

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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>	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, including room or suite number (Employer, if for single-employer plan) <u>Z F GROUP N.A. OPERATIONS</u> <u>15811 CENTENNIAL DRIVE</u> <u>NORTHVILLE, MI 48167</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2012</u>	<u>CONNIE RIGHTMER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2012</u>	<u>CONNIE RIGHTMER</u>
	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 (2011)
v.012611

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
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5 Total number of participants at the beginning of the plan year	5	157
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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	21
c Other retired or separated participants entitled to future benefits.....	6c	133
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	
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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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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>2011</u>
2	Assets:
a	Market value 2a <u>1583600</u>
b	Actuarial value 2b <u>1583600</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>19</u> <u>414406</u>
b	For terminated vested participants 3b <u>138</u> <u>1523623</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>157</u> <u>1938029</u>
4	If the plan is in at-risk status, 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 in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.28 %</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>03/08/2012</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) 2011
v.012611

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 (line 13 from prior year)	0	5378
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5378
10	Interest on line 9 using prior year's actual return of <u>8.71</u> %	0	468
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		20695
b	Interest on (a) using prior year's effective rate of <u>6.73</u> % except as otherwise provided (see instructions)		1393
c	Total available at beginning of current plan year to add to prefunding balance		22088
d	Portion of (c) to be added to prefunding balance		22088
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	27934

Part III		Funding percentages	
14	Funding target attainment percentage	14	80.27 %
15	Adjusted funding target attainment percentage	15	80.27 %
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	88.49 %
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	
05/06/2011	18000	0	
06/30/2011	18000	0	
09/29/2011	18000	0	
12/23/2011	16000	0	
Totals ▶		18(b)	70000
		18(c)	

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 contributions 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 67205
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.37%	2nd segment: 6.04%	3rd segment: 6.49 %	☐ 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	382363	70449	
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 (lines 31a - 31b + 32a + 32b - 33)...	34	70449	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		27934	27934
36 Additional cash requirement (line 34 minus line 35)	36	42515	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	67205	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	24690	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	24690	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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. EIN

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	NONE	18834	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 ☐

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)

(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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 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)		9199	10161
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		256877	202945
(2) U.S. Government securities.....	1c(2)			0
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)		570076	670442
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)		727864	801844
(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)		24652	20844
(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	1588668	1706236

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5068	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5068	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1583600	1706236
---	-----------	---------	---------

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)	70000	
(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)		70000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	32210	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32210
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	14454	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	323	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14777
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	64561	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		64560

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-1368	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1368
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		180179

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38709	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		38709
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	18834	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18834
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		57543

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		122636
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.			
4n			

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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.....	1	<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>38-1997421</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.....	3	<u>0</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)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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, 2011 and 2010
(With Independent Auditors' Report)

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Boge North America Hourly Plan:

We have audited the accompanying statements of net assets available for benefits of the Boge North America Hourly Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's 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, 2011, and changes therein for the year then ended and its financial status as of December 31, 2010, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements 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 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
August 13, 2012

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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, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Investments, at fair value:		
Cash and equivalents	\$ 202,945	256,877
Municipal and exempt obligations	449,199	348,679
Mutual funds	20,844	24,652
Common stocks	801,844	727,864
Corporate obligations	<u>221,243</u>	<u>221,397</u>
	<u>1,696,075</u>	<u>1,579,469</u>
Receivables:		
Interest and dividends	<u>10,161</u>	<u>9,199</u>
 Total assets	 <u>1,706,236</u>	 <u>1,588,668</u>
 Liability due to brokers	 <u>-</u>	 <u>5,068</u>
 Net assets available for benefits	 \$ <u><u>1,706,236</u></u>	 <u><u>1,583,600</u></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, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions:		
Employer contribution	\$ 70,000	50,000
Interest and dividend income	46,987	43,448
Net appreciation in fair value of investments	<u>63,192</u>	<u>101,289</u>
Total additions	<u>180,179</u>	<u>194,737</u>
Deductions:		
Benefits paid	38,709	84,788
Administrative expenses	<u>18,834</u>	<u>16,601</u>
Total deductions	<u>57,543</u>	<u>101,389</u>
Net increase	122,636	93,348
Net assets available for benefits:		
Beginning of year	<u>1,583,600</u>	<u>1,490,252</u>
End of year	\$ <u>1,706,236</u>	<u>1,583,600</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 2011 and 2010. Effective December 31, 2007, the Plan is frozen.

Vesting

When the Paris, IL 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 and vested percentage.

A participant who became totally disabled while still actively employed by the Company and who had at least fifteen years of vesting service was 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 were 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 August 13, 2012, the date on which the financial statements were available to be issued.

3. INVESTMENTS:

At December 31, 2011 and 2010, investments that represent 5 percent or more of Plan net assets are as follows:

	<u>2011</u>	<u>2010</u>
Comerica Short Term Fund	\$ 202,931	256,877

During 2011 and 2010, investments (including gains and losses in investments bought, sold, and held during the year) appreciated in value by \$63,192 and \$101,289.

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• 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. <p>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.</p> |
| 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, 2011 and 2010.

Corporate, municipal and exempt obligations: Most corporate and municipal obligations are valued at the closing price reported in the active market in which the bond is traded. Other corporate and municipal obligations are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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, 2011:

<u>Investments at fair value as of December 31, 2011</u>				
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 202,945	\$ 202,945	-	-
Municipal & exempt obligations	449,199	-	449,199	-
Corporate obligations:				
Fixed	207,023	-	207,023	-
Mortgage backed securities	<u>14,220</u>	<u>-</u>	<u>14,220</u>	<u>-</u>
Total corporate obligations	221,243	-	221,243	-
Common stocks:				
Consumer discretionary	99,910	99,910	-	-
Consumer staples	51,306	51,306	-	-
Energy	101,241	101,241	-	-
Financials	94,834	94,834	-	-
Healthcare	89,312	89,312	-	-
Industrials	89,697	89,697	-	-
Information technology	158,444	158,444	-	-
Materials	20,667	20,667	-	-
Other	26,238	26,238	-	-
Telecommunication services	8,653	8,653	-	-
Utilities	40,151	40,151	-	-
Foreign	<u>21,391</u>	<u>21,391</u>	<u>-</u>	<u>-</u>
Total common stocks	801,844	801,844	-	-
Mutual Funds:				
Real estate investment funds	<u>20,844</u>	<u>20,844</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>1,696,075</u>	\$ <u>1,025,633</u>	<u>670,442</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, 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 and 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>

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, 2011 and 2010, include: (a) retirement mortality rates were based on the RP 2011C table for 2011 and the RP2010 table for 2010; (b) retirement age of 65; and (c) rate of return on investments of 3% for 2011 and 4.50% for 2010. 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, 2011 and January 1, 2010 are as follows:

	January 1, <u>2011</u>	January 1, <u>2010</u>
Vested benefits:		
Participants currently receiving payments	\$ 414,406	187,679
Other participants	1,523,623	1,490,298
Non-vested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated benefits	\$ <u>1,938,029</u>	<u>1,677,977</u>

The change in the actuarial present value of accumulated Plan benefits for the years ended January 1, 2011 and January 1, 2010 are as follows:

	January 1, <u>2011</u>	January 1, <u>2010</u>
Actuarial present value of accumulated benefits, beginning of period	\$ 1,677,977	1,649,679
Increase (decrease) during year attributable to:		
Change in discount period	102,715	110,354
Benefits accumulated	102,139	(12,363)
Change in assumptions	139,986	(49,800)
Benefits paid	<u>(84,788)</u>	<u>(19,893)</u>
Actuarial present value of accumulated benefits, end of period	\$ <u>1,938,029</u>	<u>1,677,977</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.

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 issued a favorable determination letter dated July 10, 2012, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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, 2011, 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 2008.

10. SUBSEQUENT EVENTS:

Effective as of April 30, 2012, the BOGE NA Salaried Plan (the "Salaried Plan") shall be merged into and made a part of the BOGE NA Hourly Plan (the "Hourly Plan"). All assets and liabilities of the Salaried Plan shall be transferred to and made a part of the Hourly Plan. All participants in the Salaried Plan shall become participants in the Hourly Plan and the Hourly Plan shall become known as the BOGE NA Pension Plan.

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c) <u>Identity of Issue and Description of Investment</u>	(d) <u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Cash	14	\$ 14	14
*	COMERICA SHORT TERM FUND	202,931	<u>202,931</u>	<u>202,931</u>
	TOTAL CASH AND CASH EQUIVALENTS		<u>202,945</u>	<u>202,945</u>
	CATERPILLAR FINL SVCS CORP 4.25% 2013	21,498	21,372	22,354
	YALE UNIV MEDIUM TERM NTS BOOK E 2.9% 2014	21,498	22,259	22,761
	FEDERAL NATL MTG ASSN POOL 6% 2035	12,858	12,910	14,220
	COLGATE PALMOLIVE CO MEDIUM 3.15% 2015	21,498	23,238	23,052
	GENERAL ELECTRIC 5.25% 2017	32,246	32,273	37,011
	ARCHER DANIELS MIDLAND CO 6.45% 2038	42,995	44,012	58,271
	ORACLE CORPORATION 6.5% 2038	32,246	<u>33,734</u>	<u>43,574</u>
	TOTAL CORP OBLIGATIONS		<u>189,798</u>	<u>221,243</u>
	UNITED STATES TREAS NTS INFLATIONARY NOTE 1.375% 2018	21,498	25,702	25,614
	CYPRESS-FAIRBANKS TEX INDPT TAXABLE			
	SCHOOLHOUSE SER B 6.629% 2019	32,246	32,930	35,689
	HILLSBOROUGH CNTY FL PORT 6.5% 2012	21,498	24,002	21,987
	HUDSON CNTY NJ IMPT AUTH 4.75 2015	8,599	8,551	8,769
	MAINE FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019	21,498	21,498	23,856
	UNIVERSITY KY GEN RCPTS BULD AMERICA BONDS 5.35% 2029	21,498	21,231	23,615
	UNION CNTY N J IMPT AUTH REV REF-TAXABLE-CNTY			
	GTD-OAKWOOD 6.4% 2020	21,498	21,962	23,562
	MISSISSIPPI ST 5.445% 2035	21,498	22,712	25,147
	OLYMPIA WASH 6.743% 2019	21,498	21,498	23,744
	BEXAR CNTY TEX HOSP DIST TAXABLE -CTFS OBLIG-B BUILD			
	AMERICA BONDS 5.413% 2020	10,749	10,749	11,220
	UTAH ST BUILD AMERICA BONDS 5.05% 2020	21,498	21,498	21,962
	MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018	19,348	16,754	19,633
	MASON CNTY WASH PUB UTIL DIST NO BUILD AMERICA			
	BONDS TAXABLE-SER B 6.347% 2020	32,246	32,246	34,119
	NORTH TEX TWY AUTH REV TAXABLE-SER B BUILD AMER			
	BDS-6.718% 2049	21,498	22,554	25,923
	OKLAHOMA CAP IMP AUTH ST HWY CAP BUILD AMERICA			
	BONDS SER A 4.392% 2020	21,498	21,498	22,519
	PHILADELPHIA PA SCH DIST 4.47% 2012	21,498	20,890	21,826

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c) <u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	GRANT CNTY WA PUB UTIL DIST REF-TAXABLE- SER Z 5.17% 2015	10,749	11,722	11,805
	FLORIDA ST BULD AMERICA BONDS TAXABLE-B 5.991% 2019	10,749	10,749	12,008
	IDAHO HSG & FIN ASSN SINGLE FAMI SER F-1 CL III 5.125% 2016	32,246	32,817	32,420
	WORCESTER MA PENSION FDG LN 6.25% 2028	21,498	21,210	23,781
	TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS		<u>422,773</u>	<u>449,199</u>
	AGCO CORP	58	2,483	2,493
	ACCENTURE PLC CL A	80	4,509	4,279
	AT&T INC	102	2,729	3,080
	ACTIVISION BLIZZARD INC	778	8,864	9,587
	AIRGAS INC	43	2,820	3,390
	ALASKA AIR GROUP INC	93	5,688	6,973
	ALCOA INC	164	2,197	1,421
	ALLIED WORLD ASSURANCE CO	60	3,434	3,788
	ALPHA NAT RES INC	64	3,704	1,318
	AMDOCS LTD	119	3,519	3,386
	AMERICAN FINL GROUP INC OH	248	7,577	9,152
	AMERISOURCEBERGEN CORP	86	1,657	3,214
	AMERIPRISE FINL INC	194	7,263	9,626
	APPLE INC	61	13,139	24,901
	ATMEL CORP	266	2,803	2,152
	ATMOS ENERGY CORP	249	7,328	8,317
	AUTOZONE INC	11	1,882	3,493
	AVAGO TECHNOLOGIES LTD	107	3,792	3,090
	BEACON ROOFING SUPPLY INC	124	2,688	2,514
	BIOGEN IDEC INC	33	2,977	3,643
	BRINKER INTL INC	114	2,561	3,037
	BRISTOL MYERS SQUIBB CO	241	6,671	8,500
	BROCADE COMMUNICATIONS SYS INC	470	2,388	2,437
	CBS CORP NEW CL B	408	7,278	11,085
	CF INDS HLDGS INC	21	3,094	3,054
	CMS ENERGY CORP	408	7,214	9,000
	CA INC	163	3,742	3,294

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	CAPITAL ONE FINL CORP	74	3,800	3,146
	CARBO CERAMICS INC	12	415	1,485
	CARDINAL HEALTH INC	67	2,139	2,706
	CASEYS GENERAL STORES	53	2,357	2,724
	CELGENE CORP	108	6,497	7,324
	CENTERPOINT ENERGY INC	452	8,691	9,087
	CHEVRON CORPORATION	152	12,848	16,194
	CHILDRENS PLACE RETAIL STS INC	55	2,686	2,946
	CHUBB CORP	98	6,682	6,815
	CISCO SYS INC	585	10,437	10,580
	CITIGROUP INC	115	5,098	3,032
	COACH INC	96	4,088	5,879
	COINSTAR INC	74	3,550	3,375
	CONOCOPHILLIPS	178	13,304	13,002
	CONSOLIDATED EDISON INC	61	3,465	3,787
	CUMMINS INC	63	4,116	5,525
	DST SYSTEMS INC	58	2,691	2,642
	DTE ENERGY CO	58	2,358	3,137
	DEAN FOODS CO	328	3,119	3,679
	DELTA AIR LINES INC DEL	348	3,356	2,814
	DENBURY RESOURCES INC COM NEW	193	3,229	2,922
	DEVON ENERGY CORPORATON	57	4,161	3,545
	DISCOVER FINL SVCS	257	6,695	6,171
	DIRECTV CL A	157	7,792	6,729
	DR PEPPER SNAPPLE GROUP	220	6,070	8,674
	EAST WEST BANCORP INC	150	2,639	2,955
	EATON CORP	40	2,200	1,759
	EXXON MOBIL CORPORATION	223	11,487	18,914
	FACTSET RESEARCH SYSTEMS INC	35	2,368	3,040
	FIFTH THIRD BANCORP COM	249	2,609	3,167
	FOOT LOCKER INC	317	6,409	7,554
	FOSSIL INC	28	3,096	2,252
	GENERAL CABLE CORP	67	2,894	1,677
	GENERAL ELECTRIC	522	10,022	9,356
	GILEAD SCIENCES INC	180	7,708	7,356

Boge North America Hourly Plan
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Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	GOODYEAR TIRE & RUBBER CO	121	1,750	1,718
	GOOGLE INC CL A	22	12,296	14,441
	HANSEN NAT CORP	32	1,637	2,932
	HECLA MINING CO	275	2,754	1,437
	HELMERICH & PAYNE INC	140	8,123	8,155
	HERSHEY CO COMMON STOCK	122	6,621	7,544
	HEWLETTT PACKARD CO	205	5,463	5,272
	HOME DEPOT INC	237	7,805	9,959
	HONEYWELL INTERNATIONAL INC	138	6,072	7,478
	HUMANA INC	46	2,098	3,993
	HUNT JB TRANS SVCS INC	94	3,279	4,244
	HUNTSMAN CORP	193	2,145	1,926
	IAC/INTERACTIVECORP	80	1,791	3,425
	INGRAM MICRO INC CL A	136	2,658	2,479
	INTEL CORP	400	8,324	9,707
	IBM CORP	80	8,567	14,705
	INTERNATIONAL PAPER CO	124	3,562	3,665
	INTERPUBLIC GROUP COS INC	285	2,649	2,769
	JPMORGAN CHASE & CO	189	7,890	6,290
	JOHNSON & JOHNSON	138	8,955	9,023
	KBR INC	272	8,496	7,573
	KEYCORP	810	5,848	6,226
	KOHL'S CORP	114	5,691	5,644
	KRAFT FOODS INC CL A	163	5,709	6,104
	LKQ CORP	91	2,568	2,742
	LEAR CORP	53	2,725	2,105
	LIMITED BRANDS	210	7,084	8,483
	LINEAR TECHNOLOGY CORP	99	2,714	2,970
	M&T BANK CORP	135	11,220	10,306
	MACYS INC	284	6,327	9,145
	MANHATTAN ASSOCS INC	68	1,716	2,750
	MARATHON OIL CORP	230	5,077	6,733
	MARATHON PETE CORP	66	1,647	2,190
	MARKETAXESS HOLDINGS INC	110	3,025	3,301
	MASTERCARD INC	20	6,944	7,374

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	MATTEL INC	46	1,238	1,265
	MCDONALDS CORP	49	3,450	4,874
	MCKESSON CORP	81	6,441	6,298
	MICROSOFT CORP	567	16,090	14,722
	MONEYGRAM INTL INC	90	2,618	1,603
	NVR INC	7	5,353	5,014
	NASDAQ STOCK MARKET INC	107	2,801	2,613
	NATIONAL OILWELL VARCO INC	52	3,522	3,508
	NIKE INC CL B	79	7,507	7,582
	NOBLE ENERGY INC	41	3,348	3,855
	ORACLE CORPORATION	195	6,297	5,007
	OWENS CORNING NEW	92	2,248	2,630
	PPG INDUSTRIALS INDS INC	118	8,103	9,836
	PARKER HANNIFIN CORP	122	9,712	9,311
	PATTERSON UTI ENERGY INC	101	1,724	2,010
	PFIZER INC	393	7,998	8,513
	PHILIP MORIS INTL INC	164	11,253	12,856
	PLAINS EXPLORATION & PRODUCT	95	2,710	3,489
	POLYONE CORPORATION	207	2,377	2,394
	PROASSURANCE CORPORATION	49	3,388	3,878
	PROCTER & GAMBLE CO	46	2,973	3,069
	PUBLIC SVC ENTERPRISE GROUP INC	181	5,766	5,989
	QUESTCOR PHARMACEUTICALS INC	77	673	3,218
	ROCKWOOD HLDGS INC	63	3,256	2,488
	ROSS STORES INC	90	1,725	4,291
	RYDER SYSTEMS INC	54	2,130	2,856
	SPX CORP	51	3,101	3,058
	SARA LEE CORPORATION	184	3,255	3,490
	STONE ENERGY CORP	108	1,642	2,858
	SYMANTEC CORP	461	8,353	7,220
	TECO ENERGY	478	8,922	9,151
	TECH DATA CORP	69	2,945	3,420
	TETRA TECHNOLOGIES INC DEL	311	2,838	2,907
	TIMKEN CO	62	1,545	2,413
	TRAVELERS COS INC	108	6,059	6,411

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c) <u>Identity of Issue and Description of Investment</u>	(d) <u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	TRUE RELIGION APPAREL INC	92	2,751	3,197
	TYCO INTERNATIONAL LTD	147	6,269	6,848
	UNITED TECHNOLOGIES CORP	117	9,184	8,579
	UNITED THERAPEUTICS CORP DEL	76	3,297	3,596
	UNITEDHEALTH GROUP INC	161	5,934	8,171
	VALUECLICK INC	168	2,706	2,739
	VERISIGN INC	279	9,500	9,983
	VERIZON COMMUNICATIONS	139	5,137	5,572
	WATERS CORP	94	5,883	6,972
	WATSON PHARMACEUTICALS INC	105	4,698	6,330
	WELLCARE HEALTH PLANS INC	60	2,988	3,160
	WESTERN DIGITAL CORP	94	2,994	2,901
	WYNDHAM WORLDWIDE CORP COM	81	2,749	3,058
	BUNGE LIMITED	52	3,168	2,951
	ZEBRA TECHNOLOGIES CORP CL A	76	2,673	2,708
	TOTAL COMMON STOCK		<u>719,599</u>	<u>801,844</u>
	 ALEXANDRIA REAL ESTATE EQTY INC	 46	 3,427	 3,202
	LASALLE HOTEL PROPERTIES	90	2,084	2,186
	MID-AMER APARTMENT CMNTYS INC	46	2,433	2,878
	NATIONAL RETAIL PPTYS INC	79	1,994	2,076
	REALTY INCOME CORP REIT	75	2,643	2,630
	SIMON PROPERTY GROUP INC	61	7,102	7,872
	TOTAL MUTUAL FUNDS		<u>19,683</u>	<u>20,844</u>
	 GRAND TOTAL		 <u>\$ 1,554,798</u>	 <u>\$ 1,696,075</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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information

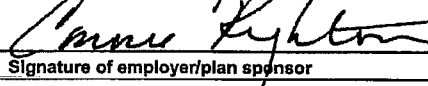
For the calendar plan year 2011 or fiscal plan year beginning		01/01/2011	and ending	12/31/2011
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or		
	☒ a single-employer plan;	☐ a DFE (specify)		
B This return/report is:	☐ the first return/report;	☐ the final return/report;		
	☐ 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 1c Effective date of plan 06/01/1997
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) Z F Group N.A. Operations 15811 Centennial Drive US Northville MI 48167	2b Employer Identification Number (EIN) 61-1462969 2c Sponsor's telephone number (734) 207-2843 2d Business code (see instructions) 339900

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

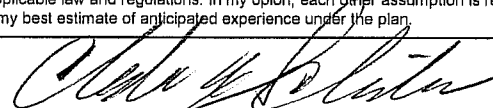
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true,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

SIGN HERE		9/10/12	Connie Rightmer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/10/12	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 (2011)
v.012611

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	157
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	21
c Other retired or separated participants entitled to future benefits	6c	134
d Subtotal. Add lines 6a , 6b , and 6c	6d	155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	157
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 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 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
▶ 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>2011</u>		
2 Assets:		
a Market value	2a	<u>1,583,600</u>
b Actuarial value	2b	<u>1,583,600</u>
3 Funding target/participant count breakdown		
		(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	<u>19</u> <u>414,406</u>
b For terminated vested participants	3b	<u>138</u> <u>1,523,623</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>157</u> <u>1,938,029</u>
4 If the plan is in at-risk status, 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 status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	<u>6.28</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>03/08/2012</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>US 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) 2011 v.012611		

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,378
8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	5,378
10 Interest on line 9 using prior year's actual return of <u>8.71</u> %	0	468
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		20,695
b Interest on (a) using prior year's effective rate of <u>6.73</u> % except as otherwise provided (see instructions)		1,393
c Total available at beginning of current plan year to add to prefunding balance..		22,088
d Portion of (c) to be added to prefunding balance		22,088
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	27,934

14	Funding target attainment percentage	14	80.27 %
15	Adjusted funding target attainment percentage	15	80.27 %
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	88.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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	
05/06/2011	18,000					
06/30/2011	18,000					
09/29/2011	18,000					
12/23/2011	16,000					
			Totals ►	18(b)	70,000	18(c)

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	67,205

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:

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.37 %	2nd segment: 6.04 %	3rd segment: 6.49 %	☐ 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 (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	382,363	70,449	
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 (lines 31a - 31b + 32a + 32b - 33)	34	70,449	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected to use to offset funding requirement		27,934	27,934
36 Additional cash requirement (line 34 minus line 35)	36	42,515	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	67,205	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	24,690	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	24,690	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contribution for all years	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

BOGE N.A. HOURLY PENSION PLAN**SUMMARY OF PLAN PROVISIONS**

Plan Administrator: Z. F Group NAO / 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: 1/1/2011 to 12/31/2011

Valuation Date: 1/1/2011

	<u>For Funding</u>		<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
	<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1	3.37% 3.37%	Seg 1	2.21% Pre-Retirement 6.00%
	Seg 2	6.04% 6.04%	Seg 2	4.61% Post-Retirement 6.00%
	Seg 3	6.49% 6.49%	Seg 3	5.46%
Pre-Retirement				
Turnover	None		None	None
Mortality	Male-modified RP2000 combined healthy male projected 26 & 18 yrs Female-modified RP2000 combined healthy female projected 26 & 18 yrs		2011 Applicable Mortality Table from Rev Rul 2006-67	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 26 & 18 yrs Female-modified RP2000 combined healthy female projected 26 & 18 yrs		2011 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			6.28%	

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: 61-1369828 PN:002

Attachment to 2011 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, 2011

<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	5	\$42,246	\$197,899
01/01/2010	7-year	6	\$(16,315)	\$(88,595)
01/01/2011	7-year	7	<u>\$44,518</u>	<u>\$273,059</u>
Total			\$70,449	\$382,363

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	Cash	14	\$ 14	14
*	COMERICA SHORT TERM FUND	202,931	<u>202,931</u>	<u>202,931</u>
	TOTAL CASH AND CASH EQUIVALENTS		<u>202,945</u>	<u>202,945</u>
	CATERPILLAR FINL SVCS CORP 4.25% 2013	21,498	21,372	22,354
	YALE UNIV MEDIUM TERM NTS BOOK E 2.9% 2014	21,498	22,259	22,761
	FEDERAL NATL MTG ASSN POOL 6% 2035	12,858	12,910	14,220
	COLGATE PALMOLIVE CO MEDIUM 3.15% 2015	21,498	23,238	23,052
	GENERAL ELECTRIC 5.25% 2017	32,246	32,273	37,011
	ARCHER DANIELS MIDLAND CO 6.45% 2038	42,995	44,012	58,271
	ORACLE CORPORATION 6.5% 2038	32,246	<u>33,734</u>	<u>43,574</u>
	TOTAL CORP OBLIGATIONS		<u>189,798</u>	<u>221,243</u>
	UNITED STATES TREAS NTS INFLATIONARY NOTE 1.375% 2018	21,498	25,702	25,614
	CYPRESS-FAIRBANKS TEX INDPT TAXABLE			
	SCHOOLHOUSE SER B 6.629% 2019	32,246	32,930	35,689
	HILLSBOROUGH CNTY FL PORT 6.5% 2012	21,498	24,002	21,987
	HUDSON CNTY NJ IMPT AUTH 4.75 2015	8,599	8,551	8,769
	MAINE FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019	21,498	21,498	23,856
	UNIVERSITY KY GEN RCPTS BULD AMERICA BONDS 5.35% 2029	21,498	21,231	23,615
	UNION CNTY N J IMPT AUTH REV REF-TAXABLE-CNTY			
	GTD-OAKWOOD 6.4% 2020	21,498	21,962	23,562
	MISSISSIPPI ST 5.445% 2035	21,498	22,712	25,147
	OLYMPIA WASH 6.743% 2019	21,498	21,498	23,744
	BEXAR CNTY TEX HOSP DIST TAXABLE -CTFS OBLIG-B BUILD			
	AMERICA BONDS 5.413% 2020	10,749	10,749	11,220
	UTAH ST BUILD AMERICA BONDS 5.05% 2020	21,498	21,498	21,962
	MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018	19,348	16,754	19,633
	MASON CNTY WASH PUB UTIL DIST NO BUILD AMERICA			
	BONDS TAXABLE-SER B 6.347% 2020	32,246	32,246	34,119
	NORTH TEX TWY AUTH REV TAXABLE-SER B BUILD AMER			
	BDS-6.718% 2049	21,498	22,554	25,923
	OKLAHOMA CAP IMP AUTH ST HWY CAP BUILD AMERICA			
	BONDS SER A 4.392% 2020	21,498	21,498	22,519
	PHILADELPHIA PA SCH DIST 4.47% 2012	21,498	20,890	21,826

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c) <u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	GRANT CNTY WA PUB UTIL DIST REF-TAXABLE- SER Z 5.17% 2015	10,749	11,722	11,805
	FLORIDA ST BULD AMERICA BONDS TAXABLE-B 5.991% 2019	10,749	10,749	12,008
	IDAHO HSG & FIN ASSN SINGLE FAMI SER F-1 CL III 5.125% 2016	32,246	32,817	32,420
	WORCESTER MA PENSION FDG LN 6.25% 2028	21,498	21,210	23,781
	TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS		<u>422,773</u>	<u>449,199</u>
	AGCO CORP	58	2,483	2,493
	ACCENTURE PLC CL A	80	4,509	4,279
	AT&T INC	102	2,729	3,080
	ACTIVISION BLIZZARD INC	778	8,864	9,587
	AIRGAS INC	43	2,820	3,390
	ALASKA AIR GROUP INC	93	5,688	6,973
	ALCOA INC	164	2,197	1,421
	ALLIED WORLD ASSURANCE CO	60	3,434	3,788
	ALPHA NAT RES INC	64	3,704	1,318
	AMDOCS LTD	119	3,519	3,386
	AMERICAN FINL GROUP INC OH	248	7,577	9,152
	AMERISOURCEBERGEN CORP	86	1,657	3,214
	AMERIPRISE FINL INC	194	7,263	9,626
	APPLE INC	61	13,139	24,901
	ATMEL CORP	266	2,803	2,152
	ATMOS ENERGY CORP	249	7,328	8,317
	AUTOZONE INC	11	1,882	3,493
	AVAGO TECHNOLOGIES LTD	107	3,792	3,090
	BEACON ROOFING SUPPLY INC	124	2,688	2,514
	BIOGEN IDEC INC	33	2,977	3,643
	BRINKER INTL INC	114	2,561	3,037
	BRISTOL MYERS SQUIBB CO	241	6,671	8,500
	BROCADE COMMUNICATIONS SYS INC	470	2,388	2,437
	CBS CORP NEW CL B	408	7,278	11,085
	CF INDS HLDGS INC	21	3,094	3,054
	CMS ENERGY CORP	408	7,214	9,000
	CA INC	163	3,742	3,294

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	CAPITAL ONE FINL CORP	74	3,800	3,146
	CARBO CERAMICS INC	12	415	1,485
	CARDINAL HEALTH INC	67	2,139	2,706
	CASEYS GENERAL STORES	53	2,357	2,724
	CELGENE CORP	108	6,497	7,324
	CENTERPOINT ENERGY INC	452	8,691	9,087
	CHEVRON CORPORATION	152	12,848	16,194
	CHILDRENS PLACE RETAIL STS INC	55	2,686	2,946
	CHUBB CORP	98	6,682	6,815
	CISCO SYS INC	585	10,437	10,580
	CITIGROUP INC	115	5,098	3,032
	COACH INC	96	4,088	5,879
	COINSTAR INC	74	3,550	3,375
	CONOCOPHILLIPS	178	13,304	13,002
	CONSOLIDATED EDISON INC	61	3,465	3,787
	CUMMINS INC	63	4,116	5,525
	DST SYSTEMS INC	58	2,691	2,642
	DTE ENERGY CO	58	2,358	3,137
	DEAN FOODS CO	328	3,119	3,679
	DELTA AIR LINES INC DEL	348	3,356	2,814
	DENBURY RESOURCES INC COM NEW	193	3,229	2,922
	DEVON ENERGY CORPORATON	57	4,161	3,545
	DISCOVER FINL SVCS	257	6,695	6,171
	DIRECTV CL A	157	7,792	6,729
	DR PEPPER SNAPPLE GROUP	220	6,070	8,674
	EAST WEST BANCORP INC	150	2,639	2,955
	EATON CORP	40	2,200	1,759
	EXXON MOBIL CORPORATION	223	11,487	18,914
	FACTSET RESEARCH SYSTEMS INC	35	2,368	3,040
	FIFTH THIRD BANCORP COM	249	2,609	3,167
	FOOT LOCKER INC	317	6,409	7,554
	FOSSIL INC	28	3,096	2,252
	GENERAL CABLE CORP	67	2,894	1,677
	GENERAL ELECTRIC	522	10,022	9,356
	GILEAD SCIENCES INC	180	7,708	7,356

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	GOODYEAR TIRE & RUBBER CO	121	1,750	1,718
	GOOGLE INC CL A	22	12,296	14,441
	HANSEN NAT CORP	32	1,637	2,932
	HECLA MINING CO	275	2,754	1,437
	HELMERICH & PAYNE INC	140	8,123	8,155
	HERSHEY CO COMMON STOCK	122	6,621	7,544
	HEWLETTT PACKARD CO	205	5,463	5,272
	HOME DEPOT INC	237	7,805	9,959
	HONEYWELL INTERNATIONAL INC	138	6,072	7,478
	HUMANA INC	46	2,098	3,993
	HUNT JB TRANS SVCS INC	94	3,279	4,244
	HUNTSMAN CORP	193	2,145	1,926
	IAC/INTERACTIVECORP	80	1,791	3,425
	INGRAM MICRO INC CL A	136	2,658	2,479
	INTEL CORP	400	8,324	9,707
	IBM CORP	80	8,567	14,705
	INTERNATIONAL PAPER CO	124	3,562	3,665
	INTERPUBLIC GROUP COS INC	285	2,649	2,769
	JPMORGAN CHASE & CO	189	7,890	6,290
	JOHNSON & JOHNSON	138	8,955	9,023
	KBR INC	272	8,496	7,573
	KEYCORP	810	5,848	6,226
	KOHL'S CORP	114	5,691	5,644
	KRAFT FOODS INC CL A	163	5,709	6,104
	LKQ CORP	91	2,568	2,742
	LEAR CORP	53	2,725	2,105
	LIMITED BRANDS	210	7,084	8,483
	LINEAR TECHNOLOGY CORP	99	2,714	2,970
	M&T BANK CORP	135	11,220	10,306
	MACYS INC	284	6,327	9,145
	MANHATTAN ASSOCS INC	68	1,716	2,750
	MARATHON OIL CORP	230	5,077	6,733
	MARATHON PETE CORP	66	1,647	2,190
	MARKETAXESS HOLDINGS INC	110	3,025	3,301
	MASTERCARD INC	20	6,944	7,374

Boge North America Hourly Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	MATTEL INC	46	1,238	1,265
	MCDONALDS CORP	49	3,450	4,874
	MCKESSON CORP	81	6,441	6,298
	MICROSOFT CORP	567	16,090	14,722
	MONEYGRAM INTL INC	90	2,618	1,603
	NVR INC	7	5,353	5,014
	NASDAQ STOCK MARKET INC	107	2,801	2,613
	NATIONAL OILWELL VARCO INC	52	3,522	3,508
	NIKE INC CL B	79	7,507	7,582
	NOBLE ENERGY INC	41	3,348	3,855
	ORACLE CORPORATION	195	6,297	5,007
	OWENS CORNING NEW	92	2,248	2,630
	PPG INDUSTRIALS INDS INC	118	8,103	9,836
	PARKER HANNIFIN CORP	122	9,712	9,311
	PATTERSON UTI ENERGY INC	101	1,724	2,010
	PFIZER INC	393	7,998	8,513
	PHILIP MORIS INTL INC	164	11,253	12,856
	PLAINS EXPLORATION & PRODUCT	95	2,710	3,489
	POLYONE CORPORATION	207	2,377	2,394
	PROASSURANCE CORPORATION	49	3,388	3,878
	PROCTER & GAMBLE CO	46	2,973	3,069
	PUBLIC SVC ENTERPRISE GROUP INC	181	5,766	5,989
	QUESTCOR PHARMACEUTICALS INC	77	673	3,218
	ROCKWOOD HLDGS INC	63	3,256	2,488
	ROSS STORES INC	90	1,725	4,291
	RYDER SYSTEMS INC	54	2,130	2,856
	SPX CORP	51	3,101	3,058
	SARA LEE CORPORATION	184	3,255	3,490
	STONE ENERGY CORP	108	1,642	2,858
	SYMANTEC CORP	461	8,353	7,220
	TECO ENERGY	478	8,922	9,151
	TECH DATA CORP	69	2,945	3,420
	TETRA TECHNOLOGIES INC DEL	311	2,838	2,907
	TIMKEN CO	62	1,545	2,413
	TRAVELERS COS INC	108	6,059	6,411

Boge North America Hourly Plan
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Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b),(c) <u>Identity of Issue and Description of Investment</u>	(d) <u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	TRUE RELIGION APPAREL INC	92	2,751	3,197
	TYCO INTERNATIONAL LTD	147	6,269	6,848
	UNITED TECHNOLOGIES CORP	117	9,184	8,579
	UNITED THERAPEUTICS CORP DEL	76	3,297	3,596
	UNITEDHEALTH GROUP INC	161	5,934	8,171
	VALUECLICK INC	168	2,706	2,739
	VERISIGN INC	279	9,500	9,983
	VERIZON COMMUNICATIONS	139	5,137	5,572
	WATERS CORP	94	5,883	6,972
	WATSON PHARMACEUTICALS INC	105	4,698	6,330
	WELLCARE HEALTH PLANS INC	60	2,988	3,160
	WESTERN DIGITAL CORP	94	2,994	2,901
	WYNDHAM WORLDWIDE CORP COM	81	2,749	3,058
	BUNGE LIMITED	52	3,168	2,951
	ZEBRA TECHNOLOGIES CORP CL A	76	2,673	2,708
	TOTAL COMMON STOCK		<u>719,599</u>	<u>801,844</u>
	 ALEXANDRIA REAL ESTATE EQTY INC	 46	 3,427	 3,202
	LASALLE HOTEL PROPERTIES	90	2,084	2,186
	MID-AMER APARTMENT CMNTYS INC	46	2,433	2,878
	NATIONAL RETAIL PPTYS INC	79	1,994	2,076
	REALTY INCOME CORP REIT	75	2,643	2,630
	SIMON PROPERTY GROUP INC	61	7,102	7,872
	TOTAL MUTUAL FUNDS		<u>19,683</u>	<u>20,844</u>
	 GRAND TOTAL		 <u>\$ 1,554,798</u>	 <u>\$ 1,696,075</u>

* Denotes party-in-interest to the Plan.