
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **CJG PARTNERS, LLP**

(2) EIN: **36-3383864**

d The opinion of an independent qualified public accountant is **not attached** 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST				B Three-digit plan number (PN) ▶ 003	
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL LIFT TRUCK, INC.				D Employer Identification Number (EIN) 36-2960004	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-3513863					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a 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? ☐ Yes ☒ No	
21b 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).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☒ "Current year" ADP test	
☐ N/A	
22 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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703729A</u> .	



Certified Public Accountants

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

Financial Statements and Independent Auditor's Report

December 31, 2024 and 2023



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

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Certified Public Accountants

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Independent Auditor's Report

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

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

We have performed audits of the accompanying financial statements of National Lift Truck Companies Profit Sharing 401(k) Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

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

Basis for Opinion

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

Independent Auditor's Report

Certified Public Accountants

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Independent Auditor's Report

Certified Public Accountants

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion:

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



cig partnersLLP

Certified Public Accountants

Schaumburg, Illinois

October 13, 2025

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<i>2024</i>	<i>2023</i>
Investments		
At Fair Value		
Mutual funds	\$ 19,984,107	\$ 18,515,978
Self-directed brokerage accounts	6,601,315	5,566,163
Common/collective trust funds	698,466	795,983
Total Investments	27,283,888	24,878,124
Other Assets		
Receivables		
Participant notes receivable	189,243	172,601
Accrued interest	3,172	2,960
Employer	800,467	673,418
Total Other Assets	992,882	848,979
Net Assets Available for Benefits	\$ 28,276,770	\$ 25,727,103

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

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024**

Additions to Net Assets Attributed to:

Investment Income:

Net appreciation in fair value of investments	\$ 1,963,717
Dividend and other investment income	1,326,297

Total Investment Income	3,290,014
--------------------------------	-----------

Interest Income - Participant Notes Receivable	15,315
---	--------

Contributions

Participants	1,097,853
Employer	979,249

Total Contributions	2,077,102
----------------------------	-----------

Total Additions, Net of Investment Income	5,382,431
--	-----------

Deductions from Net Assets Attributed to:

Benefits paid to participants	2,829,837
Administrative expenses	2,927

Total Deductions	2,832,764
-------------------------	-----------

Net Increase	2,549,667
---------------------	-----------

Net Assets Available for Benefits

Beginning of Year	25,727,103
--------------------------	------------

End of Year	\$ 28,276,770
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The accompanying notes are an integral part of the financial statements.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023**

1. Plan Description

The following description of the National Lift Truck Companies Profit Sharing 401(k) Plan and Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was adopted by National Lift Truck, Inc. (Plan Administrator and Sponsor) during January 1994 for certain employees of National Lift Truck, Inc. (the "Company"), National Battery, Inc., National Lift of Arkansas, Inc., and National Lift, LLC formally known as Nissan Lift Trucks of Memphis, L.L.C. (together with the Company, the "Employer"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trustees oversee governance of the Plan. The Trustees determine the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan Administrator maintains all necessary employment records and determines participant eligibility.

Participation and Vesting

Full-time and part time non-union employees of the Employer become eligible to participate in the Plan on the first day of the quarter following their completion of one month of service. The Plan includes an automatic contribution arrangement feature, whereby eligible employees are automatically enrolled in the Plan with a pre-tax deferral rate of 3% of eligible wages, unless the participants elect to opt-out of this feature within 45 days. Furthermore, automatically enrolled participants will have their deferral percentage automatically increased in 1% increments annually on their enrollment anniversary date, capped at 10%.

Participants are immediately vested in their elective and employer matching contributions, plus actual earnings thereon. Vesting in the Employer's non-elective contribution portion of their account is based on years of continuous service. A participant is 100% vested after six years of service as follows:

<u><i>Years of Service</i></u>	<u><i>Vesting Percentage</i></u>
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Payments of Benefits

Upon termination of services due to death, disability, or retirement, a participant may elect to take a lump-sum distribution, a series of equal installments over a period not exceeding ten years, or the purchase of an annuity contract. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Participants' Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's matching contribution, (b) the Employer's non-elective contribution, (c) plan earnings, and (d) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023**

**1. Plan Description
(Continued)**

Participant Contributions

No contributions are required by participants. However, under the terms of the Plan, a participant may elect to defer a portion of their earnings, limited to the maximum allowable amount under the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distribution from other qualified defined benefit or contribution plans. Participants direct the investment of their contribution into various investment options offered by the Plan. The Plan currently offers various mutual funds, a collective trust fund, and self-directed brokerage accounts as investment options for participants. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 3% of eligible compensation. The deferral rate will increase annually by 1% until it reaches 10%.

Company Contributions

The Employer will match 25% of the first 4% of each participant's contribution up to 1% of their compensation. The Employer also makes a discretionary non-elective contribution which is allocated to all eligible employees based on the order as follows:

1. An amount equal to 1% shall be allocated to each participant's account based on their annual compensation.
2. Class A – Shareholder-Employees – Lesser of 25% of compensation or \$30,000.
3. Class B – Executive Managers – 2 times the allocation percentage of Class D.
4. Class C – Managers – One and one half (1.5) times the allocation percentage of Class D.
5. Class D – .25% of all compensation.

If there is a balance to be allocated after Class D, the entire process is repeated until all funds have been allocated.

The Employer also has the option to allocate the total contribution to each class based on each participant's compensation as a percentage of the whole class of compensation.

Discretionary employer contributions totaled \$979,249 for the year ended December 31, 2024 and are subject to certain statutory limitations.

Forfeitures

Unallocated forfeitures at December 31, 2024 and 2023, totaled \$12,549 and \$12,459, respectively. These amounts will be used to reduce future Employer contributions. Also in 2024 and 2023, employer contributions were reduced by \$15,359 and \$23,539, respectively, from forfeited nonvested accounts.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023**

**1. Plan Description
(Continued)**

**Participant Notes
Receivable**

The Plan allows participants to take out loans secured by their vested account balances. Participants may borrow a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans must be repaid within five years except for loans used to purchase the participant's principle residence. Interest is charged at a rate similar to that charged by a lending institution for a similar loan. Interest rates were 4.25% to 9.50% for the loans outstanding at December 31, 2024. Principal and interest are paid ratably through payroll deductions.

**2. Summary of Accounting
Policies**

Basis of Accounting

The financial statements of the National Lift Truck Companies Profit Sharing 401(k) Plan and Trust (the "Plan") are prepared on the accrual basis of accounting.

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

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

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023**

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

**Investment Valuation
and Income Recognition**

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market price, which represent the net asset value of shares held by the Plan at year end. The self-directed brokerage accounts consist of common stocks, money market funds, U.S. Government and corporate bonds, and mutual funds. Common stocks are valued at quoted market prices; money market funds are valued at cost, which approximates fair value. U.S. Government securities and corporate bonds are valued at estimated fair value basis on similar securities by a third party. Common collective trust funds are stated at fair value as determined by the issuer of the common collective trust funds based on the fair market value of the underlying investments. Common collective trust funds with underlying investments in investments contracts are valued at fair market value of the underlying investments and then adjusted by the issuer to contract value.

The Invesco Stable Value Retirement Trust, (the "Fund"), is a collective trust fund sponsored by Invesco National Trust Company, effective as of November, 19, 2010. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Fund's constant net asset value of \$1 per unit. Distributions to the Fund's unit holders are declared daily from the net investment income and automatically reinvested in the Fund on a monthly basis, when paid. It is the policy of the Fund to use its best efforts to maintain a stable net asset value of \$1 per unit; although there is no guarantee that the Fund will be able to maintain this value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Management fees and operating expenses charged to mutual fund investments are deducted from income earned on a daily basis and are not separately reflected. Management fees and operating expenses charged to the Plan for investments in the common collective trust funds are accrued daily and charged to the Plan at the end of each month. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments. Account and investments management fees charged on accounts maintained for the benefit of participants that are invested in individual securities are charged directly to the account and recorded as administrative expenses in the statement of changes in net assets available for benefits.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023**

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

**Participant Notes
Receivable**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

3. Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quotes and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan did not have any investments utilizing Level 3 inputs at December 31, 2024 and 2023. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were no transfers in or out of Levels 1, 2, or 3 for the year ended December 31, 2024.

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

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

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023**

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

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

	Level 1	Level 2	Total
December 31, 2024			
Mutual funds	\$19,984,107	\$ -	\$19,984,107
<i>Self-directed brokerage accounts:</i>			
Money markets and cash	529,974	-	529,974
Corporate stock	1,911,120	-	1,911,120
US Government securities	-	197,971	197,971
Mutual funds	3,962,250	-	3,962,250
Total self-directed investments	6,403,344	197,971	6,601,315
Total	26,387,451	197,971	26,585,422
Common/collective trust funds measured at NAV			698,466
Total investments			\$27,283,888
	Level 1	Level 2	Total
December 31, 2023			
Mutual funds	\$18,515,978	\$ -	\$18,515,978
<i>Self-directed brokerage accounts:</i>			
Money markets and cash	293,672	-	293,672
Corporate Stock	1,738,557	-	1,738,557
US Government securities	-	197,632	197,632
Mutual funds	3,336,302	-	3,336,302
Total self-directed investments	5,368,531	197,632	5,566,163
Total	23,884,509	197,632	24,082,141
Common/collective trust funds measured at NAV			795,983
Total investments			\$24,878,124

Gains and losses (realized and unrealized) included in the changes in net assets available for benefits for the year ended December 31, 2024 are reported in net appreciation in fair value of investments.

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023**

4. Investments

During 2024, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by \$1,963,717, as follow:

Mutual funds	\$ 1,149,395
Self-directed accounts	814,322
	<u>\$ 1,963,717</u>

5. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

6. Income Tax Status

The Plan obtained its latest determination letter on November 13, 1997, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (the IRC). The Plan has since been amended and restated. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

In accordance with GAAP, the Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for the years prior to 2021.

7. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risk associated with certain investments securities, it is at least reasonably possible that changes in the values of investments securities will occur in the near term, and that such change could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**8. Summary of Information
Certified by Plan Trustee**

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustees:

	<i>2024</i>	<i>2023</i>
Investments, at fair value:		
Mutual funds	\$ 19,984,107	\$ 18,515,978
Self-directed brokerage accounts	6,601,315	5,566,163
Common/collective trust funds	698,466	795,983
Participants notes receivable	189,243	172,601
Accrued interest	3,172	2,960
Investment & interest income	3,290,014	4,429,238
Benefits paid to participants	2,829,837	1,318,153
Administrative expenses	2,927	2,125

**National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023**

9. Parties-in-Interest

Merrill Lynch Bank & Trust Co, FSB is the depository for the Plan's assets and invests funds in accordance with the Trust Agreement. Transactions with parties-in-interest included purchases and sales of assets through the Trustee, contributions from the Company and fees paid to the Trustee and auditors.

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Schedule H, Line 4i - Schedule of Assets Held at End of Year
36-2960004
Plan # 003
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Advanced Drainage Systems, Inc.	Common Stock	\$ -	\$ 27,744
	Allstate Corp.	Common Stock	-	60,343
	Alphabet Inc Class A	Common Stock	-	25,745
	Apple Inc.	Common Stock	-	37,563
	AT&T Inc.	Common Stock	-	116,696
	Bed Bath & Beyond Inc.	Common Stock	-	7,395
	Block Inc.	Common Stock	-	28,047
	Booking Holdings Inc.	Common Stock	-	24,842
	Charter Communications, Inc.	Common Stock	-	2,399
	Coinbase Global Inc.	Common Stock	-	18,871
	Comcast Corp.	Common Stock	-	7,206
	Construction Partners	Common Stock	-	40,515
	Cubesmart Self Storage	Common Stock	-	10,970
	Danimer Scientific Inc.	Common Stock	-	158
	Eli Lilly & Company	Common Stock	-	2
	EOM Pharmaceuticals, Inc.	Common Stock	-	3
	Flowserve Corp.	Common Stock	-	26,114
	Futu Holdings Limited	Common Stock	-	4,000
	GE Aerospace	Common Stock	-	15,845
	General Mills	Common Stock	-	6,951
	GE Vernova LLC	Common Stock	-	7,565
	Growgeneration Corp.	Common Stock	-	16,900
	Honeywell International Inc.	Common Stock	-	1
	Huntington Ingalls Industries	Common Stock	-	21,732
	Incyte Corp.	Common Stock	-	6,354
	Interactive Brokers Group, Inc.	Common Stock	-	35,334
	International Business Machines	Common Stock	-	30,992
	Johnson & Johnson	Common Stock	-	23,863
	Kenvue Inc.	Common Stock	-	1,708
	The Kraft Heinz Company	Common Stock	-	10,749
	Mara Holdings Inc.	Common Stock	-	16,770
	Marathon Petroleum Corp.	Common Stock	-	55,800
	Masimo Corp.	Common Stock	-	4,133
	Mastercard Inc.	Common Stock	-	26,329
	Microsoft Corp.	Common Stock	-	136,988
	McDonald's Corp.	Common Stock	-	41,454
	Nextera Energy Inc.	Common Stock	-	28,676
	Merck and Co Inc.	Common Stock	-	27,357
	Micron Technology Inc.	Common Stock	-	39,724
	Motorola Solutions, Inc.	Common Stock	-	9,707
	Northrop Grumman Corp.	Common Stock	-	35,197
	Occidental Petroleum Corp.	Common Stock	-	49,410
	Okta, Inc.	Common Stock	-	1,576
	Pfizer Inc.	Common Stock	-	5,306
	Pepsico Inc.	Common Stock	-	8,363

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Schedule H, Line 4i - Schedule of Assets Held at End of Year
36-2960004
Plan # 003
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Progresive Corp.	Common Stock	-	26,117
	Portillos Inc.	Common Stock	-	236,222
	Renaissancere Holdings Limited	Common Stock	-	22,891
	Revvity Inc.	Common Stock	-	14,621
	Robinhood Markets Inc.	Common Stock	-	18,630
	Rockwell Automation Inc.	Common Stock	-	18,576
	Southern Company	Common Stock	-	18,275
	Take Two Inter Software	Common Stock	-	28,164
	The Campbell's Company	Common Stock	-	1,256
	The Trade Desk, Inc.	Common Stock	-	11,753
	T-mobile US, Inc.	Common Stock	-	45,912
	Tyson Foods Inc	Common Stock	-	25,044
	Tilray Brands Inc.	Common Stock	-	6,650
	United Rentals Inc.	Common Stock	-	10,567
	Vertiv Holding Company	Common Stock	-	54,987
	Viatis Inc.	Common Stock	-	299
	Vistra Corp.	Common Stock	-	98,991
	Visa Inc.	Common Stock	-	60,048
	Warner Bros Discovery	Common Stock	-	317
	Westlake Chemical Corp.	Common Stock	-	32,561
	Walmart Inc.	Common Stock	-	73,184
	Walgreens Boots Alliance, Inc.	Common Stock	-	2,659
	ProShares Ultrashort	ETF	-	5,582
	Vanguard Intermediate	ETF	-	74,730
	Ark Autonomous Technology	ETF	-	490,538
	Ark G. Enomic Revolution	ETF	-	98,889
	Ark Innovation	ETF	-	224,242
	Ark N. Ext Generation	ETF	-	350,935
	Aberdeen Global Infrastructure Income Fund	Mutual Fund	-	46,595
	Invesco China Technology	ETF	-	437,116
	Invesco QQQ Trust Series 1	ETF	-	1,022,460
	Spdr S&P 500 Trust	ETF	-	293,040
	Janus Henderson AAA	ETF	-	102,738
	Vanguard Information	Mutual Fund	-	62,180
	Ishares Edge MSCI World Quality Factor	ETF	-	320,654
	Vanguard Short Term Bond	ETF	-	115,905
	Reaves Utility Income Fund	Mutual Fund	-	95,070
	Spdr Gold Trust	ETF	-	54,964
	Pacer US Small Cap Cash Cow	ETF	-	28,342
	Vanguard Small Cap	ETF	-	50,939
	iShares 20+ Year	ETF	-	87,330

National Lift Truck Companies
Profit Sharing 401(k) Plan and Trust
Schedule H, Line 4i - Schedule of Assets Held at End of Year
36-2960004
Plan # 003
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Accrued Int on Corporate Bonds	Accrued Interest	-	3,172
	BIF MoneyFund	Money Market	-	529,974
	Government Bond	U.S. Securities		197,971
	Invesco Stable Value Retirement Trust	Common Trust Fund	-	698,466
	Virtus Ceredex Mid Cap Value	Mutual Fund	-	835,764
	JP Morgan Government	Mutual Fund	-	1,420,092
	Blackrock International	Mutual Fund	-	28,710
	Blackrock International GM	Mutual Fund	-	751,475
	Blackrock International I	Mutual Fund	-	56,637
	Blackrock Large Cap Focus Growth	Mutual Fund	-	2,947,865
	Blackrock Large Cap Focus Growth A GM	Mutual Fund	-	1,279,606
	Fuller & Thaler Behavioral	Mutual Fund	-	1,061,863
	Delaware Investment Div Inc.	Mutual Fund	-	1,533,079
	Mass Invest Growth Stk Fd CL A	Mutual Fund	-	4,937,274
	MFS Value Fund CL A	Mutual Fund	-	1,745,925
	Invesco Global Allocation GM	Mutual Fund	-	1,435,554
	Ivy Mid Cap Growth Fund	Mutual Fund	-	840,284
	Virtus SGA Intrnl Grth	Mutual Fund	-	898,547
	Virtus Zevenbergen Technology Fund	Mutual Fund	-	211,432
*	Participant Loans	Participant Loans ***	-	189,243

\$ - \$ 27,476,303

- * - Indicates a party-in-interest
** - Cost information is not required for participant-directed investments
*** - Interest rates were 4.25% to 9.50%

36-2960004

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

Multiple-Employer Plan Participating Employer Information

(a) National Lift Truck, Inc.	(b) 36-2960004	(c) 67%
(a) National Lift, LLC	(b) 36-4386206	(c) 23%
(a) National Lift of Arkansas	(b) 36-3220455	(c) 9%
(a) National Battery, Inc.	(b) 36-3835772	(c) 1%

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning		and ending	
A Name of plan NATIONAL LIFT TRUCK COMPANIES PROFIT SHARING 401K PLAN AND TRUST	B Three-digit Plan number (PN) ►	003	
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF NATIONAL LIFT TRUCK, INC.		D Administrator's EIN 36-2960004	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).	
a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)	
b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)	
c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)	
d ☒ other multiple-employer pension plan (Describe) DEFINED CONTRIBUTION MEP (Complete Part II)	

Part II	Participating Employer Information.
2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).	

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contribution for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATIONAL LIFT TRUCK, INC,	36-2960004	67.00	24,574,797
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contribution for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEE STATEMENT 1			

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.			
2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No	
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f		
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g		

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes

☒ No

3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

Federal Statements**National Lift Truck Companies Profit Sharing 401k
Plan: 003****Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	ACCRUED INT ON CORP	ACCRUED INTEREST	\$	\$ 3,172
	APPLE, INC.	COMMON STOCK		37,563
	BIF MONEY FUND	MONEY MARKET		529,974
	BLACKROCK INTERNATI	MUTUAL FUND		751,475
	BLACKROCK INTERNATI	MUTUAL FUND		56,637
	BLACKROCK INTERNATI	MUTUAL FUND		28,710
	BLACKROCK LARGE CAP	MUTUAL FUND		1,279,606
	DELAWARE INVESTMENT	MUTUAL FUND		1,533,079
	ELI LILLY & CO.	COMMON STOCK		2
	HONEYWELL, INC.	COMMON STOCK		1
	INTERACTIVE BROKER	COMMON STOCK		35,334
	INVESCO STABLE VALU	COMMON TRUST FUND		698,466
	IVY MID CAP GROWTH	MUTUAL FUND		840,284
	JOHNSON AND JOHNSON	COMMON STOCK		23,863
	KENVUE INC.	COMMON STOCK		1,708
	KRAFT HEINZ COMPANY	COMMON STOCK		10,749
	MARATHON PETROLEUM	COMMON STOCK		55,800
	MASIMO CORP.	COMMON STOCK		4,133
	MFS VALUE FUND	MUTUAL FUND		1,745,925
	MICROSOFT	COMMON STOCK		136,988
X	PARTICIPANT LOANS	PARTICIPANT LOANS *		189,243
	PFIZER, INC.	COMMON STOCK		5,306
	ABRDN GLOBAL INFRA	MUTUAL FUND		46,595
	ADVANCED DRAINAGE SY	COMMON STOCK		27,744
	ALLSTATE CORP DEL CO	COMMON STOCK		60,343
	ALPHABET INC CLASS A	COMMON STOCK		25,745
	ARK AUTONOMOUS TECH	ETF		490,538
	ARK G. ENOMIC REVOLU	ETF		98,889
	ARK INNOVATION ETF	ETF		224,242
	ARK NEXT GENERATION	ETF		350,935
	AT&T	COMMON STOCK		116,696
	BEYOND INC.	COMMON STOCK		7,395
	BLACKROCK LARGE CAP	MUTUAL FUND		2,947,865
	BLOCK INC	COMMON STOCK		28,047
	BOOKING HOLDINGS, IN	COMMON STOCK		24,842
	CHARTER COMMUNICATIO	COMMON STOCK		2,399
	COINBASE GLOBAL INC	COMMON STOCK		18,871
	COMCAST CORPORATION	COMMON STOCK		7,206
	CONSTRUCTION PARTNER	COMMON STOCK		40,515
	CUBESMART COM	COMMON STOCK		10,970
	DANIMER SCIENTIFIC I	COMMON STOCK		158
	EOM PHARMACEUTICAL	COMMON STOCK		3
	FLOWSERVE CORP	COMMON STOCK		26,114
	FULLER & THALER BEHA	MUTUAL FUND		1,061,863
	FUTU HOLDING	COMMON STOCK		4,000
	GE AEROSPACE	COMMON STOCK		15,845
	GE VERNOVA LLC	COMMON STOCK		7,565
	GENERAL MILLS	COMMON STOCK		6,951
	GOVERNMENT BOND	U.S. SECURITIES		197,971
	GROWGENERATION CORP	COMMON STOCK		16,900
	HUNTINGTON INGLASS I	COMMON STOCK		21,732
	INCYTE CORP	COMMON STOCK		6,354
	INTL BUSINESS MACHIN	COMMON STOCK		30,992

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

Assets Held for Investment (continued)

<u>Party in</u> <u>Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
	INVESCO CHINA TECH E	ETF	\$	\$ 437,116
	INVESCO GLOBAL ALLOC	MUTUAL FUND		1,435,554
	INVESCO QQQ TE SER 1	ETF		1,022,460
	ISHARES 20+ YEAR	ETF		87,330
	ISHARES EDGE MSCI	ETF		320,654
	JANUS HENDERSON AAA	ETF		102,738
	JP MORGAN GOVERNMENT	MUTUAL FUND		1,420,092
	MARATHON DIGITAL HOL	COMMON STOCK		16,770
	MASS INVEST GROWTH	MUTUAL FUND		4,937,274
	MASTERCARD, INC.	COMMON STOCK		26,329
	MCDONALDS CORP	COMMON STOCK		41,454
	MERCK AND CO INC	COMMON STOCK		27,357
	MICRON TECH INC	COMMON STOCK		39,724
	MOTOROLA SOLUTIONS I	COMMON STOCK		9,707
	NEXTERA ENERGY INC S	COMMON STOCK		28,676
	NORTHROP GRUMMAN COR	COMMON STOCK		35,197
	OCCIDENTAL PETE CORP	COMMON STOCK		49,410
	OKTA, INC.	COMMON STOCK		1,576
	PACER US SMALL CAP	ETF		28,342
	PEPSICO INC	COMMON STOCK		8,363
	PORTILLOS INC	COMMON STOCK		236,222
	PROGRESSIVE CORP	COMMON STOCK		26,117
	PROSHARES ULTRASHORT	MUTUAL FUND		5,582
	ROBINHOOD MARKET INC	COMMON STOCK		18,630
	REAVES UTILITY INC F	MUTUAL FUND		95,070
	REVVITY INC	COMMON STOCK		14,621
	RENISSANCE CERE HOLD	COMMON STOCK		22,891
	ROCKWELL AUTOMATION	COMMON STOCK		18,576
	SPDR GOLD TRUST	ETF		54,964
	SPDR S&P 500 ETF TRU	ETF		293,040
	SOUTHERN COMPANY	COMMON STOCK		18,275
	TAKE TWO INTER SOFT	COMMON STOCK		28,164
	T-MOBILE	COMMON STOCK		45,912
	THE CAMPBELL COMPANY	COMMON STOCK		1,256
	THE TRADE DESK, INC.	COMMON STOCK		11,753
	TILRAY INC	COMMON STOCK		6,650
	TYSON FOODS INC	COMMON STOCK		25,044
	UNITED RENTALS	COMMON STOCK		10,567
	VANGUARD INFORMATION	MUTUAL FUND		62,180
	VANGUARD INTERMEDIAT	MUTUAL FUND		74,730
	VANGUARD SHORT TERM	ETF		115,905
	VANGUARD SMALL CAP	ETF		50,939
	VIATRIS INC	COMMON STOCK		299
	VIRTUS CEREDEX MID C	MUTUAL FUND		835,764
	VIRTUS SGA INTL GROW	MUTUAL FUND		898,547
	VIRTUS ZEV TECH FUND	MUTUAL FUND		211,432
	VISA INC	COMMON STOCK		60,048
	VERTIV HOLDINGS CO	COMMON STOCK		54,987
	VISTRA CORP	COMMON STOCK		98,991
	WARNER BROS DISCOVER	COMMON STOCK		317
	WALGREENS BOOTS ALLI	COMMON STOCK		2,659
	WALMART INC	COMMON STOCK		73,184

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National Lift Truck Companies Profit Sharing 401k
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Assets Held for Investment (continued)

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	WESTLAKE CHEM CORP	COMMON STOCK	\$	\$ 32,561