

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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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> 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 48168</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> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>61-1462969</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>734-207-2843</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>339900</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>06/01/1997</u>		2b Employer Identification Number (EIN) <u>61-1462969</u>		2c Plan Sponsor's telephone number <u>734-207-2843</u>		2d Business code (see instructions) <u>339900</u>			
1b Three-digit plan number (PN) ▶	<u>002</u>												
1c Effective date of plan <u>06/01/1997</u>													
2b Employer Identification Number (EIN) <u>61-1462969</u>													
2c Plan Sponsor's telephone number <u>734-207-2843</u>													
2d Business code (see instructions) <u>339900</u>													

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	191
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	42
c Other retired or separated participants entitled to future benefits.....		6c	36
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	78
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	8
f Total. Add lines 6d and 6e		6f	86
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	
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: 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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
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 2014			
2	Assets:			
a	Market value	2a	4819261	
b	Actuarial value	2b	4819261	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	46	2185740	2185740
b	For terminated vested participants	145	2373311	2373311
c	For active participants	0	0	0
d	Total	191	4559051	4559051
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	6.58%	
6	Target normal cost	6	0	

Statement by Enrolled Actuary

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

SIGN HERE		04/13/2015
	Signature of actuary	Date
MARK A. STRAKOWSKI	Type or print name of actuary	14-06521
		Most recent enrollment number
SCHNEIDER, MALE & STRAKOWSKI	Firm name	513-984-6100
		Telephone number (including area code)
4520 COOPER RD STE 203 CINCINNATI, OH 45242	Address of the firm	

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	123746
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	114031
9 Amount remaining (line 7 minus line 8)	0	9715
10 Interest on line 9 using prior year's actual return of <u>14.35</u> %	0	1394
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		58697
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.41</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		8423
c Total available at beginning of current plan year to add to prefunding balance		67120
d Portion of (c) to be added to prefunding balance		61891
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	73000

Part III Funding Percentages		
14 Funding target attainment percentage	14	104.10 %
15 Adjusted funding target attainment percentage	15	105.70 %
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	92.54 %
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
Totals ▶			18(b)	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	0
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
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

COMERICA TRUST CO.

411 LAFAYETTE
DETROIT, MI 48226

38-1998421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24	NONE	61742	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
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	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)	24505	15265
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	475610	462096
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	1581587	1199453
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	2708970	1442951
	(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)	28589	12779
	(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	4819261	3132544

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4819261	3132544
---	-----------	---------	---------

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)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	73800	
(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)		73800
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	46667	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		46667
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9533397	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8795526	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		737871
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-391793	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-391793

		(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		49
d Total income. Add all income amounts in column (b) and enter total.....	2d		466594

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2091569	
(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)		2091569
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)	61742	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		61742
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2153311

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1686717
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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	
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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
---------------	----------------------

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>38-1998421</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>104</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
-----------------	-------------------

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 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): _____

Boge N. A. Pension Plan

Financial Statements

And

Supplemental Schedule

December 31, 2014 and 2013

(with Independent Auditors' Report)

TABLE OF CONTENTS

Independent Auditors' Report	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-12
Supplemental Schedule:	
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	13-16

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, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then, 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 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.

Basis for Disclaimer of Opinion

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 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 December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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cincinnati, oh 45202

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f. 513.241.1212

Other Matters

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content included in the financial statements and supplemental schedule, 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 15, 2015

Boge N.A. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Investments, at fair value:		
Cash and equivalents	\$ 462,096	475,610
Municipal and exempt obligations	542,147	1,045,804
Mutual funds	12,779	28,589
Common stocks	1,442,951	2,708,970
Corporate obligations	<u>657,306</u>	<u>535,783</u>
	<u>3,117,279</u>	<u>4,794,756</u>
Receivables:		
Interest and dividends	<u>15,265</u>	<u>24,505</u>
Net assets available for benefits	\$ <u><u>3,132,544</u></u>	<u><u>4,819,261</u></u>

See accompanying notes to financial statements

Boge N.A. Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions:		
Employer contribution	\$ -	60,000
Interest and dividend income	120,467	118,250
Net appreciation in fair value of investments	<u>346,127</u>	<u>549,675</u>
Total additions	<u>466,594</u>	<u>727,925</u>
Deductions:		
Benefits paid	2,091,569	199,577
Administrative expenses	<u>61,742</u>	<u>54,146</u>
Total deductions	<u>2,153,311</u>	<u>253,723</u>
Net increase (decrease)	(1,686,717)	474,202
Net assets available for benefits:		
Beginning of year	<u>4,819,261</u>	<u>4,345,059</u>
End of year	\$ <u>3,132,544</u>	<u>4,819,261</u>

See accompanying notes to financial statements

1. DESCRIPTION OF PLAN:

The following description of the Boge N.A. Pension 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 North America, Inc. – Paris, IL location (Company or Employer) represented by the collective bargaining agreement with the United Auto Workers Local No. 2343. Effective April 30, 2012, the Boge NA Salaried Plan (“Salaried Plan”) was merged into the Plan. Upon the merger, the Plan also covers all salaried employees of the Company. The Plan was renamed the Boge N.A. Pension Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The ZF North America, Inc. – Paris, IL location was closed in 2009; the Parent Company, ZF North America Inc. 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

Employees were 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. Effective December 31, 2007, the Plan was frozen. Prior to the merger, the Salaried Plan was frozen effective December 31, 2003.

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.

Prior to 2008, a former hourly plan 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.

Effective September 1, 2014 the Plan was amended to allow certain participants and beneficiaries with an election during a specified period of time to receive their benefit in the form of a lump sum payment or in certain annuity forms of payment. The election window ended October 31, 2014.

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. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

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

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Payment of benefits

Benefits are recorded when paid.

Use of estimates

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

Subsequent events

The Company evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through September 15, 2015, the date on which the financial statements were available to be issued.

3. INVESTMENTS:

At December 31, 2014 and 2013, investments that represent 5 percent or more of Plan net assets are as follows:

	<u>2014</u>	<u>2013</u>
Comerica Short Term Fund	\$ 462,096	475,610
United States Treasury .875% 2017	169,801	-

During 2014 and 2013, investments (including gains and losses in investments bought, sold, and held during the year) appreciated in value by \$346,127 and \$549,675.

4. FAIR VALUE MEASUREMENTS:

Financial Accounting Standard 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, 2014 and 2013.

Corporate, municipal and exempt obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issues 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 or a broker quote if available.

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively 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 tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

Investments at fair value as of December 31, 2014

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ <u>462,096</u>	\$ <u>462,096</u>	<u>-</u>	<u>-</u>
Municipal & exempt obligations:	<u>542,147</u>	<u>-</u>	<u>542,147</u>	<u>-</u>
Corporate obligations:				
Fixed	<u>657,306</u>	<u>-</u>	<u>657,306</u>	<u>-</u>
Common stocks:				
Consumer discretionary	204,935	204,935	-	-
Consumer staples	86,502	86,502	-	-
Energy	100,298	100,298	-	-
Financials	207,859	207,859	-	-
Healthcare	221,022	221,022	-	-
Industrials	202,973	202,973	-	-
Information technology	292,701	292,701	-	-
Materials	16,911	16,911	-	-
Telecommunication services	60,894	60,894	-	-
Utilities	36,392	36,392	-	-
Foreign	<u>12,464</u>	<u>12,464</u>	<u>-</u>	<u>-</u>
Total common stocks	<u>1,442,951</u>	<u>1,442,951</u>	<u>-</u>	<u>-</u>
Mutual funds:				
Real estate investment funds	<u>12,779</u>	<u>12,779</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>3,117,279</u>	\$ <u>1,917,826</u>	<u>1,199,453</u>	<u>-</u>

Investments at fair value as of December 31, 2013

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ <u>475,610</u>	\$ <u>475,610</u>	<u>-</u>	<u>-</u>
Municipal & exempt obligations	<u>1,045,804</u>	<u>-</u>	<u>1,045,804</u>	<u>-</u>
Corporate obligations:				
Fixed	434,777	-	434,777	-
Collateralized	83,855	-	83,855	-
Mortgage backed securities	<u>17,151</u>	<u>-</u>	<u>17,151</u>	<u>-</u>
Total corporate obligations	<u>535,783</u>	<u>-</u>	<u>535,783</u>	<u>-</u>
Common stocks:				
Consumer discretionary	495,890	495,890	-	-
Consumer staples	108,548	108,548	-	-
Energy	275,374	275,374	-	-
Financials	300,052	300,052	-	-
Healthcare	378,326	378,326	-	-
Industrials	364,866	364,866	-	-
Information technology	565,762	565,762	-	-
Materials	95,965	95,965	-	-
Telecommunication services	25,479	25,479	-	-
Utilities	54,553	54,553	-	-
Foreign	<u>44,155</u>	<u>44,155</u>	<u>-</u>	<u>-</u>
Total common stocks	<u>2,708,970</u>	<u>2,708,970</u>	<u>-</u>	<u>-</u>
Mutual funds:				
Real estate investment funds	<u>28,589</u>	<u>28,589</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>4,794,756</u>	\$ <u>3,213,169</u>	<u>1,581,587</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, 2014 include: (a) retirement mortality rates were based on the RP 2014 table; (b) retirement age of 65; and (c) rate of return on investments of 2.1%. 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 are as follows:

	January 1, <u>2014</u>
Vested benefits:	
Participants currently receiving payments	\$ 2,185,740
Other participants	2,373,311
Non-vested benefits	<u>-</u>
Total actuarial present value of accumulated Plan benefits	\$ <u>4,559,051</u>

The changes in the actuarial present value of accumulated Plan benefits for the year ended January 1, 2014 are as follows:

	January 1, <u>2014</u>
Actuarial present value of accumulated Plan benefits, beginning of period	\$ 4,561,177
Increase (decrease) during year attributable to:	
Change in discount period	285,975
Benefits accumulated	(42,854)
Change in assumptions	(45,670)
Benefits paid	<u>(199,577)</u>
Actuarial present value of accumulated Plan benefits, end of period	\$ <u>4,559,051</u>

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 change could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the 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.

8. INFORMATION CERTIFIED BY PLAN TRUSTEE:

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the investment information included on the statements of net assets available for benefits, the statement of changes in net assets available for benefits and the supplemental schedule of assets (held at end of year), certified by Comerica Bank, the trustee of the Plan, as complete and accurate, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule.

9. 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.

10. 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 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, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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 for years prior to 2011.

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(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>
* COMERICA SHORT TERM FUND		462,096	\$ 462,096	462,096
TOTAL CASH AND CASH EQUIVALENTS			<u>462,096</u>	<u>462,096</u>
UNITED STATES TREASURY .875% 2017		170,000	169,681	169,801
FEDERAL NATL MTG ASSN POOL 6% 2035		11,979	12,028	13,668
FEDERAL HOME LN MTG CORP CMO 5.5% 2034		48,329	51,047	50,275
FEDERAL NATL MTG ASSN CMO 5% 2034		61,518	66,940	66,642
GOVERNMENT NATIONAL MTG ASSOC CMO CL PB 5.5% 2038		76,130	84,171	83,967
COLGATE PALMOLIVE CO MEDIUM 3.15% 2015		50,000	54,047	50,807
WAL-MART STORES INC 5.375% 2017		75,000	85,294	81,998
BERKSHIRE HATHAWAY 1.55% 2018		25,000	25,209	24,989
TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS			<u>378,735</u>	<u>542,147</u>
GRANT CNTY WA PUB UTIL DIST REF-TAXABLE- Ser Z 5.17% 2011		25,000	27,264	25,000
HUDSON CNTY NJ IMPT AUTH 4.75 2015		5,000	4,972	5,002
FLORIDA ST BULD AMERICA BONDS TAXABLE-B 5.991% 2019		25,000	25,000	28,622
BASTROP TEX INDPT SCH DIST TXBL-REF-SER B 4% 2027		50,000	52,094	53,092
WORCESTER MA PENSION FDG LN 6.25% 2028		50,000	49,332	57,023
IDAHO HSG & FIN ASSN SINGLE FAMI SER F-1 CL III 5.125% 2016		25,000	25,443	25,238
MAINE FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019		50,000	50,000	60,213
OHIO ST BLDG AUTH TAXABLE-ST FACS-ADMIN BLDG-B BUILD AMERICA BONDS 6.103% 2029		50,000	57,639	55,155
UNION CNTY N J IMPT AUTH REV REF-TAXABLE-CNTY GTD-OAKWOOD 6.4% 2020		50,000	51,080	56,963
CYPRESS-FAIRBANKS TEX INDPT TAXABLE SCHOOLHOUSE SER B 6.629% 2019		50,000	51,061	57,157
OLYMPIA WASH 6.743% 2019		50,000	50,000	56,695
BEXAR CNTY TEX HOSP DIST TAXABLE -CTFS OBLIG-B BUILD AMERICA BONDS 5.413% 2020		25,000	25,000	26,920
MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018		35,000	30,308	37,077
ORLANDO FL CMNTY REDEV AGY TAX 7.784% 2040		50,000	54,960	58,496
MASON CNTY WASH PUB UTIL DIST NO BUILD AMERICA BONDS TAXABLE-SER B 6.347% 2020		50,000	50,000	54,654
TOTAL CORP OBLIGATIONS			<u>1,531,302</u>	<u>657,306</u>

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	AT&T INC	838	27,840	28,148
	ALCOA INC	1,071	15,710	16,911
	AMERICAN ELEC PWR INC	332	17,425	20,159
	AMERICAN INTL GROUP INC	463	18,945	25,933
	AMGEN INC	174	21,295	27,716
	APPLE INC	659	35,525	72,740
	ARRIS GROUP INC	373	11,227	11,261
	BANK OF AMERICA CORP	1,844	31,171	32,989
	BEST BUY	366	13,049	14,267
	BIOGEN IDEC INC	30	4,947	10,184
	BOEING CO	187	15,644	24,306
	BRINKER INTL INC	266	14,655	15,612
	C H ROBINSON WORLDWIDE INC	216	14,708	16,176
	CAPITAL ONE FINL CORP	255	18,851	21,050
	CISCO SYS INC	860	21,171	23,921
	COCA-COLA ENTERPRISES INC NEW	156	6,440	6,898
	COMCAST CORP CL A	349	10,603	20,245
	CONOCOPHILLIPS	285	15,186	19,682
	COOPER COMPANIES INC	44	6,909	7,132
	DELTA AIR LINES INC DEL	232	2,691	11,412
	DISNEY WALT CO	303	23,926	28,540
	DUN & BRADSTREET CORP	96	10,128	11,612
	EMC CORP	720	21,318	21,413
	EXXON MOBIL CORPORATION	346	27,613	31,988
	FEDERATED INVESTORS INC CL B	458	14,930	15,082
	F5 NETWORKS INC	57	7,067	7,437
	FIFTH THIRD BANCORP COM	601	12,929	12,245
	FOOT LOCKER INC	216	10,774	12,135
	FORD MOTOR CO	1,340	20,127	20,770
	GENERAL ELECTRIC	812	21,056	20,519
	GILEAD SCIENCES INC	203	16,051	19,135
	GOOGLE INC CL A	36	19,094	19,104
	GOOGLE INC CL C	36	19,046	18,950
	HALLIBURTON CO	233	13,252	9,164
	HOME DEPOT INC	261	16,430	27,397
	ILLINOIS TOOL WKS INC	190	13,895	17,993
	INTEL CORP	815	25,222	29,576

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(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>
	JPMORGAN CHASE & CO	546	25,712	34,169
	JETBLUE AIRWAYS CORP	468	7,041	7,422
	JOHNSON & JOHNSON	375	35,374	39,214
	KIRBY CORP	78	9,285	6,298
	KRAFT FOODS GROUP INC	273	14,206	17,106
	KROGER CO	315	7,657	20,226
	LINCOLN NATL CORP IND	143	6,018	8,247
	MACYS INC	258	15,170	16,964
	MANPOWER INC WIS	170	13,270	11,589
	MARATHON OIL CORP	232	6,697	6,563
	MARATHON PETE CORP	185	16,520	16,698
	MCKESSON CORP	75	8,014	15,569
	MERCK & CO INC NEW	359	20,143	20,388
	MICRON TECHNOLOGY INC	420	12,923	14,704
	MICROSOFT CORP	953	28,438	44,267
	MONDELEZ INTL INC	414	15,820	15,039
	MYLAN LABS INC	174	6,479	9,808
	OCCIDENTAL PETROLEUM CORP	201	19,417	16,203
	ORACLE CORPORATION	278	7,886	12,502
	PARKER HANNIFIN CORP	122	15,331	15,732
	PEPSICO INC	288	24,391	27,233
	PFIZER INC	767	17,242	23,892
	PITNEY BOWES INC	620	16,374	15,109
	PROGRESSIVE CORP	604	15,594	16,302
	PUBLIC SVC ENTERPRISE GROUP INC	392	12,727	16,233
	PULTE HOMES INC	374	7,230	8,026
	RAYMOND JAMES FINL INC	257	13,441	14,724
	RAYTHEON COMPANY	159	9,159	17,199
	REGIONS FINL CORP	1,509	15,379	15,935
	THERMO FISHER SCIENTIFIC INC	93	7,157	11,652
	3M CO	168	23,102	27,606
	TIME WARNER INC	262	19,163	22,380
	UNITED THERAPEUTIC CORP DEL	84	10,682	10,877
	UNIVERSAL HEALTH SVCS INC CL B	82	9,202	9,123
	VERIZON COMMUNICATIONS	700	33,093	32,746
	WELLS FARGO & CO NEW	204	10,076	11,183
	WESTERN DIGITAL CORP	152	9,895	16,826

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b),(c) <u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	WHIRLPOOL CORP	96	10,732	18,599
	ZIMMER HOLDINGS INC	144	<u>7,922</u>	<u>16,332</u>
	TOTAL DOMESTIC COMMON STOCK		<u>1,180,812</u>	<u>1,430,487</u>
	LYONDELLBASELL INDUSTRIES NV	157	<u>17,660</u>	<u>12,464</u>
	TOTAL FOREIGN STOCK		<u>17,660</u>	<u>12,464</u>
	ALEXANDRIA REAL ESTATE EQTY INC	144	<u>11,143</u>	<u>12,779</u>
	TOTAL MUTUAL FUNDS		<u>11,143</u>	<u>12,779</u>
	GRAND TOTAL		<u>\$ 3,581,748</u>	<u>\$ 3,117,279</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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box attach a list of participating employer information in accordance with the form instructions); 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. Pension Plan 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 48168	<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;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 06/01/1997</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 61-1462969</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (734) 207-2843</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 339900</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan 06/01/1997		2b Employer Identification Number (EIN) 61-1462969		2c Plan Sponsor's telephone number (734) 207-2843		2d Business code (see instructions) 339900	
1b Three-digit plan number (PN) ►	002										
1c Effective date of plan 06/01/1997											
2b Employer Identification Number (EIN) 61-1462969											
2c Plan 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		9/17/15	Connie Rightmer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		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		4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	191
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	42
c Other retired or separated participants entitled to future benefits		6c	36
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	78
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	8
f Total. Add lines 6d and 6e		6f	86
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	
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: 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: Plan funding arrangement (check all that apply)			
9a		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		(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)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

► **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 <u>01</u> Day <u>01</u> Year <u>2014</u>	
2	Assets:	
	a Market value	2a 4,819,261
	b Actuarial value	2b 4,819,261
3	Funding target/participant count breakdown:	
		(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	46 2,185,740 2,185,740
	b For terminated vested participants	145 2,373,311 2,373,311
	c For active participants	0 0 0
	d Total	191 4,559,051 4,559,051
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 6.58 %
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 Mark A. Strakowski Type or print name of actuary Schneider, Male & Strakowski Firm name 4520 Cooper Rd Ste 203 US Cincinnati OH 45242 Address of the firm	04/13/2015 Date 14-06521 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) 2014 v.140124

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	123,746
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	114,031
9 Amount remaining (line 7 minus line 8)	0	9,715
10 Interest on line 9 using prior year's actual return of <u>14.35%</u>	0	1,394
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		58,697
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.41%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		8,423
c Total available at beginning of current plan year to add to prefunding balance ..		67,120
d Portion of (c) to be added to prefunding balance		61,891
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	73,000

Part III Funding Percentages

14 Funding target attainment percentage	14	104.10 %
15 Adjusted funding target attainment percentage	15	105.70 %
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	92.54 %
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
Totals ▶			18(b)		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	0

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: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
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	0										
	Carryover balance	Prefunding Balance	Total balance									
35 Balances elected for use to offset funding requirement	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
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	☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012		
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.: 61-1462969 **Plan No.:** 002

Plant Shutdown: (2009) Paris ,Il. enitre 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.

SCHNEIDER, MALE & STRAKOWSKI

5500-SB attachment for Ret Age Assumption

Item: SB #22

Year ending: Dec 31, 2014 BOGE NA

Pension

Plan # 002

EIN: 61-1462969

No active employees. Vested Deferred assumed to retire at age 65, or current age if older.

**BOGE N.A.
PENSION PLAN**

Statement of Actuarial Assumptions and Method
Plan Year: 1 1 2014 to 12 31 2014
Valuation Date: 1 1 2014

	<u>For Funding</u>		<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
	<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1	4.99% 1.31%	Seg 1	1.36%
				Pre-Retirement 6.00%
	Seg 2	6.32% 4.05%	Seg 2	4.60%
				Post-Retirement 6.00%
	Seg 3	6.99% 5.05%	Seg 3	5.58%
Pre-Retirement				
Turnover	None		None	None
Mortality	Male-modified RP2000 combined healthy male projected 29 & 21 years Female-modified RP2000 combined healthy female projected 29 & 21 year		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 29 & 21 years Female-modified RP2000 combined healthy female projected 29 & 21 year		2014 Applicable Mortality Table from Notice 2013-49	GAR 94 Projctd to 2002 scale AA 50%M/50%F
Assumed Benefit Form For Funding			Normal Form	
Calculated Effective Interest Rate			6.58%	

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. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
*	COMERICA SHORT TERM FUND	462,096	\$ 462,096	462,096
	TOTAL CASH AND CASH EQUIVALENTS		<u>462,096</u>	<u>462,096</u>
	UNITED STATES TREASURY .875% 2017	170,000	169,681	169,801
	FEDERAL NATL MTG ASSN POOL 6% 2035	11,979	12,028	13,668
	FEDERAL HOME LN MTG CORP CMO 5.5% 2034	48,329	51,047	50,275
	FEDERAL NATL MTG ASSN CMO 5% 2034	61,518	66,940	66,642
	GOVERNMENT NATIONAL MTG ASSOC CMO CL PB 5.5% 2038	76,130	84,171	83,967
	COLGATE PALMOLIVE CO MEDIUM 3.15% 2015	50,000	54,047	50,807
	WAL-MART STORES INC 5.375% 2017	75,000	85,294	81,998
	BERKSHIRE HATHAWAY 1.55% 2018	25,000	25,209	24,989
	TOTAL MUNICIPAL AND EXEMPT OBLIGATIONS		<u>378,735</u>	<u>542,147</u>
	GRANT CNTY WA PUB UTIL DIST REF-TAXABLE- Ser Z 5.17% 2011	25,000	27,264	25,000
	HUDSON CNTY NJ IMPT AUTH 4.75 2015	5,000	4,972	5,002
	FLORIDA ST BULD AMERICA BONDS TAXABLE-B 5.991% 2019	25,000	25,000	28,622
	BASTROP TEX INDPT SCH DIST TXBL-REF-SER B 4% 2027	50,000	52,094	53,092
	WORCESTER MA PENSION FDG LN 6.25% 2028	50,000	49,332	57,023
	IDAHO HSG & FIN ASSN SINGLE FAMI SER F-1			
	CL III 5.125% 2016	25,000	25,443	25,238
	MAINE FIN AUTH WASTE MTR OIL REV TAX SER A 6.75% 2019	50,000	50,000	60,213
	OHIO ST BLDG AUTH TAXABLE-ST FACS-ADMIN BLDG-B BUILD			
	AMERICA BONDS 6.103% 2029	50,000	57,639	55,155
	UNION CNTY N J IMPT AUTH REV REF-TAXABLE-CNTY			
	GTD-OAKWOOD 6.4% 2020	50,000	51,080	56,963
	CYPRESS-FAIRBANKS TEX INDPT TAXABLE SCHOOLHOUSE			
	SER B 6.629% 2019	50,000	51,061	57,157
	OLYMPIA WASH 6.743% 2019	50,000	50,000	56,695
	BEXAR CNTY TEX HOSP DIST TAXABLE -CTFS OBLIG-B BUILD			
	AMERICA BONDS 5.413% 2020	25,000	25,000	26,920
	MASSACHUSETTS ST HSG FIN AGY AMT-HSG SER F 5.7% 2018	35,000	30,308	37,077
	ORLANDO FL CMNTY REDEV AGY TAX 7.784% 2040	50,000	54,960	58,496
	MASON CNTY WASH PUB UTIL DIST NO BUILD AMERICA			
	BONDS TAXABLE-SER B 6.347% 2020	50,000	50,000	54,654
	TOTAL CORP OBLIGATIONS		<u>1,531,302</u>	<u>657,306</u>

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b),(c)		(d)	(e)
	<u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	<u>Cost</u>	<u>Current Value</u>
	AT&T INC	838	27,840	28,148
	ALCOA INC	1,071	15,710	16,911
	AMERICAN ELEC PWR INC	332	17,425	20,159
	AMERICAN INTL GROUP INC	463	18,945	25,933
	AMGEN INC	174	21,295	27,716
	APPLE INC	659	35,525	72,740
	ARRIS GROUP INC	373	11,227	11,261
	BANK OF AMERICA CORP	1,844	31,171	32,989
	BEST BUY	366	13,049	14,267
	BIOGEN IDEC INC	30	4,947	10,184
	BOEING CO	187	15,644	24,306
	BRINKER INTL INC	266	14,655	15,612
	C H ROBINSON WORLDWIDE INC	216	14,708	16,176
	CAPITAL ONE FINL CORP	255	18,851	21,050
	CISCO SYS INC	860	21,171	23,921
	COCA-COLA ENTERPRISES INC NEW	156	6,440	6,898
	COMCAST CORP CL A	349	10,603	20,245
	CONOCOPHILLIPS	285	15,186	19,682
	COOPER COMPANIES INC	44	6,909	7,132
	DELTA AIR LINES INC DEL	232	2,691	11,412
	DISNEY WALT CO	303	23,926	28,540
	DUN & BRADSTREET CORP	96	10,128	11,612
	EMC CORP	720	21,318	21,413
	EXXON MOBIL CORPORATION	346	27,613	31,988
	FEDERATED INVESTORS INC CL B	458	14,930	15,082
	F5 NETWORKS INC	57	7,067	7,437
	FIFTH THIRD BANCORP COM	601	12,929	12,245
	FOOT LOCKER INC	216	10,774	12,135
	FORD MOTOR CO	1,340	20,127	20,770
	GENERAL ELECTRIC	812	21,056	20,519
	GILEAD SCIENCES INC	203	16,051	19,135
	GOOGLE INC CL A	36	19,094	19,104
	GOOGLE INC CL C	36	19,046	18,950
	HALLIBURTON CO	233	13,252	9,164
	HOME DEPOT INC	261	16,430	27,397
	ILLINOIS TOOL WKS INC	190	13,895	17,993
	INTEL CORP	815	25,222	29,576

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(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>
	JPMORGAN CHASE & CO	546	25,712	34,169
	JETBLUE AIRWAYS CORP	468	7,041	7,422
	JOHNSON & JOHNSON	375	35,374	39,214
	KIRBY CORP	78	9,285	6,298
	KRAFT FOODS GROUP INC	273	14,206	17,106
	KROGER CO	315	7,657	20,226
	LINCOLN NATL CORP IND	143	6,018	8,247
	MACYS INC	258	15,170	16,964
	MANPOWER INC WIS	170	13,270	11,589
	MARATHON OIL CORP	232	6,697	6,563
	MARATHON PETE CORP	185	16,520	16,698
	MCKESSON CORP	75	8,014	15,569
	MERCK & CO INC NEW	359	20,143	20,388
	MICRON TECHNOLOGY INC	420	12,923	14,704
	MICROSOFT CORP	953	28,438	44,267
	MONDELEZ INTL INC	414	15,820	15,039
	MYLAN LABS INC	174	6,479	9,808
	OCCIDENTAL PETROLEUM CORP	201	19,417	16,203
	ORACLE CORPORATION	278	7,886	12,502
	PARKER HANNIFIN CORP	122	15,331	15,732
	PEPSICO INC	288	24,391	27,233
	PFIZER INC	767	17,242	23,892
	PITNEY BOWES INC	620	16,374	15,109
	PROGRESSIVE CORP	604	15,594	16,302
	PUBLIC SVC ENTERPRISE GROUP INC	392	12,727	16,233
	PULTE HOMES INC	374	7,230	8,026
	RAYMOND JAMES FINL INC	257	13,441	14,724
	RAYTHEON COMPANY	159	9,159	17,199
	REGIONS FINL CORP	1,509	15,379	15,935
	THERMO FISHER SCIENTIFIC INC	93	7,157	11,652
	3M CO	168	23,102	27,606
	TIME WARNER INC	262	19,163	22,380
	UNITED THERAPEUTIC CORP DEL	84	10,682	10,877
	UNIVERSAL HEALTH SVCS INC CL B	82	9,202	9,123
	VERIZON COMMUNICATIONS	700	33,093	32,746
	WELLS FARGO & CO NEW	204	10,076	11,183
	WESTERN DIGITAL CORP	152	9,895	16,826

Boge N.A. Pension Plan
#61-1462969 Plan # 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b),(c) <u>Identity of Issue and Description of Investment</u>	<u>Shares</u>	(d)	(e)
			<u>Cost</u>	<u>Current Value</u>
	WHIRLPOOL CORP	96	10,732	18,599
	ZIMMER HOLDINGS INC	144	<u>7,922</u>	<u>16,332</u>
	TOTAL DOMESTIC COMMON STOCK		<u>1,180,812</u>	<u>1,430,487</u>
	LYONDELLBASELL INDUSTRIES NV	157	<u>17,660</u>	<u>12,464</u>
	TOTAL FOREIGN STOCK		<u>17,660</u>	<u>12,464</u>
	ALEXANDRIA REAL ESTATE EQTY INC	144	<u>11,143</u>	<u>12,779</u>
	TOTAL MUTUAL FUNDS		<u>11,143</u>	<u>12,779</u>
	GRAND TOTAL		<u>\$ 3,581,748</u>	<u>\$ 3,117,279</u>

* Denotes party-in-interest to the Plan.