Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BOGE NA HOURLY PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Z F GROUP N.A. OPERATIONS

15811 CENTENNIAL DRIVE
NORTHVILLE, MI 48167

Z F GROUP NA OPERATIONS
15811 CENTENNIAL DRIVE
NORTHVILLE, MI 48167

2b Employer Identification Number (EIN)
61-1462969

2c Sponsor's telephone number
734-207-2843

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	CONNIE RIGHTMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	CONNIE RIGHTMER
	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 (if same as plan sponsor, enter "Same")
Z F GROUP N.A. OPERATIONS

15811 CENTENNIAL DRIVE
NORTHVILLE, MI 48167

3b Administrator's EIN
61-1462969

3c Administrator's telephone number
734-207-2843

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	176
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	162
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	171
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	173
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristic Codes in the instructions:
1B 1G 1I

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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
BOGE NA HOURLY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Z F GROUP N.A. OPERATIONS

D Employer Identification Number (EIN)
61-1462969

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	1298769
b	Actuarial value	**2b**	1298769

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	10	176030
b	For terminated vested participants	**3b**	43	289248
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		47918
	(2) Vested benefits	**3c(2)**		1136483
	(3) Total active	**3c(3)**	123	1184401
d	Total	**3d**	176	1649679

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

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 at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.54 %
6	Target normal cost	**6**	0

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.

SIGN HERE

Signature of actuary

05/20/2010
Date

CHARLES SCHNEIDER
Type or print name of actuary

08-02627
Most recent enrollment number

SCHNEIDER & BROWN CO.,EA
Firm name

513-984-6100
Telephone number (including area code)

4520 COOPER RD STE 203
CINCINNATI, OH 45242
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 [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of -16.30 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		47295
	b Interest on (a) using prior year's effective rate of 6.24 %		2951
	c Total available at beginning of current plan year to add to prefunding balance		50246
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	78.73 %
15	Adjusted funding target attainment percentage	15	78.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/16/2009	50000	0			
		Totals ► 18(b)		50000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	47294

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.17 %	6.28 %	6.68 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	251930	42246
b Waiver amortization installment	0	0

33 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 **33** 0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 42246

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 42246

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 47294

38 Interest-adjusted excess contributions for current year (see instructions) **38** 5048

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40**

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
BOGE NA HOURLY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Z F GROUP N.A. OPERATIONS

D Employer Identification Number (EIN)
61-1462969

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

COMERICA TRUST CO.

411 LAFAYETTE
DETROIT, MI 48226

38-1998421

(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?
21 28	NONE	13661	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
BOGE NA HOURLY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Z F GROUP N.A. OPERATIONS

D Employer Identification Number (EIN)
61-1462969

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	21305	32604
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	236377	292575
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	526471	543677
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	520409	634605
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5681	13546
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	1310243	1517007
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	11474	26755
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	11474	26755
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1298769	1490252

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)	50000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		50000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	43117	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		43117
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	131920	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		131920
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		225037
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19893	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		19893
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	13661	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13661
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33554
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		191483
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: CLARK SCHAEFFER & HACKETT, CO. (2) EIN: 31-0800053

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
BOGE NA HOURLY PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
Z F GROUP N.A. OPERATIONS

D Employer Identification Number (EIN)
61-1462969

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** 0

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): 38-1998421

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** 2

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Boge North America Hourly Plan:

We have audited the accompanying statements of net assets available for benefits of the Boge North America Hourly Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of Plan management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2009, and changes therein for the year then ended and its financial status as of December 31, 2008, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule listed in the accompanying table of contents is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
August 16, 2010

105 east fourth street, ste. 1500
cincinnati, oh 45202

www.cshco.com
p. 513.241.3111
f. 513.241.1212

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	2009 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for: [ ] a multiemployer plan; [ ] a multiple-employer plan; or [X] a single-employer plan; [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report; [ ] the final return/report; [ ] an amended return/report; [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here . . . . . ► [ ]

D Check box if filing under: [X] Form 5558; [ ] automatic extension; [ ] the DFVC program; [ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information.

1a Name of plan
BOGE NA HOURLY PLAN

1b Three-digit plan number (PN) ► 002

1c Effective date of plan 06/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Z F Group N.A. Operations

15811 Centennial Drive

US Northville MI 48167

2b Employer Identification Number (EIN)
61-1462969

2c Sponsor's telephone number
(734) 207-2843

2d Business code (see instructions)
339900

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	✓ Connie Rightmer	✓ 9/1/10	Connie Rightmer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	✓ Connie Rightmer	✓ 9/1/10	Connie Rightmer
	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

Included in other attachments.

Included in other attachments.

Included in other attachments.

Included in other attachments.

BOGE N.A. HOURLY PENSION PLAN

Statement of Actuarial Assumptions and Method
Plan Year: 1/1/2009 to 12/31/2009
Valuation Date: 1/1/2009

	For PPA Funding	For 417(e)	For Actuarial Equiv.
Interest Rates	Segment 1 5.17%	Segment 1 4.78%	Pre-Retirement 6.00
	Segment 2 6.28%	Segment 2 5.45%	Post-Retirement 6.00
	Segment 3 6.68%	Segment 3 5.46%	
Pre-Retirement			
Turnover	None	None	None
Mortality	Male-modified RP2000 combined healthy male projected 24 & 16 yrs Female-modified RP2000 combined healthy female projected 24 & 16 yrs	None	None
Assumed Ret Age	Normal retirement age		Normal retirement age
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 24 & 16 yrs Female-modified RP2000 combined healthy female projected 24 & 16 yrs	2009 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 Projctd to 20 scale AA 50%M/50%I
Assumed Benefit Form For Funding		Normal Form	
Calculated Effective Interest Rate		6.54%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Schedule SB, Line 32 - Schedule of Amortization Bases: Employer ID# 61-1462969: Plan No. 002
& details of other items already inserted on form SB

BOGE NA- Hourly Plan

As of 1/1/2009

Date Base Established	Type		Present Value of Payments	Years Remaining	Amortization Payment
1/1/2008	Shortfall		-	6	-
1/1/2009	Shortfall		251,930	7	42,246
1/1/2010	Shortfall	Gain	-	0	-
Total			251,930		42,246

Weighted Average Retirement Age: * 65

Age	% Ret/Yr	Age	% Ret/Yr	Age	% Ret/Yr
50	0	57	0	64	0
51	0	58	0	65	100
52	0	59	0	66	*
53	0	60	0	67	*
54	0	61	0	68	*
55	0	62	0	69	*
56	0	63	0	70	*

* Non-retired participants assumed to retire 1 yr from valuation date, if beyond the plan's normal retirement age.

Discount on deposits to valuation date Effective Rate

Discount factor includes effect of 5% late quarterly depsosits, if applicable.

	Deposits	Discount factor	Val @ Valn	Eff Rte
2009	$50,000	0.94588	$47,294	6.54%

BOGE N.A. HOURLY

PENSION PLAN

Schedule of Active Participant Data
Plan Year: 1/1/2009 to 12/31/2009
Valuation Date: 1/1/2009

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
1-4	0	2	0	1	1	4	1	3	1	1	0	14
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
5-9	0	4	4	4	6	5	7	3	2	0	1	36
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
10-14	0	0	5	7	14	17	13	10	6	0	0	72
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
15-19	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
20-24	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40+	0	0	0	0	0	0	0	0	0	0	0	0
Ave Sal	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	6	9	12	21	26	21	16	9	1	1	122
Ave Sal	n/a	n/a	n/a	n/a	0	0	0	n/a	n/a	n/a	n/a	0

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 46.6 Average Service: 10

Schedule 5500-SB- 12/31/2009 EIN: 61-1462969 PN 002

BOGE N.A. HOURLY PENSION PLAN

SUMMARY OF PLAN PROVISIONS

Plan Administrator: Z. F Group Nth Am. Operations/ Northville, Mi.
Plan Trustees: Comerica Bank & Trust
Effective Date: June 1, 1997
Valuation Date: December 31
Plan Year: January 1 - December 31
Employer Identification No.: 61-1462969 **Plan No.:** 002

Plant Shutdown: (2009) Paris ,Il. enitre plant closed in 2009. **No active employees.**

Eligibility Requirements: Union Employees covered by CBA of UAW Local # 2343.
Period of Service: A period of time that starts with employment date and ends with termination date.

1-year Period of Service: 12-consecutive month Period of Service. You wil receive credit for a day of Service if you complete one hour of serivce during any day.

Minimum Age: **Entry Date:** Upon completion of 1-Yr Service & Age 17 +.

Pension Benefit Amount @ NRD
Monthly Benefit Formula:
For each Year of Service (and monthly fractions thereof):
*effective retroactive if 1+ Hrs Serv. After change date.

4/6/ YR to 4/5/Yr		Pen/Mon
1996	1997	$13.25
1997	1998	$13.50
1998	1999	$13.75
1999	2000	$15.00

4/6/ YR to 4/5/Yr		
2000	2001	$16.50
2001	2002	$18.00
2002	2003	$20.00
2003	2004	$21.00
2004	2005	$22.00

4/6/ YR to 4/5/Yr		
2005	2006	$22.50
2006	2007	$23.00
2007 "Dec 07		**$23.50**

Benefits frozen at 12/31/2007.

Years before April 6, 1996 are excluded. & covered by prior plan.
Now called: Salaried Plan

Vesting Requirements: -------- *Vesting Schedule* --------

Credited Years of Service	1	2	3	4	5
Vested Percent	0%	0%	0%	0%	100%

Normal Retirement Age: Age 65 - 1st of month following.

Early Retirement Benefit: Elig after age 60 + 10 Years of Service. Age 65 pension is reduced by 1/2% (0.005) per month for each month prior to age 65 NRD.

Disability Retirement: If disabled while employed and after 15 Years of Service, $150 per month disability pension, until Normal or Early Retirement, if elected. Disability pensions are reduced by Workers Comp, or other disability benefits provided by employer.

Vested Distributions: A vested terminated participant may have small pensions valued under $5,000 paid as a lump sum at administrator's option. If value over $5,000, pension is deferred until early or normal retirement election.

Optional of Pension Normal: Life only pension - payable monthly.
Joint & 50%, 75%, or 100% Spouse survivor.
Life with 120 Months payment guaranteed.

Actuarial Equivalent: Alternate forms & dates of commencement are based on 94 GARU Table with 6.0% interest.

Pre-Retirement Death Benefit: If married, 50% Spouse survivor pension. If not married, no death benefit.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	2009 This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **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	B Three-digit plan number (PN) ►
BOGE NA HOURLY PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ	**D** Employer Identification Number (EIN)
Z F Group N.A. Operations	61-1462969

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

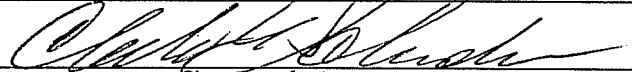
1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
	a Market value		**2a**	1,298,769
	b Actuarial value		**2b**	1,298,769
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	10	176,030
	b For terminated vested participants	**3b**	43	289,248
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		47,918
	(2) Vested benefits	**3c(2)**		1,136,483
	(3) Total active	**3c(3)**	123	1,184,401
	d Total	**3d**	176	1,649,679
4	If the plan is at-risk, check the box and complete lines a and b [ ]			
	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 at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.54
6	Target normal cost		**6**	0

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.

SIGN HERE



Signature of actuary — 05/20/2010 Date

Charles Schneider — Type or print name of actuary

08-02627 — Most recent enrollment number

Schneider & Brown Co.,EA — Firm name

(513) 984-6100 — Telephone number (including area code)

4520 Cooper Rd Ste 203

US Cincinnati OH 45242 — 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 [ ]

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of -16.30 %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		47,295
b Interest on (a) using prior year's effective rate of 6.24 %		2,951
c Total available at beginning of current plan year to add to prefunding balance		50,246
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	78.73 %
15 Adjusted funding target attainment percentage	15	78.73 %
16 Prior year's funding percentage for purposes of determing whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.20 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/16/2009	50,000	0			
			Totals ► 18(b)	50,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	47,294

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:	1st segment	2nd segment	3rd segment	☐ N/A, full yield curve used
	5.17 %	6.28 %	6.68 %	

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☒ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	251,930	42,246
b Waiver amortization installment	0	0

33 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	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	42,246

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	42,246
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	**37**	47,294
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	5,048
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	
40 Unpaid minimum required contribution for all years	**40**	

Boge North America Hourly Plan

Financial Statements
And
Supplemental Schedule

December 31, 2009 and 2008
(With Independent Auditors' Report)

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Boge North America Hourly Plan:

We have audited the accompanying statements of net assets available for benefits of the Boge North America Hourly Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of Plan management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2009, and changes therein for the year then ended and its financial status as of December 31, 2008, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule listed in the accompanying table of contents is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
August 16, 2010

105 east fourth street, ste. 1500
cincinnati, oh 45202

www.cshco.com
p. 513.241.3111
f. 513.241.1212

Boge North America Hourly Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

		2009	2008
Investments, at fair value:			
Cash and equivalents	$	292,575	236,377
Municipal and exempt obligations		298,881	323,741
Mutual funds		13,546	5,681
Corporate stocks		634,605	520,409
Corporate obligations		244,796	202,730
		1,484,403	1,288,938
Receivables:			
Interest and dividends		8,583	9,442
Due from broker		24,021	11,863
		32,604	21,305
Total assets		1,517,007	1,310,243
Liability due to brokers		26,755	11,474
Net assets available for benefits	$	1,490,252	1,298,769

See accompanying notes to financial statements

Boge North America Hourly Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

		2009	2008
Additions:			
Employer contribution	$	50,000	50,000
Interest and dividend income		43,117	45,572
Net appreciation in fair value of investments		131,920	-
Total additions		225,037	95,572
Deductions:			
Net depreciation in fair value of investments		-	280,066
Benefits paid		19,893	15,175
Administrative expenses		13,661	15,959
Total deductions		33,554	311,200
Net increase (decrease)		191,483	(215,628)
Net assets available for benefits:			
Beginning of year		1,298,769	1,514,397
End of year	$	1,490,252	1,298,769

See accompanying notes to financial statements

1. Description of the Plan:

The following description of the Boge North America Hourly Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of Plan provisions.

General

The Plan is a noncontributory defined benefit pension plan that covers substantially all hourly employees of ZF Group – Paris, IL location (Company) represented by the collective bargaining agreement with the United Auto Workers Local No. 2343. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). During the Plan year the ZF Group – Paris, IL location was closed, the Parent Company, ZF Group North America Operations now sponsors the Plan and as of the date of issuance has no plans to terminate the Plan.

Contributions

The Sponsor contributes amounts as actuarially determined in order to provide assets sufficient to meet the benefits to be paid to plan participants. The Plan has met the ERISA minimum funding requirements.

Eligibility and benefits

An hourly employee was eligible to participate in the plan upon completion of one year of service with the Company. Monthly benefits are based upon years of service and the benefit rate in effect when a participant ceases employment. The monthly benefit rate was $23.50 per year of service in 2009 and 2008. Effective December 31, 2007, the Plan is frozen.

Vesting

Employees are fully vested after five years of service with the Company or upon reaching age 65. No vesting occurs before obtaining five years of service. When the Paris, Illinois plant closed, all active participants became fully vested.

Pension benefits

Retiring participants are entitled to monthly pension benefits beginning at normal retirement age (65) equal to a set benefit formula multiplied by the participant's years of service. The Plan permits early retirement after age 55 upon completing 10 years of service. Participants electing early retirement receive reduced benefits. The normal form of payment of retirement benefits under the Plan to an unmarried participant is a single life annuity.

The normal form of payment of retirement benefits under the Plan to a married participant is a qualified joint and survivor annuity. Optional benefit payment forms are available.

Death benefits are available to a participant's beneficiary or surviving spouse. The form of death benefit is dependent upon the deceased participant's age, marital status, vested percentage, and participant status (active or inactive).

A participant who becomes totally disabled while still actively employed by the Company and who has at least fifteen years of vesting service is eligible for a monthly disability benefit, less any benefit the participant receives from other pensions, as defined in the Plan.

2. Summary of Significant Accounting Policies:

Basis of presentation

The accompanying financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition
Plan investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

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.

The Plan investments are combined with the investments of the Boge North America Salaried Plan. Investments held in the combined account primarily include money market accounts, corporate stocks and corporate and exempt obligations. Investment amounts shown in these financial statements represent amounts allocated to the Plan.

Actuarial present value of accumulated plan benefits
Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' years of credited service times a benefit rate. The accumulated plan benefits for the active employees are also based on their years of credited service times a benefit rate. Benefit payments under all circumstances - retirement, death, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Administrative expenses
Fees charged to the Plan for management and investment of plan assets were paid by the Plan. All other administrative expenses are paid by the Company.

Payment of benefits
Benefits are recorded when paid.

Reclassification
Certain amounts in the prior year have been reclassified to conform to current year presentation.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Subsequent events
The Company evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through August 16, 2010 the date on which the financial statements were available to be issued.

3. Investments:

At December 31, 2009 and 2008, investments that represent 5 percent or more of Plan net assets are as follows:

		2009	2008
Comerica Short Term Fund	$	292,575	236,377

During 2009 and 2008, investments (including gains and losses in investments bought, sold, and held during the year) appreciated (depreciated) in value by $131,920 and $(280,066).

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

4. FAIR VALUE MEASURMENTS:

Generally Accepted Accounting Standards, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below.

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other that quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Corporate and municipal bonds: Valued at the closing price reported in the active market in which the bond is traded.

Common stocks: Valued at the closing price reported on the stock exchange.

Mutual Funds: Valued at the closing price reported on the active market in which the security is traded.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Assets at fair value as of December 31, 2009			
	Total	Level 1	Level 2	Level 3
Cash equivalents	$ 292,575	$ 292,575	-	-
Municipal & exempt obligations	298,881	-	298,881	-
Corporate obligations:				
Fixed	223,352	-	223,352	-
Mortgage backed securities	21,444	-	21,444	-
Total corporate obligations	244,796	-	244,796	-
Common stocks:				
Consumer discretionary	64,579	64,579	-	-
Consumer staples	35,165	35,165	-	-
Energy	57,753	57,753	-	-
Financials	62,969	62,969	-	-
Healthcare	91,632	91,632	-	-
Industrials	68,952	68,952	-	-
Information technology	122,697	122,697	-	-
Materials	33,492	33,492	-	-
Other	46,917	46,917	-	-
Telecommunication services	20,368	20,368	-	-
Utilities	28,170	28,170	-	-
Foreign	1,911	1,911	-	-
Total common stocks	634,605	634,605	-	-
Mutual Funds:				
Real estate investment funds	13,546	13,546	-	-
Total investments at fair value	$ 1,484,403	$ 940,726	543,677	-

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	Assets at fair value as of December 31, 2008			
	Total	Level 1	Level 2	Level 3
Cash equivalents	$ 236,377	$ 236,377	-	-
Municipal & exempt obligations	323,741	323,741		
Corporate obligations	202,730	202,730	-	-
Common stocks	520,409	520,409	-	-
Mutual funds	5,681	5,681	-	-
Total investments at fair value	$ 1,288,938	$ 1,288,938	-	-

5. Actuarial Present Value of Accumulated Plan Benefits:

An independent actuary calculated the present value of future Plan benefits. Benefits payable are included to the extent that they are deemed attributable to participant service rendered as of the valuation date. Significant assumptions underlying the actuarial computation as of January 1, 2009 and 2008, include: (a) retirement mortality rates were based on the RP2000 table for 2008, and on the 1994 Group Annuity Mortality (GAM) Table for 2007; (b) retirement age of 65; and (c) rate of return on investments of 7.75%. 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.

The actuarial present values of accumulated Plan benefits at January 1, 2009 and January 1, 2008 are as follows:

	January 1, 2009	January 1, 2008
Vested benefits:		
Participants currently receiving payments	$ 176,030	88,645
Other participants	1,425,731	1,519,643
Non-vested benefits	47,918	77,752
Total actuarial present value of accumulated benefits	$ 1,649,679	1,686,040

The change in the actuarial present value of accumulated Plan benefits for the years ended January 1, 2009 and January 1, 2008 are as follows:

	January 1, 2009	January 1, 2008
Actuarial present value of accumulated benefits, beginning of period	$ 1,686,040	1,210,867
Increase (decrease) during year attributable to:		
Change in discount period	109,771	85,068
Benefits accumulated	(62,507)	144,860
Change in assumptions	(68,450)	253,622
Benefits paid	(15,175)	(8,377)
Actuarial present value of accumulated benefits, end of period	$ 1,649,679	1,686,040

The change in actuarial assumptions reflects changes in expected withdrawals, terminations, and retirement mortality rates.

6. Plan Termination:

While the Company has not expressed any intent to terminate the Plan or to discontinue contributions, it has the right to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future date, all participants will become fully vested in benefits earned as of the termination date.

If the termination is the result of the bankruptcy, or near bankruptcy of the Company and Plan assets are not adequate to pay all vested benefits before termination, the Pension Benefit Guaranty Corporation (the PBGC) will take over the Plan and pay those benefits the PBGC guarantees.

In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits, as described in the Plan, and the level of benefits guaranteed by the PBGC at that time. If, however, the Plan is terminated for any reason other than bankruptcy or the near bankruptcy of the Company and the Plan has insufficient assets, the Company will be required to pay to the Plan an amount that, together with the Plan assets, will satisfy all benefits accumulated to the date of the Plan termination.

7. Related Party Transactions:

The Plan holds an investment in the Comerica Short Term Fund. As Comerica is the trustee of the Plan, these transactions qualify as party-in-interest transactions.

8. Income Tax Status:

The Internal Revenue Service has determined and informed the Employer by a letter dated March 1, 2004 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC), through EGTRRA. Accordingly, the Plan is exempt from income taxes.

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b),(c) Investment Description	Shares	(d) Cost	(e) Current Value
*	COMERICA SHORT TERM FUND	292,575	$ 292,575	292,575
	TOTAL CASH EQUIVALENTS		292,575	292,575
	AMERICAN GEN FIN CORP 6.9% 2017	31,469	31,352	21,851
	ARCHER DANIELS MIDLAND CO 6.45% 2038	41,959	42,951	46,716
	CATERPILLAR FINL SVCS CORP 4.25% 2013	20,979	20,857	21,846
	FEDERAL NATL MTG ASSN POOL 6% 2035	20,152	20,234	21,443
	GENERAL ELECTRIC 5.25% 2017	31,469	31,495	32,157
	MCDONALDS CORP 6.3% 2037	20,979	21,644	22,753
	ORACLE CORPORATION 6.5% 2038	31,469	32,921	34,556
	WELLS FARGO 4.875% 2011	41,959	41,346	43,474
	TOTAL CORP OBLIGATIONS		242,800	244,796
	CYPRESS-FAIRBANKS TEX INDPT TAXABLE SCHOOLHOUSE SER B 6.629% 2019	31,469	32,137	31,797
	HILLSBOROUGH CNTY FL PORT 6.5% 2012	20,979	23,423	21,571
	HUDSON CNTY NJ IMPT AUTH 4.75 2015	14,686	14,604	14,509
	MAIN FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019	20,979	20,979	21,260
	MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018	20,979	18,167	20,680
	MEDICAL UNIV 4.259% 2010	41,959	40,881	41,997
	OHIO ST 5.2% 2010	20,979	20,990	21,258
	OLYMPIA WASH 6.743% 2019	20,979	20,979	21,512
	PHILADELPHIA PA SCH DIST 4.47% 2012	20,979	20,386	21,749
	ST LOUIS MO MUN FIN CORP 5.207% 2014	44,057	44,057	46,620
	VIRGINIA ST HSG DEV AUTH COMWLTH 6% 2038	16,122	15,988	14,776
	WORCESTER MA PENSION FDG LN 6.25% 2028	20,979	20,699	21,152
	TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS		293,290	298,881
	AES CORP	206	2,959	2,737
	AK STL HLDG CORP	97	1,916	2,060
	AT&T INC	423	10,231	11,843
	ABBOTT LABS	152	7,968	8,223
	ACXIOM CORP	135	1,658	1,809
	ALBERTO-CULVER CO NEW	84	1,988	2,458
	ALLIANT ENERGY CORP	85	2,881	2,565

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b),(c) Investment Description	Shares	(d) Cost	(e) Current Value
	AMERICAN EXPRESS CO	129	3,200	5,237
	AMERICAN SCIENCE & ENGINEERING	29	2,013	2,196
	AMERICREDIT CORP	119	2,027	2,269
	AMERISOURCEBERGEN CORP	340	6,245	8,860
	AMERIPRISE FINL INC	252	10,613	9,789
	AMGEN INC	112	6,619	6,361
	APACHE CORP	69	5,521	7,099
	APOLLO GROUP INC CL A	13	1,009	813
	APPLE COMPUTER INC	29	5,707	6,013
	ARMSTRONG WORLD INDS INC NEW	56	922	2,173
	ASPEN INSURANCE HOLDINGS LTD	75	1,670	1,911
	AUTOZONE INC	51	7,139	8,025
	AVERY DENNISON CORP	118	4,658	4,302
	BJ'S WHOLESALE CLUB INC	66	2,221	2,169
	BANK OF AMERICA CORP	394	5,090	5,927
	BAXTER INTL INC	112	6,760	6,549
	BIG LOTS INC	176	4,484	5,095
	BUCYRUS INTL INC CL A	39	2,215	2,176
	CB RICHARD ELLIS GROUP INC A	152	1,845	2,067
	C H ROBINSON WORLDWIDE INC	76	3,712	4,460
	CMS ENERGY CORP	172	2,856	2,701
	CSG SYSTEMS INTL INC	117	1,910	2,243
	CAL DIVE INTL INC DEL	142	1,546	1,072
	CAMPBELL SOUP CO	146	5,051	4,935
	CAPITAL ONE FINL CORP	131	4,904	5,019
	CARBO CERAMICS INC	37	1,288	2,546
	CARDINAL HEALTH INC	69	2,240	2,232
	CATALYST HEALTH SOLUTIONS INC	78	2,355	2,846
	CENTRAL GARDEN & PET CO	175	1,979	1,743
	CENTURYTEL INC	91	3,954	3,282
	CHEVRON CORPORATION	59	3,870	4,523
	CISCO SYS INC	298	8,140	7,132
	COCA COLA CO	183	10,137	10,428
	CONAGRA FOODS INC	209	3,646	4,826
	CONOCOPHILLIPS	151	12,351	7,714

(a)	(b),(c) Investment Description	Shares	(d) Cost	(e) Current Value
	DPL INC	96	2,841	2,652
	DST SYSTEMS INC	44	2,631	1,919
	DTE ENERGY CO	66	2,614	2,872
	DEAN FOODS CO	115	2,147	2,066
	DEL MONTE FOODS CO	396	4,459	4,487
	DEVON ENGERGY CORPORATION	89	5,311	6,569
	DISH NETWORK CORP A	112	1,933	2,327
	DIRECTV CL A	214	4,235	7,123
	DONNELLEY RR & SONS CO	178	4,891	3,971
	DR PEPPER SNAPPLE GROUP	290	5,994	8,217
	DREAMWORKS ANIMATION SKG A	73	1,701	2,900
	DUN & BRADSTREET CORP	26	2,168	2,159
	EXCO RESOURCES INC	204	4,449	4,320
	EASTMAN CHEMICAL CO	73	4,916	4,423
	EMCOR GROUP INC	75	1,186	2,009
	ENCORE ACQUISITION CO	73	1,719	3,526
	EXXON MOBIL CORPORATION	237	11,813	16,137
	FIFTH THIRD BANCORP COM	475	4,832	4,627
	FIRST HORIZON NATIONAL CORP	171	1,576	2,294
	FIRSTMERIT CORPORATION	75	1,589	1,504
	FORD MOTOR CO	526	2,799	5,257
	FRANKLIN RES INC	66	4,170	6,984
	FREEPORT-MCMORAN COPPER & GOLD B	56	1,644	4,514
	GENERAL CABLE CORP	45	1,792	1,321
	GENERAL ELECTRIC	473	9,682	7,155
	GILEAD SCIENCES INC	167	7,522	7,208
	GOOGLE INC CL A	8	4,441	4,943
	HANESBRANDS INC	180	4,590	4,350
	HASBRO INC	48	1,316	1,547
	HERTZ GLOBAL HLDGS INC	157	1,705	1,871
	HEWLETTT PACKARD CO	165	2,967	8,516
	HOSPIRA INC	102	4,501	5,179
	HUB GROUP INC CL A	63	2,504	1,675
	HUNTSMAN CORP	209	2,280	2,359
	ILLINOIS TOOL WKS INC	149	6,627	7,168

(a)	(b),(c) Investment Description	Shares	(d) Cost	(e) Current Value
	INGRAM MICRO INC CL A	140	2,575	2,438
	INTEL CORP	501	7,846	10,212
	IBM CORP	106	9,714	13,841
	INTERNATIONAL PAPER CO	357	5,248	9,562
	JDS UNIPHASE CORP	379	2,220	3,126
	JPMORGAN CHASE & CO	177	7,369	7,361
	JOHNSON & JOHNSON	192	12,312	12,351
	KBR INC	111	2,477	2,113
	KINETIC CONCEPTS INC	116	4,230	4,360
	KING PHARMACEUTICALS INC	201	1,955	2,471
	LSI LOGIC CORP	484	1,886	2,910
	LAWSON SOFTWARE INC NEW	291	2,084	1,934
	LINEAR TECHNOLOGY CORP	83	2,246	2,526
	LOCKHEED MARTIN CORP	95	5,959	7,177
	MDU RESOURCES GROUP INC	202	4,331	4,763
	MSC INDL DIRECT INC CL A	50	1,780	2,347
	MACYS INC	523	11,296	8,762
	MADDEN STEVEN LTD	86	1,810	3,530
	MANHATTAN ASSOCS INC	103	2,597	2,471
	MARINER ENERGY INC	140	3,153	1,622
	MCCORMICK & CO	62	2,156	2,244
	MCDONALDS CORP	83	2,384	5,214
	MEDCO HEALTH SOLUTIONS INC	143	6,021	9,117
	MEDICIS PHARMACEUTICAL CL A	90	1,403	2,429
	METTLER-TOLEDO INTL INC	26	1,918	2,687
	MICROSOFT CORP	561	16,135	17,112
	MICRON TECHNOLOGY INC	527	2,879	5,561
	MOLEX INC	230	4,173	4,946
	MURPHY OIL CORP	36	1,964	1,933
	NAVISTAR INTL CORP NEW	48	1,906	1,849
	NOBLE ENERGY INC	41	3,129	2,899
	NOVELLUS SYS INC	90	1,737	2,096
	ON SEMICONDUCTOR CORP	235	2,007	2,072
	ORBITAL SCIENCES CORP	126	2,786	1,921
	OWENS & MINOR INC HLDG CO	60	2,600	2,594

(a)	(b),(c) Investment Description	Shares	(d) Cost	(e) Current Value
	POLO RALPH LAUREN CORP CL A	28	2,091	2,243
	PORTLAND GEN ELEC CO PP	105	3,201	2,141
	PROCTER & GAMBLE CO	102	6,587	6,156
	PRUDENTIAL FINANCIAL INC	116	4,584	5,783
	PUBLIC SVC ENTERPRISE GROUP INC	106	3,605	3,530
	RCN CORP COM NEW	195	1,840	2,117
	RAYTHEON COMPANY	98	4,787	5,058
	REINSURANCE GROUP AMER INC	139	6,725	6,618
	ROSS STORES INC	73	2,806	3,136
	ROVI CORP	71	2,261	2,260
	RYDER SYSTEMS INC	83	3,457	3,438
	SELECTIVE INSURANCE GORUP INC	140	3,525	2,298
	STRAYER EDUCATION INC	10	2,122	2,051
	SYMANTEC CORP	459	8,027	8,212
	TRW AUTOMOTIVE HOLDINGS CORP	83	1,383	1,974
	TECHINE CORP	26	1,395	1,784
	TELLABS INC	358	1,461	2,033
	TENNANT CORP	63	1,831	1,648
	THOR IND INC	79	2,496	2,490
	TIBCO SOFTWARE INC	255	1,216	2,453
	TIMKEN CO	101	2,496	2,388
	TORO CO	59	2,302	2,456
	TUPPERWARE CORP	103	4,167	4,787
	UNITED TECHNOLOGIES CORP	121	7,760	8,417
	VERISIGN INC	79	1,457	1,922
	VISHAY INTERTECHNOLOGY	368	1,253	3,069
	WATERS CORP	127	6,190	7,851
	WERNER ENTERPRISE INC	115	2,288	2,268
	WESTERN DIGITAL CORP	73	1,802	3,223
	WILLIAMS SONOMA INC	121	2,680	2,520
	XCEL ENGERGY INC	232	4,747	4,915
	XILINX INC	104	2,462	2,608
	ZIMMER HOLDING INC	95	4,510	5,630
	TOTAL COMMON STOCK		566,843	634,605

Boge North America Hourly Plan
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(a)	(b),(c) Investment Description	Shares	(d) Cost	(e) Current Value
	ASHFORD HOSPITALITY TRUST	290	1,107	1,343
	HOST HOTELS & RESORTS, INC	419	4,676	4,887
	MID-AMER APARTMENT CMNTYS INC	46	2,441	2,228
	NATIONAL RETAIL PPTYS INC	119	2,610	2,520
	PROLOGIS	188	2,453	2,568
	TOTAL REAL ESTATE INV TRUSTS		13,287	13,546
	GRAND TOTAL		$ 1,408,795	$ 1,484,403

* Denotes party-in-interest to the Plan.

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(a)	(b),(c) Investment Description	Shares	(d) Cost	(e) Current Value
*	COMERICA SHORT TERM FUND	292,575	$ 292,575	292,575
	TOTAL CASH EQUIVALENTS		292,575	292,575
	AMERICAN GEN FIN CORP 6.9% 2017	31,469	31,352	21,851
	ARCHER DANIELS MIDLAND CO 6.45% 2038	41,959	42,951	46,716
	CATERPILLAR FINL SVCS CORP 4.25% 2013	20,979	20,857	21,846
	FEDERAL NATL MTG ASSN POOL 6% 2035	20,152	20,234	21,443
	GENERAL ELECTRIC 5.25% 2017	31,469	31,495	32,157
	MCDONALDS CORP 6.3% 2037	20,979	21,644	22,753
	ORACLE CORPORATION 6.5% 2038	31,469	32,921	34,556
	WELLS FARGO 4.875% 2011	41,959	41,346	43,474
	TOTAL CORP OBLIGATIONS		242,800	244,796
	CYPRESS-FAIRBANKS TEX INDPT TAXABLE SCHOOLHOUSE SER B 6.629% 2019	31,469	32,137	31,797
	HILLSBOROUGH CNTY FL PORT 6.5% 2012	20,979	23,423	21,571
	HUDSON CNTY NJ IMPT AUTH 4.75 2015	14,686	14,604	14,509
	MAIN FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019	20,979	20,979	21,260
	MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018	20,979	18,167	20,680
	MEDICAL UNIV 4.259% 2010	41,959	40,881	41,997
	OHIO ST 5.2% 2010	20,979	20,990	21,258
	OLYMPIA WASH 6.743% 2019	20,979	20,979	21,512
	PHILADELPHIA PA SCH DIST 4.47% 2012	20,979	20,386	21,749
	ST LOUIS MO MUN FIN CORP 5.207% 2014	44,057	44,057	46,620
	VIRGINIA ST HSG DEV AUTH COMWLTH 6% 2038	16,122	15,988	14,776
	WORCESTER MA PENSION FDG LN 6.25% 2028	20,979	20,699	21,152
	TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS		293,290	298,881
	AES CORP	206	2,959	2,737
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	DISH NETWORK CORP A	112	1,933	2,327
	DIRECTV CL A	214	4,235	7,123
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	FIRST HORIZON NATIONAL CORP	171	1,576	2,294
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	FRANKLIN RES INC	66	4,170	6,984
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	MEDCO HEALTH SOLUTIONS INC	143	6,021	9,117
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	MICRON TECHNOLOGY INC	527	2,879	5,561
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	MURPHY OIL CORP	36	1,964	1,933
	NAVISTAR INTL CORP NEW	48	1,906	1,849
	NOBLE ENERGY INC	41	3,129	2,899
	NOVELLUS SYS INC	90	1,737	2,096
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	RYDER SYSTEMS INC	83	3,457	3,438
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	STRAYER EDUCATION INC	10	2,122	2,051
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	WESTERN DIGITAL CORP	73	1,802	3,223
	WILLIAMS SONOMA INC	121	2,680	2,520
	XCEL ENGERGY INC	232	4,747	4,915
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	MID-AMER APARTMENT CMNTYS INC	46	2,441	2,228
	NATIONAL RETAIL PPTYS INC	119	2,610	2,520
	PROLOGIS	188	2,453	2,568
	TOTAL REAL ESTATE INV TRUSTS		13,287	13,546
	GRAND TOTAL		$ 1,408,795	$ 1,484,403

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