

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>BOGE N A HOURLY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>06/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>06/01/1997</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>Z F GROUP N.A. OPERATIONS</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>15811 CENTENNIAL DRIVE</u> <u>NORTHVILLE, MI 48167</u> </div> <div style="width: 45%;"> <u>Z F GROUP NA OPERATIONS</u> <u>15811 CENTENNIAL DRIVE</u> <u>NORTHVILLE, MI 48167</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-1462969</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>734-207-2843</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-1462969</u>	2c Sponsor's telephone number <u>734-207-2843</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>61-1462969</u>					
2c Sponsor's telephone number <u>734-207-2843</u>					
2d Business code (see instructions) <u>339900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	CONNIE RIGHTMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

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
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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	173
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	17
c Other retired or separated participants entitled to future benefits.....	6c	137
d Subtotal. Add lines 6a , 6b , and 6c	6d	154
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	156
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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 <u>BOGE N A HOURLY PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Z F GROUP N.A. OPERATIONS</u>	D Employer Identification Number (EIN) <u>61-1462969</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>1490253</u>
b	Actuarial value 2b <u>1490253</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>11</u> <u>187679</u>
b	For terminated vested participants 3b <u>162</u> <u>1490298</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>173</u> <u>1677977</u>
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 <u>6.73</u> %
6	Target normal cost 6 <u>0</u>

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	<u>04/09/2011</u>
Signature of actuary	Date
<u>CHARLES SCHNEIDER</u>	<u>11-02627</u>
Type or print name of actuary	Most recent enrollment number
<u>SCHNEIDER & BROWN CO.,EA</u>	<u>513-984-6100</u>
Firm name	Telephone number (including area code)
<u>4520 COOPER RD STE 203</u> <u>CINCINNATI, OH 45242</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

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 <u>12.28</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		5048
b Interest on (a) using prior year's effective rate of <u>6.54</u> %		330
c Total available at beginning of current plan year to add to prefunding balance		5378
d Portion of (c) to be added to prefunding balance.....		5378
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	5378

Part III Funding percentages		
14 Funding target attainment percentage.....	14	88.80 %
15 Adjusted funding target attainment percentage.....	15	88.49 %
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	78.70 %
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
12/20/2010	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	46626

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.81 %	2nd segment: 6.69 %	3rd segment: 6.78 %	☐ 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	125983	25931
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	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	25931
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	25931
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	46626
38 Interest-adjusted excess contributions for current year (see instructions).....	38	20695
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan BOGE N A 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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	16601	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 ☐

(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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan BOGE N A 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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	32604	9199
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	292575	256877
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	543677	570076
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	634605	727864
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	13546	24652
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1517007	1588668

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	26755	5068
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	26755	5068

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1490252	1583600
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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)	343	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	31196	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31539
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	11373	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	536	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11909
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1313833	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1304607	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		9226

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	92063	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		92063
(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		194737

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	84788	
(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)		84788
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)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	16601	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		16601
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		101389

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		93348
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: CLARK SCHAEFER & 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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
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)

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>BOGE N A HOURLY PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Z F GROUP N.A. OPERATIONS</u>	D Employer Identification Number (EIN) <u>61-1462969</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<u>1</u>	<u>0</u>
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): <u>38-1998421</u>		
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.....	<u>3</u>	<u>9</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

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):

- 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): _____

Boge North America Hourly Plan

Financial Statements
And
Supplemental Schedule

December 31, 2010 and 2009
(With Independent Auditors' Report)

Table of Contents

Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits.....	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-10
Supplemental Schedule:	
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	11-16

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, 2010 and 2009, 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, 2010, and changes therein for the year then ended and its financial status as of December 31, 2009, 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 audits 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
September 26, 2011

one east fourth street, ste. 1200
cincinnati, oh 45202

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p. 513.241.3111
f. 513.241.1212

Boge North America Hourly Plan
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investments, at fair value:		
Cash and equivalents	\$ 256,877	292,575
Municipal and exempt obligations	348,679	298,881
Mutual funds	24,652	13,546
Corporate stocks	727,864	634,605
Corporate obligations	<u>221,397</u>	<u>244,796</u>
	<u>1,579,469</u>	<u>1,484,403</u>
Receivables:		
Interest and dividends	9,199	8,583
Due from broker	<u>-</u>	<u>24,021</u>
	<u>9,199</u>	<u>32,604</u>
 Total assets	 <u>1,588,668</u>	 <u>1,517,007</u>
 Liability due to brokers	 <u>5,068</u>	 <u>26,755</u>
 Net assets available for benefits	 \$ <u>1,583,600</u>	 <u>1,490,252</u>

See accompanying notes to financial statements

Boge North America Hourly Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions:		
Employer contribution	\$ 50,000	50,000
Interest and dividend income	43,448	43,117
Net appreciation in fair value of investments	<u>101,289</u>	<u>131,920</u>
Total additions	<u>194,737</u>	<u>225,037</u>
Deductions:		
Benefits paid	84,788	19,893
Administrative expenses	<u>16,601</u>	<u>13,661</u>
Total deductions	<u>101,389</u>	<u>33,554</u>
Net increase	93,348	191,483
Net assets available for benefits:		
Beginning of year	<u>1,490,252</u>	<u>1,298,769</u>
End of year	\$ <u>1,583,600</u>	<u>1,490,252</u>

See accompanying notes to financial statements

1. DESCRIPTION OF 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). The ZF Group – Paris, IL location was closed in 2009; 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 ceased employment. The monthly benefit rate was \$23.50 per year of service in 2010 and 2009. Effective December 31, 2007, the Plan is frozen.

Vesting

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

Investments are reported 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 municipal 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, which 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.

Use of 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 September 26, 2011 the date on which the financial statements were available to be issued.

3. INVESTMENTS:

At December 31, 2010 and 2009, investments that represent 5 percent or more of Plan net assets are as follows:

	<u>2010</u>	<u>2009</u>
Comerica Short Term Fund	\$ 256,877	292,575

During 2010 and 2009, investments (including gains and losses in investments bought, sold, and held during the year) appreciated in value by \$101,289 and \$131,920.

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 MEASUREMENTS:

Financial Accounting Standards Board (FASB) provides 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 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 than 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. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Corporate and municipal obligations: 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 investments at fair value as of December 31, 2010:

<u>Investments at fair value as of December 31, 2010</u>				
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash equivalents	\$ 256,877	\$ 256,877	-	-
Municipal & exempt obligations	348,679	-	348,679	-
Corporate obligations:				
Fixed	204,902	-	204,902	-
Mortgage backed securities	<u>16,495</u>	<u>-</u>	<u>16,495</u>	<u>-</u>
Total corporate obligations	221,397	-	221,397	-
Common stocks:				
Consumer discretionary	63,814	63,814	-	-
Consumer staples	17,760	17,760	-	-
Energy	101,236	101,236	-	-
Financials	88,667	88,667	-	-
Healthcare	87,050	87,050	-	-
Industrials	118,361	118,361	-	-
Information technology	141,799	141,799	-	-
Materials	23,534	23,534	-	-
Other	26,124	26,124	-	-
Telecommunication services	29,732	29,732	-	-
Utilities	18,784	18,784	-	-
Foreign	<u>11,003</u>	<u>11,003</u>	<u>-</u>	<u>-</u>
Total common stocks	727,864	727,864	-	-
Mutual Funds:				
Real estate investment funds	<u>24,652</u>	<u>24,652</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>1,579,469</u>	\$ <u>1,009,393</u>	<u>570,076</u>	<u>-</u>

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

<u>Investments at fair value as of December 31, 2009</u>				
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash equivalents	\$ 292,575	\$ 292,575	-	-
Municipal & exempt obligations	298,881	-	298,881	-
Corporate obligations:				
Fixed	223,352	-	223,352	-
Mortgage backed securities	<u>21,444</u>	<u>-</u>	<u>21,444</u>	<u>-</u>
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	<u>1,911</u>	<u>1,911</u>	<u>-</u>	<u>-</u>
Total common stocks	634,605	634,605	-	-
Mutual Funds:				
Real estate investment funds	<u>13,546</u>	<u>13,546</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>1,484,403</u>	\$ <u>940,726</u>	<u>543,677</u>	<u>-</u>

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, 2010 and 2009, include: (a) retirement mortality rates were based on the RP 2010C table for 2010 and the RP2009 table for 2009; (b) retirement age of 65; and (c) rate of return on investments of 4.50% for 2010 and 7.75% for 2009. 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, 2010 and January 1, 2009 are as follows:

	January 1, <u>2010</u>	January 1, <u>2009</u>
Vested benefits:		
Participants currently receiving payments	\$ 187,679	176,030
Other participants	1,490,298	1,425,731
Non-vested benefits	-	47,918
Total actuarial present value of accumulated benefits	\$ <u>1,677,977</u>	<u>1,649,679</u>

The change in the actuarial present value of accumulated Plan benefits for the years ended January 1, 2010 and January 1, 2009 are as follows:

	January 1, <u>2010</u>	January 1, <u>2009</u>
Actuarial present value of accumulated benefits, beginning of period	\$ 1,649,679	1,686,040
Increase (decrease) during year attributable to:		
Change in discount period	110,354	109,771
Benefits accumulated	(12,363)	(62,507)
Change in assumptions	(49,800)	(68,450)
Benefits paid	(19,893)	(15,175)
Actuarial present value of accumulated benefits, end of period	\$ <u>1,677,977</u>	<u>1,649,679</u>

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

6. PLAN TERMINATION:

While the Company has not expressed the 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. RISKS AND UNCERTAINTIES:

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.

8. 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.

9. 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations prior to 2007.

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	Shares	(d) Cost	(e) Current Value
* COMERICA SHORT TERM FUND		256,877	\$ 256,877	256,877
TOTAL CASH EQUIVALENTS			<u>256,877</u>	<u>256,877</u>
ARCHER DANIELS MIDLAND CO 6.45% 2038		42,238	43,237	48,503
CATERPILLAR FINL SVCS CORP 4.25% 2013		21,119	20,996	22,435
FEDERAL NATL MTG ASSN POOL 6% 2035		15,115	15,176	16,495
GENERAL ELECTRIC 5.25% 2017		31,678	31,704	34,215
ORACLE CORPORATION 6.5% 2038		31,678	33,140	36,922
SOUTHWEST AIRLS 2007-1 PASS THRU 6.15% 2022		18,689	19,343	20,558
WELLS FARGO 4.875% 2011		42,238	<u>41,621</u>	<u>42,269</u>
TOTAL CORP OBLIGATIONS			<u>205,217</u>	<u>221,397</u>
CYPRESS-FAIRBANKS TEX INDPT TAXABLE				
SCHOOLHOUSE SER B 6.629% 2019		31,678	32,350	32,784
HILLSBOROUGH CNTY FL PORT 6.5% 2012		21,119	23,579	21,789
HUDSON CNTY NJ IMPT AUTH 4.75 2015		10,559	10,501	10,584
MAIN FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019		21,119	21,119	21,747
UNIVERSITY KY GEN RCPTS BULD AMERICA BONDS 5.35% 201		21,119	20,857	20,655
OLYMPIA WASH 6.743% 2019		21,119	21,119	21,685
BEXAR CNTY TEX HOSP DIST TAXABLE -CTFS OBLIG-B BUILD				
AMERICA BONDS 5.413% 2020		10,559	10,559	9,370
UTAH ST BUILD AMERICA BONDS 5.05% 2020		21,119	21,119	18,477
MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018		19,007	16,459	18,097
MASON CNTY WASH PUB UTIL DIST NO BUILD AMERICA				
BONDS TAXABLE-SER B 6.347% 2020		31,678	31,678	30,286
NORTH TEX TWY AUTH REV TAXABLE-SER B BUILD AMER				
BDS-6.718% 2049		21,119	22,157	20,675
OKLAHOMA CAP IMP AUTH ST HWY CAP BUILD AMERICA				
BONDS SER A 4.392% 2020		21,119	21,119	20,110
PHILADELPHIA PA SCH DIST 4.47% 2012		21,119	20,522	21,934
ST LOUIS MO MUN FIN CORP 5.207% 2014		44,350	44,350	48,094
FLORIDA ST BULD AMERICA BONDS TAXABLE-B 5.991% 2019		10,559	10,559	10,789
WORCESTER MA PENSION FDG LN 6.25% 2028		21,119	<u>20,836</u>	<u>21,603</u>
TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS			<u>348,883</u>	<u>348,679</u>

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	AGCO CORP	180	6,954	9,115
	ALLIED WORLD ASSURANCE CO	139	8,004	8,235
	ASPEN INSURANCE HOLDINGS LTD	97	2,258	2,768
	AT&T INC	531	13,664	15,599
	ACXIOM CORP	136	1,669	2,325
	AVDANCE AUTO PARTS	45	2,562	2,990
	ALCOA INC	261	3,497	4,024
	ALLIANT ENERGY CORP	66	2,254	2,438
	AMERICAN EXPRESS CO	52	1,297	2,248
	AMERICAN FINL GROUP INC OH	241	7,228	7,788
	AMERISOURCEBERGEN CORP	263	4,844	8,964
	AMERIPRISE FINL INC	196	7,294	11,254
	AMGEN INC	113	6,663	6,215
	ANDERSONS INC	64	2,132	2,318
	ANIXTER INTERNATIONAL INC	63	2,976	3,759
	APPLE COMPUTER INC	60	12,908	19,483
	ARCH COAL INC	91	3,110	3,184
	ATMEL CORP	261	2,754	3,216
	ATMOS ENERGY CORP	156	4,284	4,876
	AUTOZONE INC	33	5,156	9,096
	BMC SOFTWARE INC	74	3,251	3,504
	BRISTOL MYERS SQUIBB CO	249	6,367	6,588
	CBS CORP NEW CL B	351	4,888	6,678
	CMS ENERGY CORP	445	7,802	8,273
	CSG SYSTEMS INTL INC	115	1,874	2,184
	CA INC	403	8,431	9,848
	CAPITAL ONE FINL CORP	36	1,362	1,546
	CARBO CERAMICS INC	25	859	2,580
	CARDINAL HEALTH INC	93	2,990	3,560
	CENTRAL GARDEN & PET CO	246	2,687	2,433
	CEPHALON INC	115	7,933	7,091
	CHEVRON CORPORATION	144	11,264	13,104
	CHILDRENS PLACE RETAIL STS INC	54	2,639	2,705

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	Shares	(d) Cost	(e) Current Value
	CISCO SYS INC	128	4,172	2,580
	CITIGROUP INC	1,133	5,014	5,360
	COACH INC	122	5,081	6,775
	COCA COLA CO	61	3,370	4,000
	CONOCOPHILLIPS	139	10,461	9,463
	CRACKER BARREL OLD CTRY STORE INC	52	2,427	2,845
	CUMMINS INC	120	7,193	13,150
	CYTEC INDUSTRIES INC	49	1,834	2,600
	DST SYSTEMS INC	57	2,644	2,529
	DTE ENERGY CO	57	2,317	2,565
	DARDEN RESTAURANTS INC	27	1,189	1,255
	DEERE & CO	99	5,837	8,243
	DEVON ENGERGY CORPORATION	107	7,740	8,423
	DR PEPPER SNAPPLE GROUP	230	6,159	8,079
	DUN & BRADSTREET CORP	40	2,884	3,294
	EXCO RESOURCES INC	454	8,971	8,810
	EAST WEST BANCORP INC	139	2,287	2,717
	EASTMAN CHEMICAL CO	52	3,478	4,368
	ENDO PHARMACEUT HLDGS INC	154	4,408	5,505
	ENERGIZER HOLDINGS INC	65	4,595	4,773
	EXXON MOBIL CORPORATION	207	10,331	15,133
	FACTSET RESEARCH SYSTEMS INC	44	2,991	4,119
	FIFTH THIRD BANCORP COM	478	4,864	7,013
	GAP INC	124	2,684	2,740
	GENERAL ELECTRIC	460	7,524	8,413
	GILEAD SCIENCES INC	136	5,906	4,929
	GOODYEAR TIRE & RUBBER CO	542	7,686	6,427
	GOOGLE INC CL A	8	4,471	4,767
	HALLIBURTON CO	186	5,736	7,605
	HANSEN NAT CORP	52	2,695	2,738
	HELMERICH & PAYNE INC	79	3,099	3,850
	HEWLETTT PACKARD CO	239	6,759	10,065
	HONEYWELL INTERNATIONAL INC	170	7,504	9,049
	HUMANA INC	56	2,576	3,052

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	Shares	(d) Cost	(e) Current Value
	HUNT JB TRANS SVCS INC	128	4,293	5,223
	HUNTINGTON BANCSHARES INC	526	3,458	3,613
	IAC/INTERACTIVECORP	127	2,784	3,649
	INTEL CORP	245	3,887	5,152
	IBM CORP	106	9,778	15,621
	INTERNATIONAL PAPER CO	221	3,357	6,017
	INTUIT INC	60	2,707	2,936
	JPMORGAN CHASE & CO	175	7,313	7,418
	JOHNSON & JOHNSON	114	7,252	7,053
	LEXMARK INTL INC	61	2,252	2,133
	LIMITED BRANDS	235	7,605	7,217
	LINEAR TECHNOLOGY CORP	97	2,666	3,360
	MACYS INC	346	5,966	8,752
	MANHATTAN ASSOCS INC	99	2,507	3,031
	MARATHON OIL CORP	130	4,122	4,802
	MCDONALDS CORP	48	3,389	3,664
	MEAD JOHNSON NUTRITION CO	54	3,209	3,339
	MEDCO HEALTH SOLUTIONS INC	92	3,930	5,642
	MEDICIS PHARMACEUTICAL CL A	90	1,412	2,422
	METROPCS COMMUNICATIONS INC	307	2,821	3,878
	METTLER-TOLEDO INTL INC	25	1,899	3,832
	MICROSOFT CORP	565	16,242	15,773
	MURPHY OIL CORP	36	1,977	2,676
	NRG ENERGY INC	128	3,003	2,501
	NEW YORK COMMUNITY BANCORP	285	4,438	5,374
	NOBLE ENERGY INC	44	3,619	3,781
	NORTHEAST UTILS	173	4,486	5,507
	OIL STATES INTERNATIONAL INC	60	2,587	3,871
	PPG INDUSTRIALS INDS INC	109	7,338	9,126
	PANERA BREAD COMPANY - CL A	51	4,809	5,173
	PARKER HANNIFIN CORP	121	7,348	10,461
	PATTERSON UTI ENERGY INC	140	2,396	3,013
	PIONEER NATURAL RESOURCES CO	39	2,365	3,374
	POLARIS INDUSTRIES INC	43	2,468	3,328

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	Shares	(d) <u>Cost</u>	(e) <u>Current Value</u>
	POLYONE CORPORATION	204	2,335	2,543
	PYLYPORE INTL INC	64	2,154	2,615
	PROCTER & GAMBLE CO	97	6,302	6,249
	PRUDENTIAL FINANCIAL INC	60	2,349	3,496
	QUALCOMM INC	152	7,262	7,525
	QUESTCOR PHARMACEUTICALS INC	153	1,334	2,258
	QWEST COMMUNICATIONS INTL INC	426	2,173	3,243
	RAYMOND JAMES FINL INC	159	4,855	5,193
	ROCKWELL AUTOMATION INC	90	4,650	6,482
	ROSS STORES INC	44	1,694	2,805
	RYDER SYSTEMS INC	76	3,142	4,024
	SPX CORP	41	2,564	2,899
	SIGNATURE BANK	62	2,121	3,087
	STERIS CORP	77	2,510	2,818
	STONE ENERGY CORP	159	2,413	3,549
	TECH DATA CORP	70	2,952	3,086
	TELEFLEX INC	42	2,657	2,250
	TENNANT CORP	63	1,843	2,434
	TEXAS INSTRS INC	237	6,040	7,687
	TIBCO SOFTWARE INC	180	861	3,555
	TIMKEN CO	84	2,073	3,992
	TRAVELERS COS INC	106	5,952	5,930
	UNITED PARCEL SERVICE	137	8,610	9,963
	UNITEDHEALTH GROUP INC	183	6,594	6,619
	VERISIGN INC	91	2,788	2,967
	VERIZON COMMUNICATIONS	196	6,368	7,012
	WATERS CORP	109	6,765	8,468
	WATSON PHARMACEUTICALS INC	118	5,071	6,087
	WELLS FARGO & CO NEW	234	6,254	7,252
	WESTERN UN CO	177	3,242	3,294
	WEYERHAEUSER CO	180	3,152	3,398
	WHITING PETE CORP NEW	20	2,140	2,326
	ZEBRA TECHNOLOGIES CORP CL A	74	2,626	2,823
	TOTAL COMMON STOCK		<u>604,271</u>	<u>727,864</u>

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	BOSTON PPTYS INC	50	4,358	4,328
	HCP INC	65	2,263	2,409
	LASALLE HOTEL PROPERTIES	89	2,047	2,342
	MID-AMER APARTMENT CMNTYS INC	45	2,390	2,869
	NATIONAL RETAIL PPTYS INC	116	2,553	3,078
	SIMON PROPERTY GROUP INC	62	6,051	6,177
	VORNADO RLTY TR	41	<u>3,622</u>	<u>3,449</u>
	TOTAL MUTUAL FUNDS		<u>23,284</u>	<u>24,652</u>
	GRAND TOTAL		<u>\$ 1,438,532</u>	<u>\$ 1,579,469</u>

* Denotes party-in-interest to the Plan.

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). <p style="text-align: center;">▶ Complete all entries in accordance with the Instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning 01/01/2010

and ending 12/31/2010

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

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

C If the plan is a collectively-bargained plan, check here ☒

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

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

1a Name of plan BOGE N A HOURLY PLAN	1b Three-digit plan number (PN) ▶ 002
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	1c Effective date of plan 06/01/1997 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		9/29/11	Connie Rightmer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/29/11	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Same		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	173
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	17
c Other retired or separated participants entitled to future benefits	6c	137
d Subtotal. Add lines 6a, 6b and 6c	6d	154
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	156
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 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) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached; and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Information)

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **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.

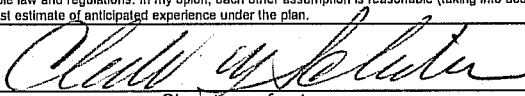
A Name of plan BOGE N A HOURLY PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ Z F Group N.A. Operations		D Employer Identification Number (EIN) 61-1462969
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010		
2 Assets:		
a Market value	2a	1,490,253
b Actuarial value	2b	1,490,253
3 Funding target/participant count breakdown		
		(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	11 187,679
b For terminated vested participants	3b	162 1,490,298
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	0
(3) Total active	3c(3)	0
d Total	3d	173 1,677,977
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	6.73
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		04/09/2011
Charles Schneider		Date
Type or print name of actuary		11-02627
Schneider & Brown Co., EA		Most recent enrollment number
Firm name		(513) 984-6100
4520 Cooper Rd Ste 203		Telephone number (including area code)
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

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 <u>12.28</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		5,048
b Interest on (a) using prior year's effective rate of <u>6.54</u> %		330
c Total available at beginning of current plan year to add to prefunding balance . . .		5,378
d Portion of item (c) to be added to prefunding balance		5,378
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	5,378

Part III Funding percentages

14 Funding target attainment percentage	14	88.80 %
15 Adjusted funding target attainment percentage	15	88.49 %
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	78.70 %
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
12/20/2010	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	46,626

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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment 4.81 %	2nd segment 6.69 %	3rd segment 6.78 %
			☐ 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		125,983	25,931
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	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).		34	25,931
		Carryover balance	Prefunding Balance
35 Balances used to offset funding requirement			
36 Additional cash requirement (item 34 minus item 35)		36	25,931
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)		37	46,626
38 Interest-adjusted excess contributions for current year (see instructions).		38	20,695
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 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. entire 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 will receive credit for a day of Service if you complete one hour of service during any day.

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

Pension Benefit Amount @ NRD For each Year of Service (and monthly fractions thereof):

Monthly Benefit Formula:

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:

Credited Years of Service
Vested Percent

----- Vesting Schedule -----

1	2	3	4	5
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.

**BOGE N.A. HOURLY
PENSION PLAN**

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2010 to 12/31/2010

Valuation Date: 1/1/2010

	<u>For PPA Funding</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Segment 1 4.81%	Segment 1 3.60%	Pre-Retirement 6.00%
	Segment 2 6.69%	Segment 2 5.31%	Post-Retirement 6.00%
	Segment 3 6.78%	Segment 3 5.47%	
Pre-Retirement			
Turnover	None	None	None
Mortality	Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs	Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs	None
Assumed Ret Age	Normal retirement age Earlier of 65 and 5 years of service or 65 and 5 years of participation		Normal retirement age Earlier of 65 and 5 years of service or 65 and 5 years of participation
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 25 & 17 yrs Female-modified RP2000 combined healthy female projected 25 & 17 yrs	2010 Applicable Mortality Table from Rev Rul 2006-67	GAR 94 Projctd to 2002 scale AA 50%M/50%F
Assumed Benefit Form For Funding		Normal Form	
Calculated Effective Interest Rate		6.73%	

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.

Boge N A Hourly Plan

EIN: 61-1462969

PN: 002

Attachment to Schedule SB, Line 19 - Discounted Employer Contributions

<u>Date</u>	<u>Amount</u>	<u>Plan Year</u>	<u>Days Discounted at Effective Rate of 6.73%</u>	<u>Days Discounted at Penalty Rate of 11.73%</u>	<u>Discounted Value</u>
Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year					
12/20/2010	5,834	2010	104	249	5,309
12/20/2010	5,834	2010	195	158	5,370
12/20/2010	5,834	2010	287	66	5,433
12/20/2010	32,498	2010	353	0	30,514
Total	50,000				46,626

BOGE N.A. Hourly Plan
EIN: 61-1369828 PN:002

Attachment to 2010 Schedule SB, line 22 – Description of Weighted Average Retirement Age

The retirement age shown on item 22 is the average expected retirement age of all non-retired participants. Active and vested terminated participants are assumed to retire at the plan's normal retirement age. If actively employed and eligible for normal retirement, retirement is assumed at the end of the current year.

**BOGE N.A. HOURLY
PENSION PLAN**

Shortfall Amortization
Valuation Date: January 1, 2010

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2009	7-year	6	\$42,246	\$223,273
01/01/2010	7-year	7	<u>\$(16,315)</u>	<u>\$(97,290)</u>
Total			\$25,931	\$125,983

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	Shares	(d) <u>Cost</u>	(e) <u>Current Value</u>
* COMERICA SHORT TERM FUND		256,877	\$ 256,877	256,877
TOTAL CASH EQUIVALENTS			<u>256,877</u>	<u>256,877</u>
ARCHER DANIELS MIDLAND CO 6.45% 2038		42,238	43,237	48,503
CATERPILLAR FINL SVCS CORP 4.25% 2013		21,119	20,996	22,435
FEDERAL NATL MTG ASSN POOL 6% 2035		15,115	15,176	16,495
GENERAL ELECTRIC 5.25% 2017		31,678	31,704	34,215
ORACLE CORPORATION 6.5% 2038		31,678	33,140	36,922
SOUTHWEST AIRLS 2007-1 PASS THRU 6.15% 2022		18,689	19,343	20,558
WELLS FARGO 4.875% 2011		42,238	<u>41,621</u>	<u>42,269</u>
TOTAL CORP OBLIGATIONS			<u>205,217</u>	<u>221,397</u>
CYPRESS-FAIRBANKS TEX INDPT TAXABLE				
SCHOOLHOUSE SER B 6.629% 2019		31,678	32,350	32,784
HILLSBOROUGH CNTY FL PORT 6.5% 2012		21,119	23,579	21,789
HUDSON CNTY NJ IMPT AUTH 4.75 2015		10,559	10,501	10,584
MAIN FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019		21,119	21,119	21,747
UNIVERSITY KY GEN RCPTS BULD AMERICA BONDS 5.35% 201		21,119	20,857	20,655
OLYMPIA WASH 6.743% 2019		21,119	21,119	21,685
BEXAR CNTY TEX HOSP DIST TAXABLE -CTFS OBLIG-B BUILD				
AMERICA BONDS 5.413% 2020		10,559	10,559	9,370
UTAH ST BUILD AMERICA BONDS 5.05% 2020		21,119	21,119	18,477
MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018		19,007	16,459	18,097
MASON CNTY WASH PUB UTIL DIST NO BUILD AMERICA				
BONDS TAXABLE-SER B 6.347% 2020		31,678	31,678	30,286
NORTH TEX TWY AUTH REV TAXABLE-SER B BUILD AMER				
BDS-6.718% 2049		21,119	22,157	20,675
OKLAHOMA CAP IMP AUTH ST HWY CAP BUILD AMERICA				
BONDS SER A 4.392% 2020		21,119	21,119	20,110
PHILADELPHIA PA SCH DIST 4.47% 2012		21,119	20,522	21,934
ST LOUIS MO MUN FIN CORP 5.207% 2014		44,350	44,350	48,094
FLORIDA ST BULD AMERICA BONDS TAXABLE-B 5.991% 2019		10,559	10,559	10,789
WORCESTER MA PENSION FDG LN 6.25% 2028		21,119	<u>20,836</u>	<u>21,603</u>
TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS			<u>348,883</u>	<u>348,679</u>

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	AGCO CORP	180	6,954	9,115
	ALLIED WORLD ASSURANCE CO	139	8,004	8,235
	ASPEN INSURANCE HOLDINGS LTD	97	2,258	2,768
	AT&T INC	531	13,664	15,599
	ACXIOM CORP	136	1,669	2,325
	AVDANCE AUTO PARTS	45	2,562	2,990
	ALCOA INC	261	3,497	4,024
	ALLIANT ENERGY CORP	66	2,254	2,438
	AMERICAN EXPRESS CO	52	1,297	2,248
	AMERICAN FINL GROUP INC OH	241	7,228	7,788
	AMERISOURCEBERGEN CORP	263	4,844	8,964
	AMERIPRISE FINL INC	196	7,294	11,254
	AMGEN INC	113	6,663	6,215
	ANDERSONS INC	64	2,132	2,318
	ANIXTER INTERNATIONAL INC	63	2,976	3,759
	APPLE COMPUTER INC	60	12,908	19,483
	ARCH COAL INC	91	3,110	3,184
	ATMEL CORP	261	2,754	3,216
	ATMOS ENERGY CORP	156	4,284	4,876
	AUTOZONE INC	33	5,156	9,096
	BMC SOFTWARE INC	74	3,251	3,504
	BRISTOL MYERS SQUIBB CO	249	6,367	6,588
	CBS CORP NEW CL B	351	4,888	6,678
	CMS ENERGY CORP	445	7,802	8,273
	CSG SYSTEMS INTL INC	115	1,874	2,184
	CA INC	403	8,431	9,848
	CAPITAL ONE FINL CORP	36	1,362	1,546
	CARBO CERAMICS INC	25	859	2,580
	CARDINAL HEALTH INC	93	2,990	3,560
	CENTRAL GARDEN & PET CO	246	2,687	2,433
	CEPHALON INC	115	7,933	7,091
	CHEVRON CORPORATION	144	11,264	13,104
	CHILDRENS PLACE RETAIL STS INC	54	2,639	2,705

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	Shares	(d) Cost	(e) Current Value
	CISCO SYS INC	128	4,172	2,580
	CITIGROUP INC	1,133	5,014	5,360
	COACH INC	122	5,081	6,775
	COCA COLA CO	61	3,370	4,000
	CONOCOPHILLIPS	139	10,461	9,463
	CRACKER BARREL OLD CTRY STORE INC	52	2,427	2,845
	CUMMINS INC	120	7,193	13,150
	CYTEC INDUSTRIES INC	49	1,834	2,600
	DST SYSTEMS INC	57	2,644	2,529
	DTE ENERGY CO	57	2,317	2,565
	DARDEN RESTAURANTS INC	27	1,189	1,255
	DEERE & CO	99	5,837	8,243
	DEVON ENGERGY CORPORATION	107	7,740	8,423
	DR PEPPER SNAPPLE GROUP	230	6,159	8,079
	DUN & BRADSTREET CORP	40	2,884	3,294
	EXCO RESOURCES INC	454	8,971	8,810
	EAST WEST BANCORP INC	139	2,287	2,717
	EASTMAN CHEMICAL CO	52	3,478	4,368
	ENDO PHARMACEUT HLDGS INC	154	4,408	5,505
	ENERGIZER HOLDINGS INC	65	4,595	4,773
	EXXON MOBIL CORPORATION	207	10,331	15,133
	FACTSET RESEARCH SYSTEMS INC	44	2,991	4,119
	FIFTH THIRD BANCORP COM	478	4,864	7,013
	GAP INC	124	2,684	2,740
	GENERAL ELECTRIC	460	7,524	8,413
	GILEAD SCIENCES INC	136	5,906	4,929
	GOODYEAR TIRE & RUBBER CO	542	7,686	6,427
	GOOGLE INC CL A	8	4,471	4,767
	HALLIBURTON CO	186	5,736	7,605
	HANSEN NAT CORP	52	2,695	2,738
	HELMERICH & PAYNE INC	79	3,099	3,850
	HEWLETTT PACKARD CO	239	6,759	10,065
	HONEYWELL INTERNATIONAL INC	170	7,504	9,049
	HUMANA INC	56	2,576	3,052

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	Shares	(d) Cost	(e) Current Value
	HUNT JB TRANS SVCS INC	128	4,293	5,223
	HUNTINGTON BANCSHARES INC	526	3,458	3,613
	IAC/INTERACTIVECORP	127	2,784	3,649
	INTEL CORP	245	3,887	5,152
	IBM CORP	106	9,778	15,621
	INTERNATIONAL PAPER CO	221	3,357	6,017
	INTUIT INC	60	2,707	2,936
	JPMORGAN CHASE & CO	175	7,313	7,418
	JOHNSON & JOHNSON	114	7,252	7,053
	LEXMARK INTL INC	61	2,252	2,133
	LIMITED BRANDS	235	7,605	7,217
	LINEAR TECHNOLOGY CORP	97	2,666	3,360
	MACYS INC	346	5,966	8,752
	MANHATTAN ASSOCS INC	99	2,507	3,031
	MARATHON OIL CORP	130	4,122	4,802
	MCDONALDS CORP	48	3,389	3,664
	MEAD JOHNSON NUTRITION CO	54	3,209	3,339
	MEDCO HEALTH SOLUTIONS INC	92	3,930	5,642
	MEDICIS PHARMACEUTICAL CL A	90	1,412	2,422
	METROPCS COMMUNICATIONS INC	307	2,821	3,878
	METTLER-TOLEDO INTL INC	25	1,899	3,832
	MICROSOFT CORP	565	16,242	15,773
	MURPHY OIL CORP	36	1,977	2,676
	NRG ENERGY INC	128	3,003	2,501
	NEW YORK COMMUNITY BANCORP	285	4,438	5,374
	NOBLE ENERGY INC	44	3,619	3,781
	NORTHEAST UTILS	173	4,486	5,507
	OIL STATES INTERNATIONAL INC	60	2,587	3,871
	PPG INDUSTRIALS INDS INC	109	7,338	9,126
	PANERA BREAD COMPANY - CL A	51	4,809	5,173
	PARKER HANNIFIN CORP	121	7,348	10,461
	PATTERSON UTI ENERGY INC	140	2,396	3,013
	PIONEER NATURAL RESOURCES CO	39	2,365	3,374
	POLARIS INDUSTRIES INC	43	2,468	3,328

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	POLYONE CORPORATION	204	2,335	2,543
	PYLYPORE INTL INC	64	2,154	2,615
	PROCTER & GAMBLE CO	97	6,302	6,249
	PRUDENTIAL FINANCIAL INC	60	2,349	3,496
	QUALCOMM INC	152	7,262	7,525
	QUESTCOR PHARMACEUTICALS INC	153	1,334	2,258
	QWEST COMMUNICATIONS INTL INC	426	2,173	3,243
	RAYMOND JAMES FINL INC	159	4,855	5,193
	ROCKWELL AUTOMATION INC	90	4,650	6,482
	ROSS STORES INC	44	1,694	2,805
	RYDER SYSTEMS INC	76	3,142	4,024
	SPX CORP	41	2,564	2,899
	SIGNATURE BANK	62	2,121	3,087
	STERIS CORP	77	2,510	2,818
	STONE ENERGY CORP	159	2,413	3,549
	TECH DATA CORP	70	2,952	3,086
	TELEFLEX INC	42	2,657	2,250
	TENNANT CORP	63	1,843	2,434
	TEXAS INSTRS INC	237	6,040	7,687
	TIBCO SOFTWARE INC	180	861	3,555
	TIMKEN CO	84	2,073	3,992
	TRAVELERS COS INC	106	5,952	5,930
	UNITED PARCEL SERVICE	137	8,610	9,963
	UNITEDHEALTH GROUP INC	183	6,594	6,619
	VERISIGN INC	91	2,788	2,967
	VERIZON COMMUNICATIONS	196	6,368	7,012
	WATERS CORP	109	6,765	8,468
	WATSON PHARMACEUTICALS INC	118	5,071	6,087
	WELLS FARGO & CO NEW	234	6,254	7,252
	WESTERN UN CO	177	3,242	3,294
	WEYERHAEUSER CO	180	3,152	3,398
	WHITING PETE CORP NEW	20	2,140	2,326
	ZEBRA TECHNOLOGIES CORP CL A	74	2,626	2,823
	TOTAL COMMON STOCK		<u>604,271</u>	<u>727,864</u>

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b),(c) <u>Investment Description</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	BOSTON PPTYS INC	50	4,358	4,328
	HCP INC	65	2,263	2,409
	LASALLE HOTEL PROPERTIES	89	2,047	2,342
	MID-AMER APARTMENT CMNTYS INC	45	2,390	2,869
	NATIONAL RETAIL PPTYS INC	116	2,553	3,078
	SIMON PROPERTY GROUP INC	62	6,051	6,177
	VORNADO RLTY TR	41	<u>3,622</u>	<u>3,449</u>
	TOTAL MUTUAL FUNDS		<u>23,284</u>	<u>24,652</u>
	GRAND TOTAL		<u>\$ 1,438,532</u>	<u>\$ 1,579,469</u>

* Denotes party-in-interest to the Plan.