

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>06/01/1997</u>			
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1c Effective date of plan <u>06/01/1997</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>Z F NORTH AMERICA, INC.</u> <u>15811 CENTENNIAL DRIVE</u> <u>NORTHVILLE, MI 48167</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>61-1462969</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>734-207-2843</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-1462969</u>		2c Sponsor's telephone number <u>734-207-2843</u>		2d Business code (see instructions) <u>339900</u>	
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<u>CONNIE RIGHTMER- ZF NTH AMER.,INC</u> <u>15811 CENTENNIAL DR</u> <u>NORTHVILLE, MI 48167</u>							

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/10/2013</u> Date	<u>CONNIE RIGHTMER</u> Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	<u>10/10/2013</u> Date	<u>CONNIE RIGHTMER</u> Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>SCHNEIDER MALE & STRAKOWSKI CO,EA</u> <u>4520 COOPER RD STE 203</u> <u>CINCINNATI, OH 45242</u>			Preparer's telephone number (optional) <u>513-984-6100</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																											
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 Z F GROUP NAO, INC.		4b EIN 61-1462969 4c PN 002																											
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%; text-align: right;">157</td> </tr> </table>	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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a</td> <td style="width: 90%; text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">34</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">156</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">190</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">6</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">196</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table>			6a	0	6b	34	6c	156	6d	190	6e	6	6f	196	6g		6h	0									
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																										
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1G 1I 3D																													
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9a Plan funding arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>	(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) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>		(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)																													
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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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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. PENSION 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 NORTH AMERICA, INC.</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>2012</u>
2	Assets:
a	Market value 2a <u>3968457</u>
b	Actuarial value 2b <u>3968457</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>35</u> <u>1632200</u>
b	For terminated vested participants..... 3b <u>159</u> <u>2386625</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> <u>0</u>
d	Total 3d <u>194</u> <u>4018825</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>7.13</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>07/22/2013</u> Date
<u>CHARLES SCHNEIDER</u> Signature of actuary	<u>11-02627</u> Most recent enrollment number
<u>SCHNEIDER MALE & STRAKOWSKI</u> Type or print name of actuary	<u>513-984-6100</u> Telephone number (including area code)
<u>4520 COOPER RD STE 203</u> <u>CINCINNATI, OH 45242</u> Firm name	
<u>Address of the firm</u>	

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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	27934
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	27934
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.71</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		24690
	b Interest on (a) using prior year's effective interest rate of <u>6.28</u> % except as otherwise provided (see instructions)		1410
	c Total available at beginning of current plan year to add to prefunding balance		26100
	d Portion of (c) to be added to prefunding balance		26100
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	26100

Part III Funding Percentages			
14	Funding target attainment percentage	14	98.09 %
15	Adjusted funding target attainment percentage	15	98.09 %
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	80.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/23/2012	18700	0			
08/09/2012	40000	0			
09/24/2012	40000	0			
12/11/2012	63000	0			
Totals ►			18(b)	161700	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required 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	154135
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ 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 subject to 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 line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	195408	56489	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	56489	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	26100	26100
36 Additional cash requirement (line 34 minus line 35)	36	30389	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	154135	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	123746	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	26100	
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 an election was made to use PRA 2010 funding relief for this plan:			
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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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C Plan sponsor's name as shown on line 2a of Form 5500 <u>Z F NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>61-1462969</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

COMERICA TRUST CO. 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	39245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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			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).

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			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan BOGE N.A. PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 Z F NORTH AMERICA, INC.	D Employer Identification Number (EIN) 61-1462969	

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)	10161	23009
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	202945	529568
	(2) U.S. Government securities.....	1c(2)	25614	1156406
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	644828	503461
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	801844	2056475
	(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)	20844	81985
	(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	1706236	4350904

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		5845
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	5845

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1706236	4345059
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	161700	
(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)		161700
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	614	
(B) U.S. Government securities	2b(1)(B)	1231	
(C) Corporate debt instruments	2b(1)(C)	55588	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		57433
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	36725	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3166	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		39891
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4198174	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4102217	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		95957
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	46878	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		46878

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		401859

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	124716	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		124716
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	39245	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39245
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		163961

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		237898
l Transfers of assets:			
(1) To this plan.....	2l(1)		2400925
(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>BOGE N.A. PENSION 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 NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>61-1462969</u>

Part I	Distributions
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Boge N.A. Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Boge N.A. Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these 2012 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2012 financial statements.

Basis for Disclaimer of Opinion on the 2012 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Comerica Bank, the trustee of the Plan, except for comparing such information with the related information included in the 2012 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2012 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2012 Financial Statements paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2012 financial statements. Accordingly, we do not express an opinion on the 2012 financial statements.

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f. 513.241.1212

Other Matters – Report on Supplementary Information and Report on 2011 Financial Statements

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2012 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2012 financial statements paragraph, we do not express an opinion on these supplemental schedules.

We have audited the accompanying financial statements of Boge N.A. Pension Plan, which comprise of the statement of the net assets available for benefits as of December 31, 2011 and the statement of changes in net assets available for benefits for the year ended December 31, 2011, and in our report dated August 13, 2012, we expressed our opinion that such financial statements presents fairly, in all material respects, net assets available for benefits of the Plan as of December 31, 2011, and the changes in net assets available for benefits for the year ended December 31, 2011, in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content included in the 2012 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
September 17, 2013

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 <div style="font-size: 24pt; font-weight: bold;">2012</div> This Form Is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information		
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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; ☐ special extension (enter description) _____	☐ automatic extension; ☐ the DFVC program;

Part II Basic Plan Information --- enter all requested information		
1a Name of plan BOGE N.A. Pension Plan	1b Three-digit plan number (PN) ►	002
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Z F North America, Inc. 15811 Centennial Drive US Northville MI 48167		1c Effective date of plan 06/01/1997 2b Employer Identification Number (EIN) 61-1462969 2c Sponsor's telephone number (734) 207-2843 2d Business code (see instructions) 339900

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

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

SIGN HERE		<u>10/1/13</u>	Connie Rightmer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/1/13</u>	Same
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Schneider Male & Strakowski Co, EA 4520 Cooper Rd Ste 203 US Cincinnati OH 45242			Preparer's telephone number (optional) (513) 984-6100

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

Form 5500 (2012)
v.120126

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
---	--

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 Z F Group NAO, Inc.	4b EIN 61-1462969 4c PN 002
---	--

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	34
c Other retired or separated participants entitled to future benefits	6c	156
d Subtotal. Add lines 6a, 6b, and 6c	6d	190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	6
f Total. Add lines 6d and 6e	6f	196
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

1G 1I 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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)
---	---

Sponsor Location Information

Sponsor name: Z F North America, Inc.

Sponsor DBA name:

Sponsor care of name:

Connie Rightmer- ZF Nth Amer., Inc
15811 Centennial Dr
US Northville MI 48167

ZF Group NAO former BOGE Employees Merged Pension Plan

EIN: 61-1462969 PN 002 PYE: Dec. 31, 2012

Schedule 5500-SB attachment Item: 25 - Change in method

This Salaried Plan (PN002) was merged into the employer's hourly plan (PN002) effective April 30, 2012. And plan restated as named above.

The schedule 5500-SB plan charges for 2012 were adjusted to 1/3rd of the annual charge.

Form 5310 was filed with the IRS.

The 2012 plan valuation previously made was revised for MAP 21 funding targets.

The receiving plan valuation for 2012 included liabilities for the combined merged plan (under MAP 21). The plan's full year charges were adjusted (credited) with the contributions made towards the plan (adjusted to 1-1-2012 as per PN002 schedule SB) for the 1/3rd charges made to Salaried (merging) plan. The target liability amortization schedules for 2012 was determined on the combined plan – including the four prior years on a combined basis.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ Round off amounts to nearest dollar.

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

A Name of plan

BOGE N.A. Pension Plan

B Three-digit

plan number (PN) ▶

002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Z F North America, Inc.

D Employer Identification Number (EIN)

61-1462969

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2012**2** Assets:

	2a	2b
a Market value	3,968,457	
b Actuarial value		3,968,457

3 Funding target/participant count breakdown

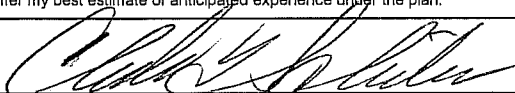
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	35	1,632,200
b For terminated vested participants	159	2,386,625
c For active participants:		
(1) Non-vested benefits		0
(2) Vested benefits		0
(3) Total active	0	0
d Total	194	4,018,825

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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		

5 Effective interest rate **5** 7.13 %**6** Target normal cost **6** 0**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

Charles Schneider

Type or print name of actuary

Schneider Male & Strakowski

Firm name

4520 Cooper Rd Ste 203

US Cincinnati

OH 45242

Address of the firm

07/22/2013

Date

11-02627

Most recent enrollment number

(513) 984-6100

Telephone number (including area code)

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) 2012
v.120126

Part V Assumptions Used To Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	☐ 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 subject to 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 and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	195,408	56,489	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	56,489	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	26,100	26,100
36 Additional cash requirement (line 34 minus line 35)	36	30,389	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	154,135	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	123,746	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	26,100	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contribution for all years	40		

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
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 NA Pension Plan**SUMMARY OF PLAN PROVISIONS**

Plan Administrator: Z F North America, Inc. - 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.: 23-1894884 **Plan No.:** 002
Former EIN: 61-1462969
Plant Shutdown: (2009) Paris ,ll. entire plant closed in 2009. **No active employees.**
Merged plan April 30, 2012: Frozen BOGE Salaried Plan merged into this plan in 2012.

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.

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

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

4/6/ YR to 4/5/Yr	Pen/Mon	4/6/ YR to 4/5/Yr	4/6/ YR to 4/5/Yr
1996	1997	\$13.25	2000 2001 \$16.50 2005 2006 \$22.50
1997	1998	\$13.50	2001 2002 \$18.00 2006 2007 \$23.00
1998	1999	\$13.75	2002 2003 \$20.00 2007 "Dec 07 \$23.50
1999	2000	\$15.00	2003 2004 \$21.00 Benefits frozen at 12/31/2007.
			2004 2005 \$22.00

Years before April 6, 1996 are excluded. & covered by prior plan.

Merged Salary & pre-96 Hourly Plan Hourly Service (Pre-1996) Frozen: Acrd. Ben As per records.
 Salaried Service Frozen Dec. 2003. Acrd. Ben as per records

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

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

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

Early Retirement Benefit: Elig after age 55 + 10 Years of Service.
 Hourly pension is reduced by 1/2% (0.005) per month
 Merged Pre-96 Salaried Plan reduced by 0.5% 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 interest at 6.0% Hrly and 6.5% Salaried.

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

**Z F Group NAO former BOGE Employees
MERGED PENSION PLAN**

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2012 to 12/31/2012

Valuation Date: 1/1/2012

		<u>For Funding</u>			<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
		<u>Min</u>	<u>Max</u>			
Interest Rates	Seg 1	5.54%	2.01%		Seg 1 1.98%	Pre-Retirement 6.00%
	Seg 2	6.85%	5.16%		Seg 2 4.49%	Post-Retirement 6.00%
	Seg 3	7.52%	6.28%		Seg 3 5.80%	
Pre-Retirement						
Turnover	None				None	None
Mortality	Male-modified RP2000 combined healthy male projected 27 & 19 yrs Female-modified RP2000 combined healthy female projected 27 & 19 yrs				None	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 27 & 19 yrs Female-modified RP2000 combined healthy female projected 27 & 19 yrs				2012 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					7.13%	

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. – Salaried Plan
EIN: 61-1462969 PN:003

Attachment to 2012 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.

**Z F Group NAO former BOGE Employees
MERGED PENSION PLAN**

Shortfall Amortization
Plan Year: 1/1/2012 to 12/31/2012
Valuation Date: 1/1/2012

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2008	7-year	3	\$9,129	\$25,975
01/01/2009	7-year	4	\$119,275	\$440,831
01/01/2010	7-year	5	\$(66,263)	\$(298,311)
01/01/2011	7-year	6	\$97,817	\$510,597
01/01/2012	7-year	7	<u>\$(82,602)</u>	<u>\$(483,684)</u>
Total			\$77,356	\$195,408

Adjustment – credits for contribution made to Merging Plan

For the short 4 Month plan year: Plan #003 EIN: 61-1462969.

Contribution 2012: \$22,300 5500-SB adjust to 1-1-2012 \$21,867

Net 2012 Charge for Yr to This plan: \$56,489

BOGE N.A. PENSION PLAN

FED ID #23-1894884 PLAN #002

Schedule H, line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2012

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase		(d) Selling Price	(g) Cost of Asset	(h) Current Value on		(i) Net Gain/(Loss)
		Price				Transaction	Date	
<u>Category (i) - Single Transaction in Excess of 5 percent of Net Assets:</u>								
Market	Massachusetts St Dev Fin Agy Rev 4% 10/01/35	\$	100,244	-	-	100,244		-

There were no reportable category (ii), (iii) or (iv) transactions for the year ended December 31, 2012.
 Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's regulations.

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(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		-	-
*	COMERICA SHORT TERM FUND	529,568	\$ 529,568	529,568
	TOTAL CASH AND CASH EQUIVALENTS		<u>529,568</u>	<u>529,568</u>
	CATERPILLAR FINL SVCS CORP 4.25% 2013	50,000	49,709	50,191
	YALE UNIV MEDIUM TERM NTS BOOK E 2.9% 2014	50,000	51,771	52,173
	FEDERAL NATL MTG ASSN POOL 6% 2035	19,775	19,855	21,788
	COLGATE PALMOLIVE CO MEDIUM 3.15% 2015	50,000	54,047	53,336
	GENERAL ELECTRIC 5.25% 2017	75,000	75,062	88,436
	ARCHER DANIELS MIDLAND CO 6.45% 2038	100,000	102,365	133,248
	ORACLE CORPORATION 6.5% 2038	75,000	78,461	104,289
	TOTAL CORP OBLIGATIONS		<u>431,270</u>	<u>503,461</u>
	UNITED STATES TREASUREY DTD 00340 .125% 2016	50,000	53,788	55,220
	UNITED STATES TREASUREY INFLATION NOTE 1.375% 2018	120,000	144,719	149,976
	GRANT CNTY WA PUB UTIL DIST REF-TAXABLE-SER Z 5.17% 2015	25,000	27,264	26,901
	HUDSON CNTY NJ IMPT AUTH 4.75 2015	15,000	14,917	15,160
	HARRIS CNTY TEX REF-TAXABLE-PERM IMPT-SER B .823% 2016	25,000	25,115	25,085
	HONOLULU HI CITY & CNTY TAXABLE-SER F 2.212% 2020	25,000	25,571	25,466
	OKLAHOMA CAP IMP AUTH ST HWY CAP BUILD AMERICA BONDS SER A 4.392% 2020	50,000	50,000	56,779
	FLORIDA ST BULD AMERICA BONDS TAXABLE-B 5.991% 2019	25,000	25,000	29,243
	WORCESTER MA PENSION FDG LN 6.25% 2028	50,000	49,332	56,950
	IDAHO HSG & FIN ASSN SINGLE FAMI SER F-1 CL III 5.125% 2016	70,000	71,239	71,664
	MAINE FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019	50,000	50,000	56,443
	UNIVERSITY KY GEN RCPTS BULD AMERICA BONDS 5.35% 2029	50,000	49,380	58,088
	UNION CNTY N J IMPT AUTH REV REF-TAXABLE-CNTY GTD-OAKWOOD 6.4% 2020	50,000	51,080	58,495
	MASSACHUSETTS ST DEV FIN AGY REV NORTHEASTERN UNIV ISSUE 4% 10/01/2035-2022	100,000	100,244	104,851
	CYPRESS-FAIRBANKS TEX INDPT TAXABLE	75,000	76,591	86,180
	OLYMPIA WASH 6.743% 2019	50,000	50,000	55,944

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	BEXAR CNTY TEX HOSP DIST TAXABLE -CTFS OBLIG-B BUILD			
	AMERICA BONDS 5.413% 2020	25,000	25,000	28,384
	MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018	45,000	38,967	47,253
	MASON CNTY WASH PUB UTIL DIST NO BUILD AMERICA			
	BONDS TAXABLE-SER B 6.347% 2020	75,000	75,000	80,871
	NORTH TEX TWY AUTH REV TAXABLE-SER B BUILD AMER			
	BDS-6.718% 2049	50,000	52,458	67,453
	TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS		<u>1,055,665</u>	<u>1,156,406</u>
	AT&T INC	1,109	36,759	37,384
	AKAMAI TECHNOLOGIES	496	14,216	20,291
	ALASKA AIR GROUP INC	432	13,230	18,615
	ALLIED NEV GOLD CORP	225	7,046	6,779
	ALLSTATE CORP	491	16,198	19,723
	AMERICAN EAGLE OUTFITTERS	300	5,589	6,153
	AMERICAN FINL GROUP INC OH	390	12,091	15,413
	AMERICAN GREETINGS CORP CL A	775	13,257	13,090
	AMERICAN INTL GROUP INC	557	19,903	19,662
	APACHE CORP	231	18,502	18,133
	APPLE INC	108	23,559	57,475
	APPLIED INDUSTRIAL TECH INC	300	11,991	12,603
	APTARGROUP INC	200	11,016	9,544
	APPROACH RES INC	275	6,826	6,878
	AVNET INC	500	18,068	15,305
	BIOGEN IDEC INC	77	6,924	11,270
	BOEING CO	283	20,949	21,327
	BRISTOL MYERS SQUIBB CO	651	15,516	18,283
	CMS ENERGY CORP	663	12,113	16,164
	CAL MAINE FOODS INC	75	2,730	3,016
	CAPITAL FED FINL INC	1,400	16,976	16,366
	CELGENE CORP	154	10,031	12,084
	CHEMTURA CORP	550	9,524	11,693
	CHEVRON CORPORATION	394	34,338	42,607
	CHUBB CORP	163	11,062	12,277

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	CISCO SYS INC	1,430	25,949	28,099
	CITIGROUP INC	742	29,243	29,354
	COMCAST CORP CL A	751	22,816	28,057
	COMVERSE INC	117	3,437	3,338
	COMVERSE TECHNOLOGY INC COM PAR	1,175	7,022	4,512
	CONAGRA FOODS INC	596	16,622	17,582
	CONOCOPHILLIPS	415	23,525	24,066
	CONSTELLATION BRANDS INC CL A	246	5,302	8,706
	CONVERGYS CORP	900	12,538	14,769
	CORNING INCORPORATED	1,393	17,357	17,580
	COVANTA HLDG CORP	859	14,725	15,823
	CYPRESS SEMICONDUCTOR CORP	600	6,373	6,504
	DECKERS OUTDOOR CORP	350	17,798	14,094
	DELTA AIR LINES INC DEL	652	7,562	7,739
	DENBURY RESOURCES INC COM NEW	450	7,510	7,290
	DEMAND MEDIA INC COM	425	3,884	3,948
	DISNEY WALT CO	212	8,924	10,555
	DIRECTV	366	18,122	18,359
	DOLE FOOD CO INC NEW	425	4,101	4,875
	DOMTAR CORP	102	7,307	8,519
	EMCOR GROUP INC	300	8,942	10,383
	EMULEX CORP NEW	1,700	12,966	12,410
	ENERGIZER HOLDINGS INC	94	7,482	7,518
	EXPRESS INC	1,175	20,532	17,731
	EZCORP INC CL A NON VTG	525	12,465	10,442
	EXXON MOBIL CORPORATION	759	48,230	65,691
	FLUOR CORP	149	7,697	8,752
	FLOWERVE CORP	56	7,928	8,221
	FOOT LOCKER INC	500	11,632	16,060
	FRANKLIN RES INC	135	17,106	16,969
	FREEPORT-MCMORAN COPPER & GOLD B	513	20,102	17,545
	GATX CORP	250	10,306	10,825
	GANNETT INC	579	10,329	10,428
	GENERAL ELECTRIC	421	8,687	8,837

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	GENERAL MOTORS	306	8,380	8,822
	GREENBRIER CORP	200	3,750	3,234
	HILLENBRAND INC	175	3,836	3,957
	HOME DEPOT INC	302	9,949	18,679
	HONEYWELL INTERNATIONAL INC	320	14,123	20,310
	HUNTSMAN CORP	575	9,423	9,142
	IAC/INTERACTIVECORP	359	12,937	16,960
	ICONIX BRAND GROUP INC	350	5,391	7,812
	INNOSPEC INC	200	6,057	6,898
	INTEL CORP	386	10,034	7,959
	IBM CORP	184	23,350	35,245
	JPMORGAN CHASE & CO	829	35,933	36,450
	JOHNSON & JOHNSON	211	14,067	14,791
	J2 GLOBAL INC	375	9,701	11,475
	KENNAMETAL INC	175	6,933	7,000
	KEYCORP	1,883	13,603	15,855
	KROGER CO	857	20,818	22,299
	KULICKE & SOFFA INDS INC	1,075	11,359	12,889
	LEAR CORP	182	7,246	8,525
	LIFE TECHNOLOGIES CORP	200	9,431	9,806
	MACYS INC	550	14,885	21,461
	MAGELLAN HEALTH SVCS INC	400	18,015	19,600
	MARATHON OIL CORP	681	16,283	20,879
	MARRIOTT INTL INC NEW CL A	307	11,003	11,442
	MATRIX SVC CO	675	9,457	7,762
	MCKESSON CORP	188	14,981	18,228
	MEDNAX INC	225	15,977	17,895
	MENS WAREHOUSE INC	375	12,514	11,685
	MERCK & CO INC NEW	691	26,506	28,290
	MICROSOFT CORP	1,561	44,652	41,694
	MICROSEMI CORP	675	13,781	14,202
	MIDSTATES PETE CO INC	675	5,043	4,651
	MYRIAD GENETICS INC	450	11,813	12,263
	NVR INC	17	12,450	15,640

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	NVIDIA CORP	1,167	15,926	14,307
	OLIN CORP COM PAR \$1	500	10,468	10,795
	ORACLE CORPORATION	1,009	30,391	33,620
	PHH CORP	325	6,614	7,394
	PVH CORP	125	11,364	13,876
	PERKINELMER INC	225	6,337	7,142
	PETROQUEST ENERGY INC	1,325	7,856	6,559
	PFIZER INC	1,580	33,850	39,625
	PHILIP MORRIS INTL INC	381	26,172	31,867
	PINNACLE WEST CAPITAL CORP	297	15,709	15,141
	PLAINS EXPLORATION & PRODUCT	355	14,118	16,664
	PRECISION CASTPARTS	60	9,756	11,365
	PREMIERE GLOBAL SERVICES INC	1,100	9,765	10,758
	QLOGIC CORP	1,850	28,234	18,001
	RAYTHEON COMPANY	307	17,368	17,671
	REGAL ENTERTAINMENT GROUP CL A	1,000	13,780	13,950
	RYDER SYSTEMS INC	125	6,331	6,241
	SCHNITZER STEEL INDS CL A	150	5,321	4,550
	SENSIENT TECHNOLOGIES CORP	250	9,379	8,890
	STONE ENERGY CORP	375	7,909	7,695
	SYNOPSYS INC	472	13,793	15,026
	TRW AUTOMOTIVE HOLDINGS CORP	164	7,807	8,792
	3M CO	246	21,764	22,841
	TRIMAS CORP	125	2,966	3,501
	TRIQUINT SEMICONDUCTOR INC	2,300	11,445	11,109
	UNION PACIFIC CORP	113	12,889	14,206
	UNITEDHEALTH GROUP INC	375	17,210	20,340
	URBAN OUTFITTERS INC	213	7,750	8,384
	VARIAN MEDICAL SYSTEMS INC	113	8,082	7,937
	VERIZON COMMUNICATIONS	186	6,932	8,048
	VISHAY INTERTECHNOLOGY	1,400	15,898	14,882
	WMS INDS INC	725	11,744	12,688
	WALGREEN CO	530	18,861	19,615
	WATSON PHARMACEUTICALS INC	105	7,853	9,030

Boge N.A. Pension Plan
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Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b),(c) <u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	WELLS FARGO & CO NEW	593	19,940	20,269
	WESTLAKE CHEMICAL CORP	125	7,887	9,913
	WHITING PETE CORP NEW	200	11,581	8,674
	WYNDHAM WORLDWIDE CORP COM	188	6,395	10,003
	ZIMMER HOLDINGS INC	262	14,414	17,465
	TOTAL DOMESTIC COMMON STOCK		<u>1,808,475</u>	<u>2,000,350</u>
	ASPEN INSURANCE HOLDINGS LTD	375	10,966	12,030
	ACCENTURE PLC CL A	296	19,137	19,684
	COVIDIEN PLC	304	16,371	17,553
	MONTPELIER RE HOLDINGS INC	300	6,262	6,858
	TOTAL FOREIGN STOCK		<u>52,736</u>	<u>56,125</u>
	ANWORTH MORTGAGE INVESTMENTS INC	1,075	7,276	6,213
	MFA MORTGAGE INVESTMENTS INC	1,900	14,207	15,409
	MID-AMER APARTMENT CMNTYS INC	332	20,801	21,497
	PLUM CREEK TIMBER CO INC	370	15,662	16,417
	SIMON PROPERTY GROUP INC	142	16,517	22,449
	TOTAL MUTUAL FUNDS		<u>74,463</u>	<u>81,985</u>
	GRAND TOTAL		<u>\$ 3,952,177</u>	<u>\$ 4,327,895</u>

* Denotes party-in-interest to the Plan.