

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                        | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN</u>                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/1988</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                  | <b>1c</b> Effective date of plan<br><u>10/01/1988</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                              | <u>002</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>10/01/1988</u>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>ROBERT BOSCH FUEL SYSTEMS LLC</u><br><br><u>2800 SOUTH 25TH AVENUE</u><br><u>BROADVIEW, IL 60155-4594</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>36-3818702</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>708-865-5200</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>336990</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-3818702</u> | <b>2c</b> Sponsor's telephone number<br><u>708-865-5200</u> | <b>2d</b> Business code (see instructions)<br><u>336990</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>36-3818702</u>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>708-865-5200</u>                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>336990</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.

|                                                                                                            |                                                                                         |                    |                                                                                    |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of plan administrator    | 10/14/2013<br>Date | GARY D. GRABARCZYK<br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of employer/plan sponsor | 10/14/2013<br>Date | GARY D. GRABARCZYK<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           | 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)                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                           |               | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |               | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                             |               | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                       |               | <b>5</b> 999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                             | <b>6a</b> 146 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                            | <b>6b</b> 434 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                             | <b>6c</b> 327 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                      | <b>6d</b> 907 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                     | <b>6e</b> 56  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                       | <b>6f</b> 963 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                | <b>6g</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                    | <b>6h</b> 0   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                          |               | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 1G 3H                                                                                                                                                                                                                                                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                 |               | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |               | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN</u>                                        | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ROBERT BOSCH FUEL SYSTEMS LLC</u>                          | <b>D</b> Employer Identification Number (EIN)<br><u>36-3818702</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                                  |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                         |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>                                                                                                                                         |
| <b>2</b>      | Assets:                                                                                                                                                                                                          |
| <b>a</b>      | Market value ..... <b>2a</b> <u>83335776</u>                                                                                                                                                                     |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>84762559</u>                                                                                                                                                                  |
| <b>3</b>      | Funding target/participant count breakdown:                                                                                                                                                                      |
| <b>a</b>      | For retired participants and beneficiaries receiving payment..... <b>3a</b> <u>481</u> <u>57932490</u>                                                                                                           |
| <b>b</b>      | For terminated vested participants..... <b>3b</b> <u>361</u> <u>6813862</u>                                                                                                                                      |
| <b>c</b>      | For active participants:                                                                                                                                                                                         |
| <b>(1)</b>    | Non-vested benefits..... <b>3c(1)</b> <u>2195143</u>                                                                                                                                                             |
| <b>(2)</b>    | Vested benefits..... <b>3c(2)</b> <u>14285086</u>                                                                                                                                                                |
| <b>(3)</b>    | Total active ..... <b>3c(3)</b> <u>157</u> <u>16480229</u>                                                                                                                                                       |
| <b>d</b>      | Total ..... <b>3d</b> <u>999</u> <u>81226581</u>                                                                                                                                                                 |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                                       |
| <b>b</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 ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.99 %</u>                                                                                                                                                             |
| <b>6</b>      | Target normal cost..... <b>6</b> <u>854613</u>                                                                                                                                                                   |

**Statement by Enrolled Actuary**

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

|                                                               |                               |                                        |
|---------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                              |                               | <u>09/04/2013</u>                      |
|                                                               | Signature of actuary          | Date                                   |
| <u>KAREN A. HIRSCHHORN</u>                                    |                               | <u>11-04099</u>                        |
|                                                               | Type or print name of actuary | Most recent enrollment number          |
| <u>HEWITT ASSOCIATES LLC</u>                                  |                               | <u>847-295-5000</u>                    |
|                                                               | Firm name                     | Telephone number (including area code) |
| <u>4 OVERLOOK POINT</u><br><u>LINCOLNSHIRE, IL 60069-4302</u> |                               |                                        |
|                                                               | Address of the firm           |                                        |

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

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

**Schedule SB (Form 5500) 2012**  
**v. 120126**

| <b>Part II Beginning of Year Carryover Prefunding Balances</b> |                                                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 0                      |
| <b>8</b>                                                       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b>                                                       | Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 0                      |
| <b>10</b>                                                      | Interest on line 9 using prior year's actual return of <u>1.05</u> % .....                                                        |                       |                        |
| <b>11</b>                                                      | Prior year's excess contributions to be added to prefunding balance:                                                              |                       |                        |
| <b>a</b>                                                       | Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 2383501                |
| <b>b</b>                                                       | Interest on (a) using prior year's effective interest rate of <u>6.24</u> % except as otherwise provided (see instructions) ..... |                       | 148730                 |
| <b>c</b>                                                       | Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 2532231                |
| <b>d</b>                                                       | Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b>                                                      | Other reductions in balances due to elections or deemed elections .....                                                           | 0                     | 0                      |
| <b>13</b>                                                      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |          |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 104.35 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 104.35 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 90.06 %  |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/13/2012                                                                               | 548922                            |                                 |                          |                                   |                                 |
| 05/31/2012                                                                               | 2211000                           |                                 |                          |                                   |                                 |
| 05/08/2013                                                                               | 40000                             |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 2799922                         |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                        | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 2725322 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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**

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54% | 2nd segment:<br>6.85% | 3rd segment:<br>7.52 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 854613             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 854613             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 2725322            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 2725322            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2012                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 |                                                      |     |
| A Name of plan<br>ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN       | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ROBERT BOSCH FUEL SYSTEMS LLC    | D Employer Identification Number (EIN)<br>36-3818702 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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

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

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

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

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

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

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

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

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

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

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

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**(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)

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                                                                                                           |                                  |
|-----------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: NICOLE M STOPOULOS                                                                         | <b>b</b> EIN: 23-1159360         |
| <b>c</b> Position: ACTUARY                                                                                |                                  |
| <b>d</b> Address: TOWERS WATSON PENNSYLVANIA, INC.<br>191 N WACKER DRIVE, SUITE 2100<br>CHICAGO, IL 60606 | <b>e</b> Telephone: 312-525-2500 |
|                                                                                                           |                                  |

Explanation: ROBERT BOSCH CHANGED ACTUARIES TO AON HEWITT TO HAVE A GLOBAL ACTUARY.

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2012</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

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

|                                                                                                              |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN</u>           | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ROBERT BOSCH FUEL SYSTEMS LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-3818702</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ROBERT BOSCH LLC MASTER RET TRUST

**b** Name of sponsor of entity listed in (a): ROBERT BOSCH LLC

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>36-2903176-100</u> | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75578496</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2012</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2012 or fiscal plan year beginning <b>01/01/2012</b> and ending <b>12/31/2012</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN</b>       | <b>B</b> Three-digit plan number (PN) ►                                | <b>002</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ROBERT BOSCH FUEL SYSTEMS LLC</b>    | <b>D</b> Employer Identification Number (EIN)<br><br><b>36-3818702</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 2593000               | 40000           |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 178396          |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 80806902              | 75578496        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 83399902              | 75796892        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 84786 | 76743 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 84786 | 76743 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 83315116 | 75720149 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2799922    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 178396     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2978318   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (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)  |            | 9141449   |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 12119767  |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 4524340 |         |
| (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) |         | 4524340 |
| 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) | 393080  |         |
| (2) Contract administrator fees .....                                               | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 172308  |         |
| (4) Other .....                                                                     | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 565388  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 5089728 |

**Net Income and Reconciliation**

|                                                         |       |  |          |
|---------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 7030039  |
| l Transfers of assets:                                  |       |  |          |
| (1) To this plan.....                                   | 2l(1) |  |          |
| (2) From this plan .....                                | 2l(2) |  | 14625006 |

**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: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008234

**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   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |          |
| <b>d</b> 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  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 15000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |          |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |          |
| <b>g</b> 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  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |          |
| <b>h</b> 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  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     | X  |          |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |          |
| <b>j</b> 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  |          |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <b>n</b> 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. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**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)

GENERAL MOTORS HOURLY-RATED EMPLOYEES' PENSION PLAN

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| 38-0572515   | 003         |
|              |             |
|              |             |
|              |             |

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                       |                                                                    |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN</u>    | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ROBERT BOSCH FUEL SYSTEMS LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-3818702</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>36-3046063</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                              |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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):

**Robert Bosch Fuel Systems LLC  
Hourly-Rated Employees'  
Pension Plan**

**Financial Statements  
December 31, 2012 and 2011**

**Robert Bosch Fuel Systems LLC**  
**Hourly-Rated Employees' Pension Plan**  
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## **Independent Auditor's Report**

To the Participants and Administrator of the Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011 and the related statements of changes in net assets available for benefits for the years then ended, 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 the 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.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on the 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 4, which was certified by The Northern Trust Company, 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 certifications from the trustee as of and for the years ended December 31 2012 and 2011, 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 the financial statements.



#### **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements, 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.

*PricewaterhouseCoopers LLP*

October 11, 2013

**Robert Bosch Fuel Systems LLC**  
**Hourly-Rated Employees' Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2012 and 2011**

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**Assets**

|                                        |                   |                   |
|----------------------------------------|-------------------|-------------------|
| Plan interest in Robert Bosch LLC      |                   |                   |
| Master Retirement Trust, at fair value | \$ 75,578,496     | \$ 80,806,902     |
| Employer contributions receivable      | 40,000            | 2,593,000         |
| Other receivable                       | 178,396           | -                 |
|                                        | <u>75,796,892</u> | <u>83,399,902</u> |

**Liabilities**

|                                   |                      |                      |
|-----------------------------------|----------------------|----------------------|
| Accrued expenses                  | <u>76,743</u>        | <u>84,786</u>        |
| Net assets available for benefits | <u>\$ 75,720,149</u> | <u>\$ 83,315,116</u> |

The accompanying notes are an integral part of these financial statements.

**Robert Bosch Fuel Systems LLC**  
**Hourly-Rated Employees' Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2012 and 2011**

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|                                                                                       | 2012                 | 2011                 |
|---------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>Additions</b>                                                                      |                      |                      |
| Plan interest in net investment income of<br>Robert Bosch LLC Master Retirement Trust | \$ 9,141,449         | \$ 1,030,149         |
| Employer contributions                                                                | 2,799,922            | 4,843,000            |
| Other                                                                                 | 178,396              | -                    |
| Total additions                                                                       | <u>12,119,767</u>    | <u>5,873,149</u>     |
| <b>Deductions</b>                                                                     |                      |                      |
| Benefit payments                                                                      | 4,524,340            | 4,529,952            |
| Administrative expenses                                                               | <u>565,388</u>       | <u>710,872</u>       |
| Total deductions                                                                      | <u>5,089,728</u>     | <u>5,240,824</u>     |
| Transfer to General Motors Pension Plan                                               | <u>(14,625,006)</u>  | <u>-</u>             |
| Net (decrease) increase                                                               | (7,594,967)          | 632,325              |
| <b>Net assets available for benefits</b>                                              |                      |                      |
| Beginning of year                                                                     | <u>83,315,116</u>    | <u>82,682,791</u>    |
| End of year                                                                           | <u>\$ 75,720,149</u> | <u>\$ 83,315,116</u> |

The accompanying notes are an integral part of these financial statements.

# **Robert Bosch Fuel Systems LLC**

## **Hourly-Rated Employees' Pension Plan**

### **Notes to Financial Statements**

#### **December 31, 2012 and 2011**

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#### **1. Description of the Plan**

The following brief description of the Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description.

The assets of the Plan are invested in the Robert Bosch LLC Master Retirement Trust ("Master Trust").

##### **General**

The Plan is a noncontributory, defined-benefit pension plan that is administered by a pension committee composed of representatives of Robert Bosch Fuel Systems LLC (the "Company" or "Plan Sponsor"). The Plan was created to provide pension benefits for permanent full-time hourly employees of the Company, who are represented by the DTC/UAW DDC/EMD Labor Agreement, for past credited service accrued through October 31, 1988, as certain former General Motors Corporation ("GM") hourly employees, and for credited service accrued since November 1, 1988, as employees of the Company. Under the terms of the DTC/GM Sales Agreement, the Company must assume the specific pension benefit levels and conditions as prescribed in the General Motors Supplemental Agreement of Hourly-Rated Pension through September 14, 1990. For those participants who subsequently transferred back to GM, amounts representing the present value of their accumulated benefits earned during their period of service with the Company, and associated net assets, were transferred to GM as described below. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In April 2012, the Company finalized the pension asset transfer in accordance with the terms and conditions of the asset transfer agreement between the Company and GM. Assets of the Plan that were transferred to GM for participants who subsequently transferred back to GM through March 2012 under this agreement totaled \$14,625,006. Corresponding accumulated plan benefits, as measured under IRC section 414(I) were also transferred to GM. Under ASC 960, such accumulated plan benefits totaled \$14,576,923.

An employee of the Company is a participant in the Plan if they have attained age 21 and have completed one year of service, as defined in the Plan document, or were in the bargaining unit defined in the collective bargaining agreement between GM and the UAW, effective October 8, 1987, which became applicable to the Company as a successor employer on November 1, 1988. Effective August 9, 2011, participation in the Plan was frozen to newly hired employees. Current plan participants will continue to receive vesting service and credit service under the terms of the Plan document after August 9, 2011.

During 2003, the Company approved a Closure Agreement for its Kentwood, Michigan plant. The plant closure, originally effective December 31, 2003, has been subsequently extended to no later than July 31, 2015.

##### **Contributions**

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the ERISA minimum funding requirements for 2012 and 2011.

# **Robert Bosch Fuel Systems LLC**

## **Hourly-Rated Employees' Pension Plan**

### **Notes to Financial Statements**

#### **December 31, 2012 and 2011**

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#### **Benefit Payments**

A participant is eligible for normal retirement benefits on or after the attainment of age 65. For normal retirement, a pension is payable monthly for the life of the participant based on the number of years of credited service at the time of retirement and the applicable monthly benefit factor, which is determined by the position held by the employee at the time of retirement.

Effective as of January 1, 2012, the benefit formula, which was previously adjusted annually in accordance with the Consumer Price Index ("CPI"), will no longer be adjusted in accordance with the CPI, but will instead remain fixed at the respective rate applicable to each type of benefit that was in effect as of December 31, 2011.

A participant is eligible for early retirement benefits, subject to certain restrictions as defined in the Plan document. Pension benefits will be reduced by a set percentage per year based upon age, as defined in the Plan document, for each year a participant receives benefits before his or her 62nd year.

An employee who is totally and permanently disabled prior to attaining age 65 and has at least 10 years of credited service shall be eligible for disability pension as provided for in the Plan.

Participants may be entitled to receive certain supplemental early retirement benefits as defined in the Plan document. Certain participants affected by the Closure Agreement may elect to receive a "mutually satisfactory" (as defined by the Plan document) supplemental early retirement benefit if they have attained age 50 and have at least 10 years of credited service.

A participant with five years of credited service, as defined in the Plan document, is fully vested.

Pensions and supplements are paid monthly. The Plan provides surviving spouse and joint and survivor coverage benefits, as defined in the Plan document.

#### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and as described in the Plan document. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the financial condition of the Company, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

#### **Administrative Expenses**

All administrative expenses are paid by the Plan to the extent they are not paid by the Company.

## **2. Significant Accounting Policies**

#### **Basis of Accounting**

The financial statements of the Plan have been prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America ("GAAP").

#### **Benefit Payments**

Benefits are recorded when paid.

**Robert Bosch Fuel Systems LLC**  
**Hourly-Rated Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2012 and 2011**

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**Investment Valuation and Income Recognition**

The Master Trust's investments are stated at fair value. The fair value of the participation units in the common collective trusts is based on the net asset value of units held on the last business day of the Plan year. Securities such as common stock, preferred stock, registered investment companies, and real estate investment trusts, traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Fixed income securities such as corporate debt instruments and U.S. government securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available, the bond is valued using matrix pricing or models from reputable pricing vendors. Partnerships/JV interest funds are valued based on the Master Trust's interest in the net asset value of the funds' underlying assets using statements provided by the fund manager.

Investment transactions of the Master Trust are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits (Note 3) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

**Use of Estimates**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, 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.

**Accounting Pronouncement**

In May 2011, the FASB issued authoritative guidance to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with accounting principles generally accepted in the United States of America and International Financial Reporting Standards by changing the wording used to describe many of the requirements for measuring fair value and disclosing information about fair value measurements. The amendments include those that clarify the FASB's intent about the application of existing fair value measurement and disclosure requirements and those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. This Accounting Standards Update, which is to be applied prospectively, is effective for annual periods beginning after December 15, 2011. The adoption of the standard did not impact the Plan's financial statements.

**3. Accumulated Plan Benefits**

An independent actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan

**Robert Bosch Fuel Systems LLC**  
**Hourly-Rated Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2012 and 2011**

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benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2012 was as follows:

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| <b>Vested benefits</b>                                     |                      |
| Participants currently receiving benefits                  | \$ 60,409,632        |
| Other participants                                         | \$ 22,897,950        |
| Total vested benefits                                      | 83,307,582           |
| <b>Nonvested benefits</b>                                  |                      |
| Total actuarial present value of accumulated plan benefits | <u>\$ 2,364,650</u>  |
|                                                            | <u>\$ 85,672,232</u> |

The following summarizes the significant components of the change in the present value of accumulated plan benefits from January 1, 2011 to 2012:

|                                                                                   |                      |
|-----------------------------------------------------------------------------------|----------------------|
| <b>Actuarial present value of accumulated plan benefits as of January 1, 2011</b> | <u>\$ 74,851,024</u> |
| Increase (decrease) during the year attributable to                               |                      |
| Benefits accumulated and actuarial experience gain/loss                           | \$ (2,083,105)       |
| Interest due to change in discount period                                         | \$ 5,628,669         |
| Benefits paid                                                                     | \$ (4,529,952)       |
| Assumption changes                                                                | <u>\$ 11,805,596</u> |
| <b>Actuarial present value of accumulated plan benefits as of January 1, 2012</b> | <u>\$ 85,672,232</u> |

Significant assumptions underlying the actuarial computations are as follows:

|                 |                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest rate   | 6.35% and 7.75% as of January 1, 2012 and 2011, respectively                                                                                                                                                     |
| Retirement rate | Less than 30 years service - 10% by age 55; 10% by age 60; 25% by age 62; 50% by age 65; 100% by age 70<br>30 years service or more - 25% by age 55; 25% by age 60; 25% by age 62; 50% by age 65; 100% by age 70 |
| Mortality       | RP-2000 Combined Table, projected to 2015 with no collar adjustment                                                                                                                                              |

These 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.

#### **4. Certification of Investment Information**

All investment information disclosed in the accompanying financial statements, including plan interest in Robert Bosch LLC Master Retirement Trust at December 31, 2012 and 2011, plan interest in net investment income of Robert Bosch LLC Master Retirement Trust for the years then

**Robert Bosch Fuel Systems LLC**  
**Hourly-Rated Employees' Pension Plan**  
**Notes to Financial Statements**  
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ended, and the investments and investment income information of the Master Trust presented in Note 5, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by The Northern Trust Company ("Trustee"), except as noted below.

The Master Trust's investment in Partnership/JV interest as of December 31, 2012 of \$41,324,293 and the Plan's proportionate share of that investment of \$2,066,215 were not certified. Accordingly, the net appreciation in the fair value of the Master Trust's investment in Partnership/JV interest for the year ended December 31, 2012 of \$1,324,293 and the Plan's proportionate share of that net appreciation of \$66,215 also were not certified.

**5. Investment in Master Trust**

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan, and several other retirement plans sponsored by Robert Bosch LLC. Each participating retirement plan has an undivided interest in the Master Trust. At December 31, 2012 and 2011, the Plan's interest in the net assets of the Master Trust was approximately 5.0% and 6.0%, respectively. Investment income and expenses are allocated monthly to the Plan based upon its pro rata share in the net assets of the Master Trust.

The following table presents the fair value of investments for the Master Trust at December 31:

|                                                   | <b>2012</b>             | <b>2011</b>             |
|---------------------------------------------------|-------------------------|-------------------------|
| <b>Investments, at fair value</b>                 |                         |                         |
| Common collective trusts                          | \$ 894,197,659          | \$ 867,803,179          |
| Common stock                                      | 434,189,070             | 400,755,170             |
| Registered investment companies                   | 41,383,043              | -                       |
| Partnership/JV Interest                           | 41,324,293              | -                       |
| Preferred stock                                   | 1,230,409               | 869,244                 |
| Corporate debt instruments - Other                | 14,199,322              | 14,588,833              |
| Corporate debt instruments - Preferred            | 43,325,940              | 20,057,357              |
| U.S. government securities                        | 21,856,503              | 30,726,364              |
| Real estate investment trust                      | 6,854,274               | 6,818,814               |
| Interest bearing cash and certificates of deposit | 5,247,604               | 6,110,691               |
| Other                                             | 199,740                 | 1,176,898               |
| Total investments                                 | <u>1,504,007,857</u>    | <u>1,348,906,550</u>    |
| Accrued interest and dividend income              | 1,359,680               | 1,442,833               |
| Net pending trades                                | <u>(1,004,528)</u>      | <u>(1,170,363)</u>      |
| Net assets                                        | <u>\$ 1,504,363,009</u> | <u>\$ 1,349,179,020</u> |

The fair value of individual investments that represent 5% or more of the Master Trust's net assets is as follows at December 31.

|                                                                 | <b>2012</b>    | <b>2011</b>   |
|-----------------------------------------------------------------|----------------|---------------|
| Collective Short Term Investment Fund                           | *              | \$ 92,627,114 |
| MFB NT Collective Long Term Credit Bond Index Fund – NL         | \$ 320,336,630 | 293,791,215   |
| MFB NT Collective Russell 1000 Growth Index Fund – NL           | 187,286,113    | 162,491,312   |
| MFB NTGI-QM Collective Daily 1-5 YR CR BD Index Fund – NL       | 139,555,636    | 132,845,475   |
| Northern Trust Collective Short Term Gov't Bond Index Fund – NL | 133,432,877    | 132,760,353   |

\* Below 5% threshold

**Robert Bosch Fuel Systems LLC**  
**Hourly-Rated Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2012 and 2011**

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Investment income for the Master Trust was as follows:

|                                               | <b>2012</b>           | <b>2011</b>          |
|-----------------------------------------------|-----------------------|----------------------|
| Interest and dividend income                  | \$ 12,586,265         | \$ 10,961,059        |
| Net appreciation in fair value of investments | <u>151,358,873</u>    | <u>7,971,742</u>     |
|                                               | <u>\$ 163,945,138</u> | <u>\$ 18,932,801</u> |

During 2012 and 2011, the Master Trust's investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

|                                        | <b>2012</b>           | <b>2011</b>         |
|----------------------------------------|-----------------------|---------------------|
| Common collective trusts               | \$ 80,440,515         | \$ 50,868,023       |
| Common stock                           | 69,175,541            | (40,222,608)        |
| Registered investment companies        | 889,702               | 180,372             |
| Partnership/JV Interest                | 1,324,293             | -                   |
| Preferred stock                        | 584,355               | (145,730)           |
| Corporate debt instruments - Other     | (704,321)             | (724,999)           |
| Corporate debt instruments - Preferred | (363,600)             | (933,474)           |
| U.S. government securities             | (96,144)              | (63,609)            |
| Real estate investment trust           | 524,330               | (1,100,258)         |
| Other                                  | <u>(415,798)</u>      | <u>114,025</u>      |
|                                        | <u>\$ 151,358,873</u> | <u>\$ 7,971,742</u> |

## **6. Fair Value Measurements**

The FASB established a framework to increase consistency and comparability in fair value measurements. 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 as follows:

- Level 1      Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust has the ability to access.
- Level 2      Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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**December 31, 2012 and 2011**

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

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

The asset's 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.

For a description of the valuation methodologies used for assets measured at fair value see Investment Valuation and Income Recognition under Note 2. These methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Master Trust 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.

For the years ended December 31, 2012 and 2011, there were no significant transfers in or out of levels 1, 2 or 3.

The following tables set forth by level within the fair value hierarchy the Master Trust's investment assets at fair value as of December 31, 2012 and 2011:

| <b>Investment Assets at Fair Value as of December 31, 2012</b> |                |                  |                |                  |
|----------------------------------------------------------------|----------------|------------------|----------------|------------------|
|                                                                | <b>Level 1</b> | <b>Level 2</b>   | <b>Level 3</b> | <b>Total</b>     |
| Common collective trusts                                       |                |                  |                |                  |
| Domestic equity fund                                           | \$ -           | \$ 187,286,113   | \$ -           | \$ 187,286,113   |
| Domestic fixed income fund                                     | -              | 593,325,142      | -              | 593,325,142      |
| International equity fund                                      | -              | 85,005,325       | -              | 85,005,325       |
| Short-term investment fund                                     | -              | 28,581,079       | -              | 28,581,079       |
| Total common collective trusts                                 | -              | 894,197,659      | -              | 894,197,659      |
| Common stock                                                   |                |                  |                |                  |
| Domestic common stock                                          | 352,488,581    | -                | -              | 352,488,581      |
| International common stock                                     | 81,700,489     | -                | -              | 81,700,489       |
| Total common stock                                             | 434,189,070    | -                | -              | 434,189,070      |
| Corporate debt instruments                                     |                |                  |                |                  |
| Corporate debt instruments - preferred                         | -              | 43,325,940       | -              | 43,325,940       |
| Corporate debt instruments - other                             | -              | 14,199,322       | -              | 14,199,322       |
| Total corporate debt instruments                               | -              | 57,525,262       | -              | 57,525,262       |
| Preferred stock                                                | 1,230,409      | -                | -              | 1,230,409        |
| Registered Investment Companies                                | 41,383,043     | -                | -              | 41,383,043       |
| Partnership/JV Interest                                        | -              | 41,324,293       | -              | 41,324,293       |
| U.S. government securities                                     | -              | 21,856,503       | -              | 21,856,503       |
| Real estate investment trusts                                  | 6,854,274      | -                | -              | 6,854,274        |
| Interest bearing cash                                          | 5,247,604      | -                | -              | 5,247,604        |
| Other                                                          | 199,740        | -                | -              | 199,740          |
| Total Master Trust investments at fair value                   | \$ 489,104,140 | \$ 1,014,903,717 | \$ -           | \$ 1,504,007,857 |

**Robert Bosch Fuel Systems LLC**  
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**Notes to Financial Statements**  
**December 31, 2012 and 2011**

|                                              | Investment Assets at Fair Value as of December 31, 2011 |                |         |                  |
|----------------------------------------------|---------------------------------------------------------|----------------|---------|------------------|
|                                              | Level 1                                                 | Level 2        | Level 3 | Total            |
| Common collective trusts                     |                                                         |                |         |                  |
| Domestic equity fund                         | \$ -                                                    | \$ 162,491,312 | \$ -    | \$ 162,491,312   |
| Domestic fixed income fund                   | -                                                       | 559,397,044    | -       | 559,397,044      |
| International equity fund                    | -                                                       | 53,287,709     | -       | 53,287,709       |
| Short-term investment fund                   | -                                                       | 92,627,114     | -       | 92,627,114       |
| Total common collective trusts               | -                                                       | 867,803,179    | -       | 867,803,179      |
| Common stock                                 |                                                         |                |         |                  |
| Domestic common stock                        | 293,787,385                                             | -              | -       | 293,787,385      |
| International common stock                   | 106,967,785                                             | -              | -       | 106,967,785      |
| Total common stock                           | 400,755,170                                             | -              | -       | 400,755,170      |
| Preferred stock                              | 869,244                                                 | -              | -       | 869,244          |
| Corporate debt instruments                   |                                                         |                |         |                  |
| Corporate debt instruments - preferred       | -                                                       | 20,057,357     | -       | 20,057,357       |
| Corporate debt instruments - other           | -                                                       | 14,588,833     | -       | 14,588,833       |
| Total corporate debt instruments             | -                                                       | 34,646,190     | -       | 34,646,190       |
| U.S. government securities                   | -                                                       | 30,726,364     | -       | 30,726,364       |
| Real estate investment trusts                | 6,818,814                                               | -              | -       | 6,818,814        |
| Interest bearing cash                        | 4,810,522                                               | -              | -       | 4,810,522        |
| Certificates of deposit                      | -                                                       | 1,300,169      | -       | 1,300,169        |
| Other                                        | 1,176,898                                               | -              | -       | 1,176,898        |
| Total Master Trust investments at fair value | \$ 414,430,648                                          | \$ 934,475,902 | \$ -    | \$ 1,348,906,550 |

Common collective trusts and the Partnership/JV interest consist of pools of investments used by institutional investors to obtain equity and fixed income market exposures by investing in funds which are intended to mirror market indices. They are valued on the basis of the relative interest of each participating investor in the fair value of the underlying assets of each of the respective common collective trusts and Partnership/JV. The funds are valued based on the NAV as provided by the investment account manager and are classified in Level 2 of the fair value hierarchy. Common collective trust investments can be traded daily with a time delay for international trades, while the Partnership/JV interest can be redeemed after a 30 day notice period. As of December 31, 2012 and 2011, the Master Trust is not holding any unfunded commitments. Common collective trusts and the partnership/JV interest included in the Master Trust and their relative benchmarks include:

| Fund                                          | Description                      | Benchmark                                   | Redemption                              |
|-----------------------------------------------|----------------------------------|---------------------------------------------|-----------------------------------------|
| Collective Short Term Investments Fund        | Short term cash investments      | 90 day U.S. treasury bill                   | Daily with time delay for international |
| Lazard Emerging Markets Fund                  | Emerging markets investments     | MSCI Emerging Markets Gross                 | Daily with time delay for international |
| Northern Trust Russell 1000 Growth Index Fund | Russell 1000 growth investments  | Dividend Russell 1000                       | Daily with time delay for international |
| Northern Trust Short Term Government Bond-NL  | Short Term Government Bonds      | Barclays US Aggregate Government Short Term | Daily with time delay for international |
| Northern Trust Long Term Credit Bond          | Long Term Corporate Bonds        | Barclays US Aggregate Credit Long Term      | Daily with time delay for international |
| Northern Trust Short Term Credit Bond-NL      | Short Term Credit Bond           | Barclays US Aggregate Government Short Term | Daily with time delay for international |
| NTGI EAFE - NL                                | International Equity Investments | MSCI EAFE GD                                | Daily with time delay for international |
| Developed International Small Cap             | International Small Cap          | MSCI World Ex & US Small Cap (NQ)           | Daily with time delay for international |
| MacKay Shields High Yield Active Core Fund    | High Yield                       | BoA Merrill Lynch High Yield Master II      | Monthly                                 |

**Robert Bosch Fuel Systems LLC**  
**Hourly-Rated Employees' Pension Plan**  
**Notes to Financial Statements**  
**December 31, 2012 and 2011**

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**7. Risks and Uncertainties**

The Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**8. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Company in a letter dated July 6, 2009, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). The Plan document was amended and restated on January 1, 2013 and the Company applied for an updated determination from the IRS on January 28, 2013. The plan administrator and the Plan's ERISA counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

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 asset or liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of an asset or 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 the Plan is no longer subject to income tax examinations for years beginning prior to January 1, 2009.

**9. Party-in-Interest Transactions**

The Master Trust invests in common collective trusts managed by the Trustee or its affiliates. These transactions qualify as exempt party-in-interest transactions. Fees paid to the Trustee by the Master Trust for 2012 and 2011 were \$742,194 and \$845,692, respectively.

**10. Subsequent Events**

The Plan has evaluated the events and transactions that have occurred through October 11, 2013, the date the financial statements were available to be issued, and noted no items requiring adjustment to the financial statements or additional disclosures.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2012****This Form is Open to Public  
Inspection**For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

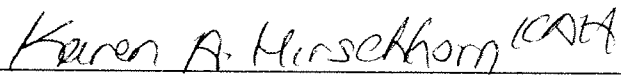
|                                                                                                                                                                                                                                                                                                   |  |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan                                                                                                                                                                                                   |  | <b>B</b> Three-digit plan number (PN) ▶<br><br>002              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Robert Bosch Fuel Systems LLC                                                                                                                                                                                     |  | <b>D</b> Employer Identification Number (EIN)<br><br>36-3818702 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |  |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                                         |              |                            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2012</u>                                                                                                                         |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                        |              |                            |                    |
| a Market value .....                                                                                                                                                                                    |              | <b>2a</b>                  | 83,335,776         |
| b Actuarial value .....                                                                                                                                                                                 |              | <b>2b</b>                  | 84,762,559         |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                    |              |                            |                    |
|                                                                                                                                                                                                         |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                    | <b>3a</b>    | 481                        | 57,932,490         |
| b For terminated vested participants .....                                                                                                                                                              | <b>3b</b>    | 361                        | 6,813,862          |
| c For active participants:                                                                                                                                                                              |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> |                            | 2,195,143          |
| (2) Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> |                            | 14,285,086         |
| (3) Total active .....                                                                                                                                                                                  | <b>3c(3)</b> | 157                        | 16,480,229         |
| d Total .....                                                                                                                                                                                           | <b>3d</b>    | 999                        | 81,226,581         |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                   |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      |              | <b>4a</b>                  |                    |
| 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..... |              | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                  |              | <b>5</b>                   | 6.99 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                       |              | <b>6</b>                   | 854,613            |

**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.

|                                          |                                                                                     |                                        |
|------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                         |  | <u>09/04/2013</u>                      |
| Signature of actuary                     |                                                                                     | Date                                   |
| <u>Karen A. Hirschhorn</u>               |                                                                                     | <u>11-04099</u>                        |
| Type or print name of actuary            |                                                                                     | Most recent enrollment number          |
| <u>Hewitt Associates LLC</u>             |                                                                                     | <u>(847) 295-5000</u>                  |
| Firm name                                |                                                                                     | Telephone number (including area code) |
| <b>4</b> <u>Overlook Point</u>           |                                                                                     |                                        |
| <u>Lincolnshire</u> IL <u>60069-4302</u> |                                                                                     |                                        |
| Address of the firm                      |                                                                                     |                                        |

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

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

Schedule SB (Form 5500) 2012  
v. 120126

Liquidity shortfall as of end of quarter of this plan year

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54 % | 2nd segment:<br>6.85 % | 3rd segment:<br>7.52 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    |  | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                   | <b>31a</b>          | 854,613       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 854,613       |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   |                     |               |
|                                                                                                                                                                                      |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> 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 ..... |                   | <b>33</b>           | 0             |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            |                   | <b>34</b>           | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 2,725,322     |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 2,725,322     |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

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

|                                                                                                                                                                                                          |  |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                          |  |           |  |
| <b>a</b> Schedule elected ..... <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                                                                                |  |           |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |           |  |
| <b>42</b> Amount of acceleration adjustment .....                                                                                                                                                        |  | <b>42</b> |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                                                                                                           |  | <b>43</b> |  |

Schedule SB Attachment (Form 5500)—2012 Plan Year  
 Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan  
 EIN: 36-3818702 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2012

| <b>Date</b>        | <b>Amount</b> | <b>Interest Rate</b> | <b>Days to Discount to 1/1/2012</b> | <b>Interest Adjusted Contribution</b> |
|--------------------|---------------|----------------------|-------------------------------------|---------------------------------------|
| April 13, 2012     | \$ 548,922    | 6.99%                | 103                                 | \$ 538,583                            |
| May 31, 2012       | 2,211,000     | 6.99%                | 151                                 | 2,150,219                             |
| May 8, 2013        | <u>40,000</u> | 6.99%                | 493                                 | <u>36,520</u>                         |
| Total Contribution | \$ 2,799,922  |                      |                                     | \$ 2,725,322                          |

Schedule SB Attachment (Form 5500)—2012 Plan Year  
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan  
EIN: 36-3818702 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

**0-29 Years of Service**

| (a)<br>Age            | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|-----------------------|-------------|---------------|-----------------------------------|
| 45.5                  | 0.00%       | 1.0000        | 0.00                              |
| 46.5                  | 0.00%       | 1.0000        | 0.00                              |
| 47.5                  | 0.00%       | 1.0000        | 0.00                              |
| 48.5                  | 0.00%       | 1.0000        | 0.00                              |
| 49.5                  | 0.00%       | 1.0000        | 0.00                              |
| 50.5                  | 0.00%       | 1.0000        | 0.00                              |
| 51.5                  | 0.00%       | 1.0000        | 0.00                              |
| 52.5                  | 0.00%       | 1.0000        | 0.00                              |
| 53.5                  | 0.00%       | 1.0000        | 0.00                              |
| 54.5                  | 0.00%       | 1.0000        | 0.00                              |
| 55.5                  | 10.00%      | 1.0000        | 5.55                              |
| 56.5                  | 10.00%      | 0.9000        | 5.09                              |
| 57.5                  | 10.00%      | 0.8100        | 4.66                              |
| 58.5                  | 10.00%      | 0.7290        | 4.26                              |
| 59.5                  | 10.00%      | 0.6561        | 3.90                              |
| 60.5                  | 10.00%      | 0.5905        | 3.57                              |
| 61.5                  | 10.00%      | 0.5314        | 3.27                              |
| 62.5                  | 25.00%      | 0.4783        | 7.47                              |
| 63.5                  | 25.00%      | 0.3587        | 5.69                              |
| 64.5                  | 25.00%      | 0.2690        | 4.34                              |
| 65.5                  | 50.00%      | 0.2018        | 6.61                              |
| 66.5                  | 50.00%      | 0.1009        | 3.35                              |
| 67.5                  | 50.00%      | 0.0504        | 1.70                              |
| 68.5                  | 50.00%      | 0.0252        | 0.86                              |
| 69.5                  | 50.00%      | 0.0126        | 0.44                              |
| 70                    | 100.00%     | 0.0063        | 0.44                              |
| Weighted Average      |             |               | 61.20                             |
| Percentage of Actives |             |               | 81.53%                            |

**30-33 Years of Service**

| (a)<br>Age            | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|-----------------------|-------------|---------------|-----------------------------------|
| 45.5                  | 25.00%      | 1.0000        | 11.38                             |
| 46.5                  | 25.00%      | 0.7500        | 8.72                              |
| 47.5                  | 25.00%      | 0.5625        | 6.68                              |
| 48.5                  | 25.00%      | 0.4219        | 5.12                              |
| 49.5                  | 25.00%      | 0.3164        | 3.92                              |
| 50.5                  | 25.00%      | 0.2373        | 3.00                              |
| 51.5                  | 25.00%      | 0.1780        | 2.29                              |
| 52.5                  | 25.00%      | 0.1335        | 1.75                              |
| 53.5                  | 25.00%      | 0.1001        | 1.34                              |
| 54.5                  | 25.00%      | 0.0751        | 1.02                              |
| 55.5                  | 25.00%      | 0.0563        | 0.78                              |
| 56.5                  | 25.00%      | 0.0422        | 0.60                              |
| 57.5                  | 25.00%      | 0.0317        | 0.46                              |
| 58.5                  | 25.00%      | 0.0238        | 0.35                              |
| 59.5                  | 25.00%      | 0.0178        | 0.27                              |
| 60.5                  | 25.00%      | 0.0134        | 0.20                              |
| 61.5                  | 25.00%      | 0.0100        | 0.15                              |
| 62.5                  | 25.00%      | 0.0075        | 0.12                              |
| 63.5                  | 25.00%      | 0.0056        | 0.09                              |
| 64.5                  | 25.00%      | 0.0042        | 0.07                              |
| 65.5                  | 50.00%      | 0.0032        | 0.10                              |
| 66.5                  | 50.00%      | 0.0016        | 0.05                              |
| 67.5                  | 50.00%      | 0.0008        | 0.03                              |
| 68.5                  | 50.00%      | 0.0004        | 0.01                              |
| 69.5                  | 50.00%      | 0.0002        | 0.01                              |
| 70                    | 100.00%     | 0.0001        | 0.01                              |
| Weighted Average      |             |               | 48.52                             |
| Percentage of Actives |             |               | 10.19%                            |

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**34+ Years of Service**

| (a)<br>Age            | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|-----------------------|-------------|---------------|-----------------------------------|
| 45.5                  | 0.00%       | 1.0000        | 0.00                              |
| 46.5                  | 0.00%       | 1.0000        | 0.00                              |
| 47.5                  | 0.00%       | 1.0000        | 0.00                              |
| 48.5                  | 0.00%       | 1.0000        | 0.00                              |
| 49.5                  | 0.00%       | 1.0000        | 0.00                              |
| 50.5                  | 0.00%       | 1.0000        | 0.00                              |
| 51.5                  | 0.00%       | 1.0000        | 0.00                              |
| 52.5                  | 0.00%       | 1.0000        | 0.00                              |
| 53.5                  | 0.00%       | 1.0000        | 0.00                              |
| 54.5                  | 0.00%       | 1.0000        | 0.00                              |
| 55.5                  | 25.00%      | 1.0000        | 13.88                             |
| 56.5                  | 25.00%      | 0.7500        | 10.59                             |
| 57.5                  | 25.00%      | 0.5625        | 8.09                              |
| 58.5                  | 25.00%      | 0.4219        | 6.17                              |
| 59.5                  | 25.00%      | 0.3164        | 4.71                              |
| 60.5                  | 25.00%      | 0.2373        | 3.59                              |
| 61.5                  | 25.00%      | 0.1780        | 2.74                              |
| 62.5                  | 25.00%      | 0.1335        | 2.09                              |
| 63.5                  | 25.00%      | 0.1001        | 1.59                              |
| 64.5                  | 25.00%      | 0.0751        | 1.21                              |
| 65.5                  | 50.00%      | 0.0563        | 1.84                              |
| 66.5                  | 50.00%      | 0.0282        | 0.94                              |
| 67.5                  | 50.00%      | 0.0141        | 0.48                              |
| 68.5                  | 50.00%      | 0.0070        | 0.24                              |
| 69.5                  | 50.00%      | 0.0035        | 0.12                              |
| 70                    | 100.00%     | 0.0018        | 0.12                              |
| Weighted Average      |             |               | 58.40                             |
| Percentage of Actives |             |               | 8.28%                             |

Total Weighted Retirement Age = (61.20) \* 81.53% + (48.52) \* 10.19% + (58.40) \* 8.28% = 59.67

Due to the change in actuary, the calculation for the average retirement age has been adjusted. No assumption change was made. Please see below for the 2011 calculation of the weighted average retirement age:

*For each active participant, an expected retirement age was calculated weighted in proportion to the probability (as shown in the retirement rates table in the 2011 attachment to the Schedule SB, Part-V – Statement of Actuarial Assumptions/Methods) that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 59 is the arithmetic average of the expected retirement ages of all participants on January 1, 2011.*

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

|                                                |                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates                                 | Based on segment rates with a four-month lookback (as of September 2011) each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21 |
| 1st Segment Rate                               | 5.54%                                                                                                                                                                   |
| 2nd Segment Rate                               | 6.85%                                                                                                                                                                   |
| 3rd Segment Rate                               | 7.52%                                                                                                                                                                   |
| Interest Rates for Maximum Tax Purposes        | Based on segment rates with a four-month lookback (as of September 2011) without regard to the MAP-21 interest rate corridor                                            |
| 1st Segment Rate                               | 2.06%                                                                                                                                                                   |
| 2nd Segment Rate                               | 5.25%                                                                                                                                                                   |
| 3rd Segment Rate                               | 6.32%                                                                                                                                                                   |
| Optional Payment Form Election Percentage      | 20% life annuity<br>80% joint and 60% survivor annuity with popup                                                                                                       |
| Optional Payment Form Conversion Interest Rate | Factor of 0.95                                                                                                                                                          |
| Optional Payment Form Conversion Mortality     | None                                                                                                                                                                    |
| Retirement Age                                 |                                                                                                                                                                         |
| Active Participants                            | See Table 1                                                                                                                                                             |
| Terminated Vested Participants                 | Age 65                                                                                                                                                                  |
| Mortality Rates                                |                                                                                                                                                                         |
| Healthy and Disabled                           | 2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)                                                                                     |
| Withdrawal Rates                               | See Table 2                                                                                                                                                             |
| Disability Rates                               | See Table 3                                                                                                                                                             |
| Decrement Timing                               | Middle of year decrements, with 100% retirement occurring at beginning of year                                                                                          |
| Surviving Spouse Benefit                       | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.                                    |

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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit Limits                                | Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2010 Plan Year                                | 6.82%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2011 Plan Year                                | 6.57%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Trust Expenses Included in Target Normal Cost | Actual trust expenses limited to 5% of Fair Value of Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                | January 1, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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Table 1

**Retirement Rates**

| <b>Age</b> | <b>Years of Service</b> |              |            |
|------------|-------------------------|--------------|------------|
|            | <b>0-29</b>             | <b>30-33</b> | <b>34+</b> |
| 45         | 0.00%                   | 25.00%       | 0.00%      |
| 46         | 0.00%                   | 25.00%       | 0.00%      |
| 47         | 0.00%                   | 25.00%       | 0.00%      |
| 48         | 0.00%                   | 25.00%       | 0.00%      |
| 49         | 0.00%                   | 25.00%       | 0.00%      |
| 50         | 0.00%                   | 25.00%       | 0.00%      |
| 51         | 0.00%                   | 25.00%       | 0.00%      |
| 52         | 0.00%                   | 25.00%       | 0.00%      |
| 53         | 0.00%                   | 25.00%       | 0.00%      |
| 54         | 0.00%                   | 25.00%       | 0.00%      |
| 55         | 10.00%                  | 25.00%       | 25.00%     |
| 56         | 10.00%                  | 25.00%       | 25.00%     |
| 57         | 10.00%                  | 25.00%       | 25.00%     |
| 58         | 10.00%                  | 25.00%       | 25.00%     |
| 59         | 10.00%                  | 25.00%       | 25.00%     |
| 60         | 10.00%                  | 25.00%       | 25.00%     |
| 61         | 10.00%                  | 25.00%       | 25.00%     |
| 62         | 25.00%                  | 25.00%       | 25.00%     |
| 63         | 25.00%                  | 25.00%       | 25.00%     |
| 64         | 25.00%                  | 25.00%       | 25.00%     |
| 65         | 50.00%                  | 50.00%       | 50.00%     |
| 66         | 50.00%                  | 50.00%       | 50.00%     |
| 67         | 50.00%                  | 50.00%       | 50.00%     |
| 68         | 50.00%                  | 50.00%       | 50.00%     |
| 69         | 50.00%                  | 50.00%       | 50.00%     |
| 70+        | 100.00%                 | 100.00%      | 100.00%    |

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Table 2

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 14.00%      | 40         | 4.40%       |
| 16         | 14.00%      | 41         | 4.20%       |
| 17         | 14.00%      | 42         | 4.00%       |
| 18         | 14.00%      | 43         | 3.90%       |
| 19         | 14.00%      | 44         | 3.80%       |
| 20         | 14.00%      | 45         | 3.70%       |
| 21         | 12.00%      | 46         | 3.60%       |
| 22         | 10.00%      | 47         | 3.50%       |
| 23         | 9.60%       | 48         | 3.40%       |
| 24         | 9.20%       | 49         | 3.30%       |
| 25         | 8.80%       | 50         | 3.20%       |
| 26         | 8.40%       | 51         | 3.10%       |
| 27         | 8.00%       | 52         | 3.00%       |
| 28         | 7.60%       | 53         | 3.00%       |
| 29         | 7.20%       | 54         | 3.00%       |
| 30         | 6.80%       | 55         | 3.00%       |
| 31         | 6.40%       | 56         | 3.00%       |
| 32         | 6.00%       | 57         | 3.00%       |
| 33         | 5.80%       | 58         | 3.00%       |
| 34         | 5.60%       | 59         | 3.00%       |
| 35         | 5.40%       | 60         | 3.00%       |
| 36         | 5.20%       | 61         | 3.00%       |
| 37         | 5.00%       | 62         | 3.00%       |
| 38         | 4.80%       | 63         | 3.00%       |
| 39         | 4.60%       | 64         | 3.00%       |
|            |             | 65+        | 3.00%       |

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Table 3

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0750%     | 0.0420%       | 40         | 0.2610%     | 0.2406%       |
| 16         | 0.0750%     | 0.0420%       | 41         | 0.2796%     | 0.2592%       |
| 17         | 0.0750%     | 0.0420%       | 42         | 0.2988%     | 0.2772%       |
| 18         | 0.0750%     | 0.0420%       | 43         | 0.3312%     | 0.3036%       |
| 19         | 0.0750%     | 0.0420%       | 44         | 0.3642%     | 0.3306%       |
| 20         | 0.0750%     | 0.0420%       | 45         | 0.3966%     | 0.3570%       |
| 21         | 0.0804%     | 0.0420%       | 46         | 0.4296%     | 0.3840%       |
| 22         | 0.0858%     | 0.0420%       | 47         | 0.4620%     | 0.4104%       |
| 23         | 0.0912%     | 0.0474%       | 48         | 0.5256%     | 0.4608%       |
| 24         | 0.0966%     | 0.0534%       | 49         | 0.5886%     | 0.5112%       |
| 25         | 0.1026%     | 0.0588%       | 50         | 0.6522%     | 0.5622%       |
| 26         | 0.1080%     | 0.0648%       | 51         | 0.7152%     | 0.6126%       |
| 27         | 0.1134%     | 0.0702%       | 52         | 0.7788%     | 0.6630%       |
| 28         | 0.1200%     | 0.0810%       | 53         | 0.8958%     | 0.7464%       |
| 29         | 0.1260%     | 0.0912%       | 54         | 1.0122%     | 0.8298%       |
| 30         | 0.1326%     | 0.1020%       | 55         | 1.1292%     | 0.9138%       |
| 31         | 0.1386%     | 0.1122%       | 56         | 1.2456%     | 0.9972%       |
| 32         | 0.1452%     | 0.1230%       | 57         | 1.3626%     | 1.0806%       |
| 33         | 0.1572%     | 0.1356%       | 58         | 1.4526%     | 1.0926%       |
| 34         | 0.1686%     | 0.1482%       | 59         | 1.5420%     | 1.1046%       |
| 35         | 0.1806%     | 0.1608%       | 60         | 1.6320%     | 1.1160%       |
| 36         | 0.1920%     | 0.1734%       | 61         | 1.7214%     | 1.1280%       |
| 37         | 0.2040%     | 0.1860%       | 62         | 1.8114%     | 1.1400%       |
| 38         | 0.2232%     | 0.2040%       | 63         | 1.9014%     | 1.1994%       |
| 39         | 0.2418%     | 0.2226%       | 64         | 2.0340%     | 1.2588%       |
|            |             |               | 65+        | 0.0000%     | 0.0000%       |

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date October 1, 1988. Amended and restated effective January 1, 2008. The latest amendment dated February 10, 2012. Current collectively bargained agreement expires on July 31, 2013, with the Company having the option to extend it to July 31, 2015.

Eligibility for Participation Union-represented hourly employees regularly employed in the NAO Business Units at Grand Rapids, Michigan.

New hires on or after August 9, 2011 are not eligible to participate in the plan.

Normal Retirement  
Eligibility

Age 65 and one year of credit service

Benefit

A monthly amount equal to years of credited service multiplied by an amount determined in connection with the date of termination of employment and the employee's Benefit Class code as follows:

**Benefit Class Code**

| Termination Date     | A       | B       | C       | D       |
|----------------------|---------|---------|---------|---------|
| 4/1/2008 – 3/31/2009 | \$48.41 | \$48.66 | \$48.91 | \$49.16 |
| 4/1/2009 – 3/31/2010 | \$48.18 | \$48.43 | \$48.68 | \$48.93 |
| 4/1/2010 – 3/31/2011 | \$49.81 | \$50.06 | \$50.31 | \$50.56 |
| 4/1/2011 and after   | \$50.64 | \$50.89 | \$51.14 | \$51.39 |

For each year during the life of the collectively bargained agreement, the Benefit Class A rate will be adjusted by the percent change in the official Consumer Price Index for Urban Wage Earners and Clerical Workers published by the Bureau of Labor Statistics during the previous calendar year. The Benefit Class B, C and D rates will be set based on the Benefit Class A rate by adding \$.25, \$.50 and \$.75 respectively. Per 2011 union negotiations, there will be no further CPI adjustments.

Early Retirement  
Eligibility

(a) Age 60 and 10 years of credited service, or

(b) Age 55 and 85 points based on credited service, or

(c) 30 years of credited service

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Benefit

Normal retirement benefit multiplied by the % in the table below:

| <b>Commencement Age</b> | <b>% of Normal Retirement Benefit</b> |
|-------------------------|---------------------------------------|
| 62+                     | 100.0%                                |
| 61                      | 93.3%                                 |
| 60                      | 86.7%                                 |
| 59                      | 80.8%                                 |
| 58                      | 75.2%                                 |
| 57                      | 69.4%                                 |
| 56                      | 63.5%                                 |
| 55                      | 57.9%                                 |
| 54                      | 53.2%                                 |
| 53                      | 48.9%                                 |
| 52                      | 45.0%                                 |
| 51                      | 41.5%                                 |
| 50                      | 38.3%                                 |
| 49                      | 35.4%                                 |
| 48                      | 32.8%                                 |
| 47                      | 30.4%                                 |
| 46                      | 28.2%                                 |
| 45                      | 26.1%                                 |
| 44                      | 24.3%                                 |
| 43                      | 22.6%                                 |
| 42                      | 21.0%                                 |

If the participant elects to commence benefits before age 62 and either (1) or (2) below applies, then the benefit payable after age 62 will increase to the regular normal retirement benefit. If the participant elects the joint and survivor option, the calculation of the joint and survivor benefit is based on the unreduced regular normal retirement benefit even if the commencement age is before age 62.

- (1) At least 30 years of credit service at early retirement date, or
- (2) Age plus total credited service at early retirement date is at least 85.

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If the participant files his application for benefits within five years of termination, a monthly supplement allowance shall be paid until age 62, determined as follows:

- (1) At least 30 years of credited service: the early retirement supplement is equal to the minimum monthly benefit minus regular early retirement benefit:

| Commencement Date    | Minimum    |
|----------------------|------------|
| 4/1/2008 – 3/31/2009 | \$2,817.56 |
| 4/1/2009 – 3/31/2010 | \$2,804.36 |
| 4/1/2010 – 3/31/2011 | \$2,898.70 |
| 4/1/2011 and after   | \$2,947.43 |

- (2) Less than 30 years of credited service: the interim supplement is calculated as years of credited service multiplied by an amount determined in connection with the attained age at retirement as follows:

| Attained Retirement Age | Payment Start Date |                    |                    |                    |
|-------------------------|--------------------|--------------------|--------------------|--------------------|
|                         | 4/1/2008-3/31/2009 | 4/1/2009-3/31/2010 | 4/1/2010-3/31/2011 | 4/1/2011 and after |
| 55                      | \$20.30            | \$20.20            | \$20.88            | \$21.23            |
| 56                      | \$23.95            | \$23.84            | \$24.64            | \$25.05            |
| 57                      | \$29.01            | \$28.87            | \$29.84            | \$30.35            |
| 58                      | \$33.94            | \$33.78            | \$34.92            | \$35.50            |
| 59                      | \$37.97            | \$37.80            | \$39.07            | \$39.72            |
| 60-61                   | \$43.86            | \$43.66            | \$45.13            | \$45.89            |

For both (1) and (2) above, for each year during the life of the collectively bargained agreement, the rates will be adjusted by the percent change in the official Consumer Price Index for Urban Wage Earners and Clerical Workers published by the Bureau of Labor Statistics during the previous calendar year. Per 2011 union negotiations, there will be no further CPI adjustments.

If the total of the monthly pension and the early retirement supplement or interim supplement exceeds 80% of the final base pay, the supplement (but not the monthly pension) will be reduced such that the total equal 80% of the final base pay.

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Mutual Consent Early Retirement  
Eligibility

Age 55 but not yet 65, 10 years of credited, and mutual consent between the participant and the company.

Benefit

Normal retirement benefit multiplied by the same percentage as for regular early retirement above.

In addition, a monthly special temporary benefit is paid until age 62, calculated as years of credited service (maximum of 30 years) multiplied by an amount determined in connection with the commencement date as follows:

| Commencement Date    | Amount  |
|----------------------|---------|
| 4/1/2008 – 3/31/2009 | \$45.02 |
| 4/1/2009 – 3/31/2010 | \$44.81 |
| 4/1/2010 – 3/31/2011 | \$46.31 |
| 4/1/2011 and after   | \$47.09 |

For each year during the life of the collectively bargained agreement, the above rates will be adjusted by the percent change in the official Consumer Price Index for Urban Wage Earners and Clerical Workers published by the Bureau of Labor Statistics during the previous calendar year. Per 2011 union negotiations, there will be no further CPI adjustments.

Furthermore, a monthly supplement allowance shall be paid until age 62, determined the same way as for regular early retirement above. For determining early retirement supplement (i.e., eligible when having at least 30 years of credited service), the special temporary benefit is included in the regular early retirement benefit. For determining interim supplement (i.e., eligible when having less than 30 years of credited service), the interim supplement is offset by the special temporary benefit above.

Vested Termination  
Eligibility

Five years of credited service.

Benefit

The accrued benefit at the date of termination.

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If an employee terminates before satisfying the age requirement for early retirement, but has satisfied the service requirement, the employee will be entitled to elect an early retirement benefit upon satisfaction of such age requirement. Otherwise, reduced payments may begin any time after age 55, with accrued benefit multiplied by the percentage in the table below:

| <b>Commencement Age</b> | <b>% of Normal Retirement Benefit</b> |
|-------------------------|---------------------------------------|
| 65                      | 100.0%                                |
| 64                      | 92.8%                                 |
| 63                      | 85.6%                                 |
| 62                      | 78.4%                                 |
| 61                      | 71.2%                                 |
| 60                      | 64.0%                                 |
| 59                      | 59.6%                                 |
| 58                      | 55.5%                                 |
| 57                      | 51.2%                                 |
| 56                      | 46.8%                                 |
| 55                      | 42.8%                                 |

Disability

Eligibility

Ten years of credited service.

Benefit

Same as for mutual consent retirement.

Surviving Spouse

Eligibility

Five years of vesting service

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest commencement age equal to 60% of the amount payable as if the participant had commenced with a 60% joint-and-survivor benefit.

Special Age 65 Benefit

Eligibility

Retirees or their surviving spouses who enroll in the voluntary Medicare coverage (excluding deferred vested participants or their surviving spouses).

Benefit

A monthly benefit of \$96.40 payable starting at age 65 for the life of retiree or surviving spouse.

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Normal Form of Annuity  
Without Spouse

Single life annuity.

With Spouse

60% Joint-and-survivor annuity with pop-up. Participant's pension is reduced to 95% (and increased or decreased 0.5% for each year by which the participant is more than five years younger or older, respectively, than the spouse). Participant receives reduced lifetime benefit and, in event of participant's death, 60% of reduced benefit continues to surviving spouse. Reduction is restored if the spouse pre-decease the participant or divorce the participant.

Optional Forms of Annuity

75% joint-and-survivor annuity with pop-up.

Actuarial Equivalence

Applicable Mortality Table and Interest Rate (with October as the look-back month) per Section 417(e)(3) of Internal Revenue Code.

Definitions  
Plan Year

January 1 to December 31.

Credited Service

One year of benefit service is earned if the participant works 1,700 or more hours in one plan year (prorated to the nearest 1/10 if less than 1,700 hours).

In the event plan assets are returned to the General Motors Pension Plan pursuant to Memorandum of Understanding Regarding Pension and Other Matters to Employees of AC Rochester Offered Employment at Diesel Technology Corporation, the credited service associated with such returned assets will be returned to the General Motors Pension Plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

On April 20, 2012, a transfer of certain assets and liabilities of the plan was made to the General Motors Hourly-Rate Employees' Pension Plan. The amount of assets transferred was \$14,625,006. A Form 5310-A and an Actuarial Certification of the Transfer of Assets and Liabilities was filed on February 28, 2012.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of a change in firms providing actuarial services, the Enrolled Actuary has changed from Nicole M. Stopoulos of Towers Watson to Karen A. Hirschhorn of Aon Hewitt.

This change has automatic approval under Announcement 2010-3.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2012

| Attained Age | Number of Participants and Average Compensation |     |     |       |       |       |       |       |       |     |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | Years of Credited Service                       |     |     |       |       |       |       |       |       |     |
|              | <1                                              | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25          | 1                                               |     |     |       |       |       |       |       |       |     |
| 25-29        |                                                 |     |     |       |       |       |       |       |       |     |
| 30-34        | 1                                               |     |     |       |       |       |       |       |       |     |
| 35-39        |                                                 |     |     |       | 5     |       |       |       |       |     |
| 40-44        | 1                                               |     |     | 3     | 20    | 1     |       |       |       |     |
| 45-49        |                                                 | 1   | 1   | 1     | 14    | 7     |       |       |       |     |
| 50-54        |                                                 | 1   |     | 5     | 8     | 11    | 10    | 2     | 1     |     |
| 55-59        |                                                 |     |     | 3     | 6     | 7     | 6     | 10    | 4     |     |
| 60-64        |                                                 | 2   |     | 1     | 7     | 2     | 1     | 9     | 2     |     |
| 65-69        |                                                 |     |     |       | 1     |       | 1     | 1     |       |     |
| 70+          |                                                 |     |     |       |       |       |       |       |       |     |

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2012

| <b>Date</b>        | <b>Amount</b> | <b>Interest Rate</b> | <b>Days to Discount to 1/1/2012</b> | <b>Interest Adjusted Contribution</b> |
|--------------------|---------------|----------------------|-------------------------------------|---------------------------------------|
| April 13, 2012     | \$ 548,922    | 6.99%                | 103                                 | \$ 538,583                            |
| May 31, 2012       | 2,211,000     | 6.99%                | 151                                 | 2,150,219                             |
| May 8, 2013        | <u>40,000</u> | 6.99%                | 493                                 | <u>36,520</u>                         |
| Total Contribution | \$ 2,799,922  |                      |                                     | \$ 2,725,322                          |

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

**0-29 Years of Service**

| (a)<br>Age            | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|-----------------------|-------------|---------------|-----------------------------------|
| 45.5                  | 0.00%       | 1.0000        | 0.00                              |
| 46.5                  | 0.00%       | 1.0000        | 0.00                              |
| 47.5                  | 0.00%       | 1.0000        | 0.00                              |
| 48.5                  | 0.00%       | 1.0000        | 0.00                              |
| 49.5                  | 0.00%       | 1.0000        | 0.00                              |
| 50.5                  | 0.00%       | 1.0000        | 0.00                              |
| 51.5                  | 0.00%       | 1.0000        | 0.00                              |
| 52.5                  | 0.00%       | 1.0000        | 0.00                              |
| 53.5                  | 0.00%       | 1.0000        | 0.00                              |
| 54.5                  | 0.00%       | 1.0000        | 0.00                              |
| 55.5                  | 10.00%      | 1.0000        | 5.55                              |
| 56.5                  | 10.00%      | 0.9000        | 5.09                              |
| 57.5                  | 10.00%      | 0.8100        | 4.66                              |
| 58.5                  | 10.00%      | 0.7290        | 4.26                              |
| 59.5                  | 10.00%      | 0.6561        | 3.90                              |
| 60.5                  | 10.00%      | 0.5905        | 3.57                              |
| 61.5                  | 10.00%      | 0.5314        | 3.27                              |
| 62.5                  | 25.00%      | 0.4783        | 7.47                              |
| 63.5                  | 25.00%      | 0.3587        | 5.69                              |
| 64.5                  | 25.00%      | 0.2690        | 4.34                              |
| 65.5                  | 50.00%      | 0.2018        | 6.61                              |
| 66.5                  | 50.00%      | 0.1009        | 3.35                              |
| 67.5                  | 50.00%      | 0.0504        | 1.70                              |
| 68.5                  | 50.00%      | 0.0252        | 0.86                              |
| 69.5                  | 50.00%      | 0.0126        | 0.44                              |
| 70                    | 100.00%     | 0.0063        | 0.44                              |
| Weighted Average      |             |               | 61.20                             |
| Percentage of Actives |             |               | 81.53%                            |

**30-33 Years of Service**

| (a)<br>Age            | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|-----------------------|-------------|---------------|-----------------------------------|
| 45.5                  | 25.00%      | 1.0000        | 11.38                             |
| 46.5                  | 25.00%      | 0.7500        | 8.72                              |
| 47.5                  | 25.00%      | 0.5625        | 6.68                              |
| 48.5                  | 25.00%      | 0.4219        | 5.12                              |
| 49.5                  | 25.00%      | 0.3164        | 3.92                              |
| 50.5                  | 25.00%      | 0.2373        | 3.00                              |
| 51.5                  | 25.00%      | 0.1780        | 2.29                              |
| 52.5                  | 25.00%      | 0.1335        | 1.75                              |
| 53.5                  | 25.00%      | 0.1001        | 1.34                              |
| 54.5                  | 25.00%      | 0.0751        | 1.02                              |
| 55.5                  | 25.00%      | 0.0563        | 0.78                              |
| 56.5                  | 25.00%      | 0.0422        | 0.60                              |
| 57.5                  | 25.00%      | 0.0317        | 0.46                              |
| 58.5                  | 25.00%      | 0.0238        | 0.35                              |
| 59.5                  | 25.00%      | 0.0178        | 0.27                              |
| 60.5                  | 25.00%      | 0.0134        | 0.20                              |
| 61.5                  | 25.00%      | 0.0100        | 0.15                              |
| 62.5                  | 25.00%      | 0.0075        | 0.12                              |
| 63.5                  | 25.00%      | 0.0056        | 0.09                              |
| 64.5                  | 25.00%      | 0.0042        | 0.07                              |
| 65.5                  | 50.00%      | 0.0032        | 0.10                              |
| 66.5                  | 50.00%      | 0.0016        | 0.05                              |
| 67.5                  | 50.00%      | 0.0008        | 0.03                              |
| 68.5                  | 50.00%      | 0.0004        | 0.01                              |
| 69.5                  | 50.00%      | 0.0002        | 0.01                              |
| 70                    | 100.00%     | 0.0001        | 0.01                              |
| Weighted Average      |             |               | 48.52                             |
| Percentage of Actives |             |               | 10.19%                            |

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**34+ Years of Service**

| (a)<br>Age            | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|-----------------------|-------------|---------------|-----------------------------------|
| 45.5                  | 0.00%       | 1.0000        | 0.00                              |
| 46.5                  | 0.00%       | 1.0000        | 0.00                              |
| 47.5                  | 0.00%       | 1.0000        | 0.00                              |
| 48.5                  | 0.00%       | 1.0000        | 0.00                              |
| 49.5                  | 0.00%       | 1.0000        | 0.00                              |
| 50.5                  | 0.00%       | 1.0000        | 0.00                              |
| 51.5                  | 0.00%       | 1.0000        | 0.00                              |
| 52.5                  | 0.00%       | 1.0000        | 0.00                              |
| 53.5                  | 0.00%       | 1.0000        | 0.00                              |
| 54.5                  | 0.00%       | 1.0000        | 0.00                              |
| 55.5                  | 25.00%      | 1.0000        | 13.88                             |
| 56.5                  | 25.00%      | 0.7500        | 10.59                             |
| 57.5                  | 25.00%      | 0.5625        | 8.09                              |
| 58.5                  | 25.00%      | 0.4219        | 6.17                              |
| 59.5                  | 25.00%      | 0.3164        | 4.71                              |
| 60.5                  | 25.00%      | 0.2373        | 3.59                              |
| 61.5                  | 25.00%      | 0.1780        | 2.74                              |
| 62.5                  | 25.00%      | 0.1335        | 2.09                              |
| 63.5                  | 25.00%      | 0.1001        | 1.59                              |
| 64.5                  | 25.00%      | 0.0751        | 1.21                              |
| 65.5                  | 50.00%      | 0.0563        | 1.84                              |
| 66.5                  | 50.00%      | 0.0282        | 0.94                              |
| 67.5                  | 50.00%      | 0.0141        | 0.48                              |
| 68.5                  | 50.00%      | 0.0070        | 0.24                              |
| 69.5                  | 50.00%      | 0.0035        | 0.12                              |
| 70                    | 100.00%     | 0.0018        | 0.12                              |
| Weighted Average      |             |               | 58.40                             |
| Percentage of Actives |             |               | 8.28%                             |

Total Weighted Retirement Age =  $(61.20) * 81.53\% + (48.52) * 10.19\% + (58.40) * 8.28\% = 59.67$

Due to the change in actuary, the calculation for the average retirement age has been adjusted. No assumption change was made. Please see below for the 2011 calculation of the weighted average retirement age:

*For each active participant, an expected retirement age was calculated weighted in proportion to the probability (as shown in the retirement rates table in the 2011 attachment to the Schedule SB, Part-V – Statement of Actuarial Assumptions/Methods) that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 59 is the arithmetic average of the expected retirement ages of all participants on January 1, 2011.*

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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

|                                                |                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates                                 | Based on segment rates with a four-month lookback (as of September 2011) each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21 |
| 1st Segment Rate                               | 5.54%                                                                                                                                                                   |
| 2nd Segment Rate                               | 6.85%                                                                                                                                                                   |
| 3rd Segment Rate                               | 7.52%                                                                                                                                                                   |
| Interest Rates for Maximum Tax Purposes        | Based on segment rates with a four-month lookback (as of September 2011) without regard to the MAP-21 interest rate corridor                                            |
| 1st Segment Rate                               | 2.06%                                                                                                                                                                   |
| 2nd Segment Rate                               | 5.25%                                                                                                                                                                   |
| 3rd Segment Rate                               | 6.32%                                                                                                                                                                   |
| Optional Payment Form Election Percentage      | 20% life annuity<br>80% joint and 60% survivor annuity with popup                                                                                                       |
| Optional Payment Form Conversion Interest Rate | Factor of 0.95                                                                                                                                                          |
| Optional Payment Form Conversion Mortality     | None                                                                                                                                                                    |
| Retirement Age                                 |                                                                                                                                                                         |
| Active Participants                            | See Table 1                                                                                                                                                             |
| Terminated Vested Participants                 | Age 65                                                                                                                                                                  |
| Mortality Rates                                |                                                                                                                                                                         |
| Healthy and Disabled                           | 2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)                                                                                     |
| Withdrawal Rates                               | See Table 2                                                                                                                                                             |
| Disability Rates                               | See Table 3                                                                                                                                                             |
| Decrement Timing                               | Middle of year decrements, with 100% retirement occurring at beginning of year                                                                                          |
| Surviving Spouse Benefit                       | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.                                    |

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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit Limits                                | Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2010 Plan Year                                | 6.82%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2011 Plan Year                                | 6.57%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Trust Expenses Included in Target Normal Cost | Actual trust expenses limited to 5% of Fair Value of Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                | January 1, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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Table 1

**Retirement Rates**

| <b>Age</b> | <b>Years of Service</b> |              |            |
|------------|-------------------------|--------------|------------|
|            | <b>0-29</b>             | <b>30-33</b> | <b>34+</b> |
| 45         | 0.00%                   | 25.00%       | 0.00%      |
| 46         | 0.00%                   | 25.00%       | 0.00%      |
| 47         | 0.00%                   | 25.00%       | 0.00%      |
| 48         | 0.00%                   | 25.00%       | 0.00%      |
| 49         | 0.00%                   | 25.00%       | 0.00%      |
| 50         | 0.00%                   | 25.00%       | 0.00%      |
| 51         | 0.00%                   | 25.00%       | 0.00%      |
| 52         | 0.00%                   | 25.00%       | 0.00%      |
| 53         | 0.00%                   | 25.00%       | 0.00%      |
| 54         | 0.00%                   | 25.00%       | 0.00%      |
| 55         | 10.00%                  | 25.00%       | 25.00%     |
| 56         | 10.00%                  | 25.00%       | 25.00%     |
| 57         | 10.00%                  | 25.00%       | 25.00%     |
| 58         | 10.00%                  | 25.00%       | 25.00%     |
| 59         | 10.00%                  | 25.00%       | 25.00%     |
| 60         | 10.00%                  | 25.00%       | 25.00%     |
| 61         | 10.00%                  | 25.00%       | 25.00%     |
| 62         | 25.00%                  | 25.00%       | 25.00%     |
| 63         | 25.00%                  | 25.00%       | 25.00%     |
| 64         | 25.00%                  | 25.00%       | 25.00%     |
| 65         | 50.00%                  | 50.00%       | 50.00%     |
| 66         | 50.00%                  | 50.00%       | 50.00%     |
| 67         | 50.00%                  | 50.00%       | 50.00%     |
| 68         | 50.00%                  | 50.00%       | 50.00%     |
| 69         | 50.00%                  | 50.00%       | 50.00%     |
| 70+        | 100.00%                 | 100.00%      | 100.00%    |

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Table 2

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 14.00%      | 40         | 4.40%       |
| 16         | 14.00%      | 41         | 4.20%       |
| 17         | 14.00%      | 42         | 4.00%       |
| 18         | 14.00%      | 43         | 3.90%       |
| 19         | 14.00%      | 44         | 3.80%       |
| 20         | 14.00%      | 45         | 3.70%       |
| 21         | 12.00%      | 46         | 3.60%       |
| 22         | 10.00%      | 47         | 3.50%       |
| 23         | 9.60%       | 48         | 3.40%       |
| 24         | 9.20%       | 49         | 3.30%       |
| 25         | 8.80%       | 50         | 3.20%       |
| 26         | 8.40%       | 51         | 3.10%       |
| 27         | 8.00%       | 52         | 3.00%       |
| 28         | 7.60%       | 53         | 3.00%       |
| 29         | 7.20%       | 54         | 3.00%       |
| 30         | 6.80%       | 55         | 3.00%       |
| 31         | 6.40%       | 56         | 3.00%       |
| 32         | 6.00%       | 57         | 3.00%       |
| 33         | 5.80%       | 58         | 3.00%       |
| 34         | 5.60%       | 59         | 3.00%       |
| 35         | 5.40%       | 60         | 3.00%       |
| 36         | 5.20%       | 61         | 3.00%       |
| 37         | 5.00%       | 62         | 3.00%       |
| 38         | 4.80%       | 63         | 3.00%       |
| 39         | 4.60%       | 64         | 3.00%       |
|            |             | 65+        | 3.00%       |

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Table 3

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.0750%     | 0.0420%       | 40         | 0.2610%     | 0.2406%       |
| 16         | 0.0750%     | 0.0420%       | 41         | 0.2796%     | 0.2592%       |
| 17         | 0.0750%     | 0.0420%       | 42         | 0.2988%     | 0.2772%       |
| 18         | 0.0750%     | 0.0420%       | 43         | 0.3312%     | 0.3036%       |
| 19         | 0.0750%     | 0.0420%       | 44         | 0.3642%     | 0.3306%       |
| 20         | 0.0750%     | 0.0420%       | 45         | 0.3966%     | 0.3570%       |
| 21         | 0.0804%     | 0.0420%       | 46         | 0.4296%     | 0.3840%       |
| 22         | 0.0858%     | 0.0420%       | 47         | 0.4620%     | 0.4104%       |
| 23         | 0.0912%     | 0.0474%       | 48         | 0.5256%     | 0.4608%       |
| 24         | 0.0966%     | 0.0534%       | 49         | 0.5886%     | 0.5112%       |
| 25         | 0.1026%     | 0.0588%       | 50         | 0.6522%     | 0.5622%       |
| 26         | 0.1080%     | 0.0648%       | 51         | 0.7152%     | 0.6126%       |
| 27         | 0.1134%     | 0.0702%       | 52         | 0.7788%     | 0.6630%       |
| 28         | 0.1200%     | 0.0810%       | 53         | 0.8958%     | 0.7464%       |
| 29         | 0.1260%     | 0.0912%       | 54         | 1.0122%     | 0.8298%       |
| 30         | 0.1326%     | 0.1020%       | 55         | 1.1292%     | 0.9138%       |
| 31         | 0.1386%     | 0.1122%       | 56         | 1.2456%     | 0.9972%       |
| 32         | 0.1452%     | 0.1230%       | 57         | 1.3626%     | 1.0806%       |
| 33         | 0.1572%     | 0.1356%       | 58         | 1.4526%     | 1.0926%       |
| 34         | 0.1686%     | 0.1482%       | 59         | 1.5420%     | 1.1046%       |
| 35         | 0.1806%     | 0.1608%       | 60         | 1.6320%     | 1.1160%       |
| 36         | 0.1920%     | 0.1734%       | 61         | 1.7214%     | 1.1280%       |
| 37         | 0.2040%     | 0.1860%       | 62         | 1.8114%     | 1.1400%       |
| 38         | 0.2232%     | 0.2040%       | 63         | 1.9014%     | 1.1994%       |
| 39         | 0.2418%     | 0.2226%       | 64         | 2.0340%     | 1.2588%       |
|            |             |               | 65+        | 0.0000%     | 0.0000%       |

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date October 1, 1988. Amended and restated effective January 1, 2008. The latest amendment dated February 10, 2012. Current collectively bargained agreement expires on July 31, 2013, with the Company having the option to extend it to July 31, 2015.

Eligibility for Participation Union-represented hourly employees regularly employed in the NAO Business Units at Grand Rapids, Michigan.

New hires on or after August 9, 2011 are not eligible to participate in the plan.

Normal Retirement  
 Eligibility

Age 65 and one year of credit service

Benefit

A monthly amount equal to years of credited service multiplied by an amount determined in connection with the date of termination of employment and the employee's Benefit Class code as follows:

**Benefit Class Code**

| Termination Date     | A       | B       | C       | D       |
|----------------------|---------|---------|---------|---------|
| 4/1/2008 – 3/31/2009 | \$48.41 | \$48.66 | \$48.91 | \$49.16 |
| 4/1/2009 – 3/31/2010 | \$48.18 | \$48.43 | \$48.68 | \$48.93 |
| 4/1/2010 – 3/31/2011 | \$49.81 | \$50.06 | \$50.31 | \$50.56 |
| 4/1/2011 and after   | \$50.64 | \$50.89 | \$51.14 | \$51.39 |

For each year during the life of the collectively bargained agreement, the Benefit Class A rate will be adjusted by the percent change in the official Consumer Price Index for Urban Wage Earners and Clerical Workers published by the Bureau of Labor Statistics during the previous calendar year. The Benefit Class B, C and D rates will be set based on the Benefit Class A rate by adding \$.25, \$.50 and \$.75 respectively. Per 2011 union negotiations, there will be no further CPI adjustments.

Early Retirement  
 Eligibility

(a) Age 60 and 10 years of credited service, or

(b) Age 55 and 85 points based on credited service, or

(c) 30 years of credited service

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Benefit

Normal retirement benefit multiplied by the % in the table below:

| <b>Commencement Age</b> | <b>% of Normal Retirement Benefit</b> |
|-------------------------|---------------------------------------|
| 62+                     | 100.0%                                |
| 61                      | 93.3%                                 |
| 60                      | 86.7%                                 |
| 59                      | 80.8%                                 |
| 58                      | 75.2%                                 |
| 57                      | 69.4%                                 |
| 56                      | 63.5%                                 |
| 55                      | 57.9%                                 |
| 54                      | 53.2%                                 |
| 53                      | 48.9%                                 |
| 52                      | 45.0%                                 |
| 51                      | 41.5%                                 |
| 50                      | 38.3%                                 |
| 49                      | 35.4%                                 |
| 48                      | 32.8%                                 |
| 47                      | 30.4%                                 |
| 46                      | 28.2%                                 |
| 45                      | 26.1%                                 |
| 44                      | 24.3%                                 |
| 43                      | 22.6%                                 |
| 42                      | 21.0%                                 |

If the participant elects to commence benefits before age 62 and either (1) or (2) below applies, then the benefit payable after age 62 will increase to the regular normal retirement benefit. If the participant elects the joint and survivor option, the calculation of the joint and survivor benefit is based on the unreduced regular normal retirement benefit even if the commencement age is before age 62.

- (1) At least 30 years of credit service at early retirement date, or
- (2) Age plus total credited service at early retirement date is at least 85.

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If the participant files his application for benefits within five years of termination, a monthly supplement allowance shall be paid until age 62, determined as follows:

- (1) At least 30 years of credited service: the early retirement supplement is equal to the minimum monthly benefit minus regular early retirement benefit:

| Commencement Date    | Minimum    |
|----------------------|------------|
| 4/1/2008 – 3/31/2009 | \$2,817.56 |
| 4/1/2009 – 3/31/2010 | \$2,804.36 |
| 4/1/2010 – 3/31/2011 | \$2,898.70 |
| 4/1/2011 and after   | \$2,947.43 |

- (2) Less than 30 years of credited service: the interim supplement is calculated as years of credited service multiplied by an amount determined in connection with the attained age at retirement as follows:

| Attained Retirement Age | Payment Start Date |                    |                    |                    |
|-------------------------|--------------------|--------------------|--------------------|--------------------|
|                         | 4/1/2008-3/31/2009 | 4/1/2009-3/31/2010 | 4/1/2010-3/31/2011 | 4/1/2011 and after |
| 55                      | \$20.30            | \$20.20            | \$20.88            | \$21.23            |
| 56                      | \$23.95            | \$23.84            | \$24.64            | \$25.05            |
| 57                      | \$29.01            | \$28.87            | \$29.84            | \$30.35            |
| 58                      | \$33.94            | \$33.78            | \$34.92            | \$35.50            |
| 59                      | \$37.97            | \$37.80            | \$39.07            | \$39.72            |
| 60-61                   | \$43.86            | \$43.66            | \$45.13            | \$45.89            |

For both (1) and (2) above, for each year during the life of the collectively bargained agreement, the rates will be adjusted by the percent change in the official Consumer Price Index for Urban Wage Earners and Clerical Workers published by the Bureau of Labor Statistics during the previous calendar year. Per 2011 union negotiations, there will be no further CPI adjustments.

If the total of the monthly pension and the early retirement supplement or interim supplement exceeds 80% of the final base pay, the supplement (but not the monthly pension) will be reduced such that the total equal 80% of the final base pay.

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Mutual Consent Early Retirement  
Eligibility

Age 55 but not yet 65, 10 years of credited, and mutual consent between the participant and the company.

Benefit

Normal retirement benefit multiplied by the same percentage as for regular early retirement above.

In addition, a monthly special temporary benefit is paid until age 62, calculated as years of credited service (maximum of 30 years) multiplied by an amount determined in connection with the commencement date as follows:

| Commencement Date    | Amount  |
|----------------------|---------|
| 4/1/2008 – 3/31/2009 | \$45.02 |
| 4/1/2009 – 3/31/2010 | \$44.81 |
| 4/1/2010 – 3/31/2011 | \$46.31 |
| 4/1/2011 and after   | \$47.09 |

For each year during the life of the collectively bargained agreement, the above rates will be adjusted by the percent change in the official Consumer Price Index for Urban Wage Earners and Clerical Workers published by the Bureau of Labor Statistics during the previous calendar year. Per 2011 union negotiations, there will be no further CPI adjustments.

Furthermore, a monthly supplement allowance shall be paid until age 62, determined the same way as for regular early retirement above. For determining early retirement supplement (i.e., eligible when having at least 30 years of credited service), the special temporary benefit is included in the regular early retirement benefit. For determining interim supplement (i.e., eligible when having less than 30 years of credited service), the interim supplement is offset by the special temporary benefit above.

Vested Termination  
Eligibility

Five years of credited service.

Benefit

The accrued benefit at the date of termination.

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If an employee terminates before satisfying the age requirement for early retirement, but has satisfied the service requirement, the employee will be entitled to elect an early retirement benefit upon satisfaction of such age requirement. Otherwise, reduced payments may begin any time after age 55, with accrued benefit multiplied by the percentage in the table below:

| <b>Commencement Age</b> | <b>% of Normal Retirement Benefit</b> |
|-------------------------|---------------------------------------|
| 65                      | 100.0%                                |
| 64                      | 92.8%                                 |
| 63                      | 85.6%                                 |
| 62                      | 78.4%                                 |
| 61                      | 71.2%                                 |
| 60                      | 64.0%                                 |
| 59                      | 59.6%                                 |
| 58                      | 55.5%                                 |
| 57                      | 51.2%                                 |
| 56                      | 46.8%                                 |
| 55                      | 42.8%                                 |

Disability

Eligibility

Ten years of credited service.

Benefit

Same as for mutual consent retirement.

Surviving Spouse

Eligibility

Five years of vesting service

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest commencement age equal to 60% of the amount payable as if the participant had commenced with a 60% joint-and-survivor benefit.

Special Age 65 Benefit

Eligibility

Retirees or their surviving spouses who enroll in the voluntary Medicare coverage (excluding deferred vested participants or their surviving spouses).

Benefit

A monthly benefit of \$96.40 payable starting at age 65 for the life of retiree or surviving spouse.

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Normal Form of Annuity  
Without Spouse

Single life annuity.

With Spouse

60% Joint-and-survivor annuity with pop-up. Participant's pension is reduced to 95% (and increased or decreased 0.5% for each year by which the participant is more than five years younger or older, respectively, than the spouse). Participant receives reduced lifetime benefit and, in event of participant's death, 60% of reduced benefit continues to surviving spouse. Reduction is restored if the spouse pre-deceases the participant or divorces the participant.

Optional Forms of Annuity

75% joint-and-survivor annuity with pop-up.

Actuarial Equivalence

Applicable Mortality Table and Interest Rate (with October as the look-back month) per Section 417(e)(3) of Internal Revenue Code.

Definitions  
Plan Year

January 1 to December 31.

Credited Service

One year of benefit service is earned if the participant works 1,700 or more hours in one plan year (prorated to the nearest 1/10 if less than 1,700 hours).

In the event plan assets are returned to the General Motors Pension Plan pursuant to Memorandum of Understanding Regarding Pension and Other Matters to Employees of AC Rochester Offered Employment at Diesel Technology Corporation, the credited service associated with such returned assets will be returned to the General Motors Pension Plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

On April 20, 2012, a transfer of certain assets and liabilities of the plan was made to the General Motors Hourly-Rate Employees' Pension Plan. The amount of assets transferred was \$14,625,006. A Form 5310-A and an Actuarial Certification of the Transfer of Assets and Liabilities was filed on February 28, 2012.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of a change in firms providing actuarial services, the Enrolled Actuary has changed from Nicole M. Stopoulos of Towers Watson to Karen A. Hirschhorn of Aon Hewitt.

This change has automatic approval under Announcement 2010-3.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2012

| Attained Age | Number of Participants and Average Compensation |     |     |       |       |       |       |       |       |     |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | Years of Credited Service                       |     |     |       |       |       |       |       |       |     |
|              | <1                                              | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25          | 1                                               |     |     |       |       |       |       |       |       |     |
| 25-29        |                                                 |     |     |       |       |       |       |       |       |     |
| 30-34        | 1                                               |     |     |       |       |       |       |       |       |     |
| 35-39        |                                                 |     |     |       | 5     |       |       |       |       |     |
| 40-44        | 1                                               |     |     | 3     | 20    | 1     |       |       |       |     |
| 45-49        |                                                 | 1   | 1   | 1     | 14    | 7     |       |       |       |     |
| 50-54        |                                                 | 1   |     | 5     | 8     | 11    | 10    | 2     | 1     |     |
| 55-59        |                                                 |     |     | 3     | 6     | 7     | 6     | 10    | 4     |     |
| 60-64        |                                                 | 2   |     | 1     | 7     | 2     | 1     | 9     | 2     |     |
| 65-69        |                                                 |     |     |       | 1     |       | 1     | 1     |       |     |
| 70+          |                                                 |     |     |       |       |       |       |       |       |     |

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