Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BOSCH SAVINGS INCENTIVE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1985

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ROBERT BOSCH LLC

2800 S 25TH AVE
BROADVIEW, IL 60155-4532

2b Employer Identification Number (EIN)
36-2903176

2c Sponsor's telephone number
708-865-5200

2d Business code (see instructions)
423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	GARY D GRABARCZYK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	GARY D GRABARCZYK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	15086
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	12602
b	Retired or separated participants receiving benefits	**6b**	155
c	Other retired or separated participants entitled to future benefits	**6c**	3178
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	15935
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	24
f	Total. Add lines **6d** and **6e**.	**6f**	15959
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	15100
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	338
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
BOSCH SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT BOSCH LLC

D Employer Identification Number (EIN)
36-2903176

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).. . . . . [X] 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

DODGE & COX
555 CALIFORNIA STREET
40 FL
SAN FRANCISCO, CA 94104

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

J.P. MORGAN MUTUAL FUNDS
522 5TH AVE. 12TH FLOOR
NEW YORK CITY, NY 10036

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

STATE STREET - LAZARD CLASS C
30 ROCKERFELLER PLAZA
NEW YORK, NY 10021

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

NORTHERN TRUST - COLLECTIVE
801 SOUTH CANAL STREET
CHICAGO, IL 60607

(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

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)

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02060-1584

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 37 38 49 50 59 60 62 64 65 99	RECORDKEEPER/TRUSTEE	1003681	Yes [X] No [ ]	Yes [ ] No [X]	641015	Yes [ ] No [X]

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

FINANCIAL ENGINES

1804 EMBARCADERO ROAD
PALO ALTO, CA 94303

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	INVESTMENT ADVISOR	1319527	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TD AMERITRADE

47-0533629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50	SECURITIES BROKER	116639	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

PRICEWATERHOUSECOOPERS

1 NORTH WACKER DRIVE
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	27870	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	108232

(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.
DODGE & COX 555 CALIFORNIA STREET 40 FL SAN FRANCISCO, CA 94104	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	107739

(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.
J.P. MORGAN MUTUAL FUNDS 522 5TH AVE. 12TH FLOOR NEW YORK CITY, NY 10036	RECORDKEEPING PARTICIPANT COMMUNICATION SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 62	2378

(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.
WELLS FARGO, N.A. 90 S 7TH ST 7TH FLOOR MINNEAPOLIS, MN 55402-3903	FLOAT REVENUE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 49 64 65 99	42523

(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.
TD AMERITRADE P.O. BOX 2226 7TH FLOOR OMAHA, NE 68103	VARIOUS ADMINSTRATIVE SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 49 64 65 99	380144

(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.
FINANCIAL ENGINES 1804 EMBARCADERO ROAD PALTO ALTO, CA 94303	VARIOUS ADMINSTRATIVE SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
BOSCH SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ROBERT BOSCH LLC

D Employer Identification Number (EIN)
36-2903176

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

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN STABLE VALUE FUND

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, NA

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)
26-0463057-001	C	243451315

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN SMARTRETIREMENT 2010 C

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, NA

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)
20-3063261-001	C	22020792

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN SMARTRETIREMENT 2015 C

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, NA

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)
20-3063321-001	C	37398580

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN SMARTRETIREMENT 2020 C

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, NA

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)
20-3063359-001	C	100723637

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN SMARTRETIREMENT 2030 C

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, NA

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)
20-3063387-001	C	94086219

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN SMARTRETIREMENT 2040 C

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, NA

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)
20-3063440-001	C	72066878

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EMERGING MARKETS

b Name of sponsor of entity listed in (a): LAZARD/WILMINGTON COLLECTIVE TRUST

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)
04-3478313-001	C	69652971

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE BOND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS

c EIN-PN 45-6138589-200	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127293290

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE EAFE

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS

c EIN-PN 45-6138589-111	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142651682

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE RUSSELL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS

c EIN-PN 45-6138589-109	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156979433

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST S & P 500 INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS

c EIN-PN 45-6138589-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259072650

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN SMARTRETIREMENT 2050 C

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, NA

c EIN-PN 20-5819476-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6221009

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 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 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 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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
BOSCH SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT BOSCH LLC

D Employer Identification Number (EIN)
36-2903176

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	185062	215970
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	31211153	32383039
(9) Value of interest in common/collective trusts	1c(9)	1132336394	1331618456
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	179470668	251342615
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	50205397	55383228

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1393408674	1670943308
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	627133	754095
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	627133	754095
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1392781541	1670189213

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	44867438	
	(B) Participants	2a(1)(B)	76883521	
	(C) Others (including rollovers)	2a(1)(C)	10115408	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		131866367
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1431778	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1431778
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7763780	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7763780
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		175732138
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		66598173
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		383392236
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	103551729	
(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)		103551729
f Corrective distributions (see instructions)	2f		7953
g Certain deemed distributions of participant loans (see instructions)	2g		47673
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2377209	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2377209
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		105984564
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		277407672
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP **(2)** EIN: 13-4008324

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
BOSCH SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ROBERT BOSCH LLC

D Employer Identification Number (EIN)
36-2903176

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-2020334

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Bosch Savings Incentive Plan

Financial Statements and Supplemental Schedule
December 31, 2013 and 2012

Bosch Savings Incentive Plan
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Financial Statements

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December 31, 2013 and 2012 3

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Years Ended December 31, 2013 and 2012 4

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Supplemental Schedule

Schedule I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2013 17

Note: Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have not been included herein as they are not applicable.

Independent Auditor's Report

To the Participants and Administrator of the
Bosch Savings Incentive Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Bosch Savings Incentive Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012 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 3, which was certified by Mercer 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 December 31, 2013 and 2012 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

PricewaterhouseCoopers LLP

October 10, 2014

Bosch Savings Incentive Plan
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value	$ 1,639,420,402	$ 1,366,714,654
Notes receivable from participants	32,383,039	31,211,153
Other Receivables	215,970	185,062
Total assets	1,672,019,411	1,398,110,869
Liabilities		
Accrued expenses	754,095	627,133
Net assets available for benefits, reflecting investments at fair value	1,671,265,316	1,397,483,736
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(1,076,103)	(4,702,195)
Net assets available for benefits	$ 1,670,189,213	$ 1,392,781,541

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

Bosch Savings Incentive Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2013 and 2012

	2013	2012
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	$ 238,153,506	$ 132,409,084
Dividend and interest income	12,005,594	16,109,372
Total investment income	250,159,100	148,518,456
Interest income on notes receivable from participants	1,366,769	1,323,486
Contributions		
Participant	76,883,521	68,370,635
Employer	44,867,438	41,957,927
Rollovers	9,899,438	5,177,913
Other	215,970	185,062
Total contributions	131,866,367	115,691,537
Total additions	383,392,236	265,533,479
Deductions from net assets attributed to		
Distributions to participants	103,607,355	80,995,399
Administrative expenses	2,377,209	1,991,982
Total deductions	105,984,564	82,987,381
Transfers in from merged plans	-	1,819,579
Net increase	277,407,672	184,365,677
Net assets available for benefits		
Beginning of year	1,392,781,541	1,208,415,864
End of year	$ 1,670,189,213	$ 1,392,781,541

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

1. Description of the Plan

The following description of the Bosch Savings Incentive Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. Robert Bosch LLC (the "Company") is the Plan administrator.

General

The Plan, established July 1, 1985, is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Eligible full-time employees of the Company and its participating subsidiaries and affiliates that have adopted the Plan are eligible to participate in the Plan on their date of hire. Part-time employees are eligible to participate after one year of service with 1,000 hours of service, as defined in the Plan document.

All salaried and non-union associates of Bosch Software Innovations Corp. began participating in the Plan effective January 1, 2012. Vesting credit was provided from date of hire with Bosch Software Innovations Corp. and participants receive the Company matching formula.

Effective February 1, 2012 the RTI Technologies 401K Plan was merged with and into the Plan resulting in a transfer of net assets totaling $1,341,668 to the Plan on that date. All salaried and non-union associates of RTI Technologies Inc. began participating in the Plan effective January 1, 2012. Vesting credit was provided from date of hire with RTI Technologies Inc. and participants receive the Company matching formula.

As a result of the sale of RTI Technologies, Inc. on December 31, 2012, participants employed by RTI Technologies, Inc. became fully vested in Company matching contributions.

Employees of Aleo Solar began participating in the Plan effective February 1, 2012. Vesting credit was provided from date of hire with Aleo Solar and participants receive the Company matching formula.

Employees of Eisai Machinery USA began participating in the Plan effective April 11, 2012. Vesting credit was provided from date of hire with Eisai Machinery USA and participants receive the Company matching formula.

Effective August 15, 2012 the Bosch Rexroth Corporation Hydraulics Division, Wooster Facility 401(k) Plan for Bargaining Unit Employees was merged with and into the Plan resulting in a transfer of net assets totaling $445,532 to the Plan on that date.

Effective September 4, 2012 the Toolz, Inc. 401(k) Plan was merged with and into the Plan resulting in a transfer of net assets totaling $32,379 to the Plan on that date.

As a result of an acquisition by the Company in 2012, salaried and non-union associates employed by SPX Corporation, were permitted to participate in the Plan effective January 1, 2013 and received credit for their prior service with SPX Corporation, for purposes of vesting. The acquired company became known as Bosch Automotive Service Solutions.

Associates of Escrypt Inc. began participating in the Plan effective April 1, 2013. Vesting credit was provided from date of hire with Escrypt Inc. and participants receive the Company matching formula. Subsequently, on October 31, 2013 participation in the Plan ended.

Robert Bosch Tool Corporation announced in July of 2013 that the Watseka location of Robert Bosch Tool Corporation will cease operations by the end of 2014.

Bosch Rexroth Pneumatics Corporation, a division of Bosch Rexroth Corporation, was established on September 7, 2012. The division began participation in the Plan on June 1, 2013. As a result of the sale of the division, participation in the Plan subsequently ended on December 31, 2013. Participants employed by Bosch Rexroth Pneumatics Corporation became fully vested in Company matching contributions.

Contributions
The Plan provides for participant contributions to be made on both a pre-tax and an after-tax basis. Each pay period in which participants receive wages, they may contribute between 1% and 85% of their eligible compensation, as defined in the Plan document, subject to maximum amounts established by the Internal Revenue Code (the "Code"), pursuant to Section 401(k) of the Code. Participants may also contribute amounts representing catch-up contributions (if age 50 or older), and distributions from other qualified defined-benefit or defined-contribution plans.

The Plan has an auto-enrollment feature which enrolls newly eligible associates in the Plan at a 5% pretax deferral after 30 days of employment unless the associate elects otherwise. The automatic enrollment contribution percentage for associates who are auto-enrolled at 5% will increase by 1% on the anniversary of the auto-enrollment date, until the percentage reaches 9%, unless the participant elects otherwise.

Depending on the employer, the Company provides a matching contribution for all participants of between 25% and 100% of the first 9% of eligible compensation contributed by the participant. For certain employers, the percentage within the range is determined each year. For 2013 and 2012, the matching percentage was 50% for Robert Bosch Tool Corporation, CST/Berger and L.R. Nelson Corporation, and 75% for all other participating employers.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. After 3 years of service with the Company, a participant will become 100% vested in Company contributions on the date they are contributed. Accounts of participants who are actively employed at a location, other than Robert Bosch Tool Corporation locations, that is closed generally become fully vested on the closure date. Forfeited balances of terminated participants' nonvested accounts are used to pay expenses of the Plan or to reduce Company contributions. Forfeited nonvested accounts totaled $213,495 and $303,029 at December 31, 2013 and 2012, respectively. Forfeitures of $1,030,000 and $350,178 for Plan year 2013 and 2012, respectively, were used to reduce employer matching contributions.

Participant Accounts
Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, Plan earnings and administrative expenses. Allocations of Plan earnings are based on participant account balances in the respective investment options. The benefit to which a participant is entitled is equal to the vested balance that can be provided from the participant's account.

Investment Options
Participants may direct contributions in any of the investment options offered, which include mutual funds and collective trusts, as well as the Bosch Stable Value Fund, which holds a liquidity fund and several synthetic guaranteed investment contracts. Participants may also utilize a brokerage

account, which permits the participant to invest in other securities. Changes in allocations of future contributions and transfers among funds of presently invested contributions are permitted pursuant to Plan provisions. The Plan's investments, other than the brokerage account, are held by Mercer Trust Company (the "Trustee" or "Mercer"). Prior to March 12, 2012, the brokerage account was administered by Mercer Securities, an affiliate of the Trustee.

Effective March 12, 2012, the JPMorgan SmartRetirement 2050 Fund C Class was added to the investment lineup and TD Ameritrade Inc. replaced Mercer Securities as the Plan's self directed brokerage provider.

Notes Receivable from Participants
Participants may borrow from their Plan accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 (subject to certain limitations as defined in the Plan document) or 50% of their vested account balance. All notes receivable from participants are amortized over a reasonable period of time, generally not to exceed five years. Upon termination, notes receivable are either payable immediately, or by making payments via monthly coupons administered by the recordkeeper. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates at the time of inception. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Principal and interest are generally to be paid through payroll deductions.

Benefit Payments
In the event of retirement, termination of service, death, or disability, the participant may receive a lump sum or installment payments equal to the vested value of his or her account. Prior to termination of service, participants may withdraw their after-tax and rollover contributions at any time, or any portion of their account after attaining the age of 59-1/2. Withdrawals of participant contributions for certain financial hardship situations will be authorized only upon satisfaction of criteria as enumerated in the Plan document.

If the payment is for termination of service, the amount may be transferred directly to an Individual Retirement Account or another qualified plan. If the participant does not elect a direct plan-to-plan transfer, the Internal Revenue Service ("IRS") requires the Plan to withhold 20% of the final distribution for payment of federal income taxes.

Plan Termination
Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, the accounts of all participants shall immediately be fully vested and distributed to the participants.

Administrative Expenses
An annual recordkeeping fee of $62.50 ($15.63 per quarter) is charged to participant accounts by the recordkeeper. This amount is reflected in administrative expenses in the accompanying financial statements. Administrative expenses also include financial advisory fees and audit fees.

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").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. Units of collective trusts are valued at the net asset value of units held by the Plan at year-end, based on information reported by the investment advisor using the financial statements of the collective trusts. In addition to these investments, stocks within the Plan's self directed brokerage accounts are valued at the closing price at year-end reported on the active market on which the individual securities are traded.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts within the Bosch Stable Value Fund option. The Statements of Net Assets Available for Benefits present the fair value as well as the adjustment from fair value to contract value relating to the investment contracts. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the gains and losses on investments bought and sold as well as held during the year.

Synthetic Guaranteed Investment Contracts

The Plan holds synthetic guaranteed investment contracts ("GICs") as part of the Bosch Stable Value Fund. The synthetic GICs provide for a fixed return on principal over a specified time through fully benefit-responsive wrapper contracts issued by AIG Financial Products, Royal Bank of Canada, and State Street Bank. The assets underlying the synthetic GICs substantially consist of an intermediate bond collective trust fund.

The fair value of the synthetic GICs equals the total of the fair value of the underlying assets plus the fair value of the wrapper contracts. The fair value of the wrapper contracts is computed using a replacement cost approach that incorporates a comparison of the current fee rate on similar wrapper contracts to the fee being paid by the Plan. Using this approach, the fair value of the wrapper contracts was $0 and $113,834 at December 31, 2013 and 2012, respectively.

Fully benefit-responsive synthetic GICs are valued at contract value, rather than fair value, for determining the net assets available for benefits. Contract value represents contributions, plus earnings, less participant withdrawals and administrative expenses. The wrapper contracts used

by the Plan are fully benefit-responsive because the wrapper contract issuers are contractually obligated to make up any shortfall in the event that the underlying asset portfolio has been liquidated and is inadequate to cover participant withdrawals and transfers at contract value.There are currently no reserves against contract values for credit risk of the contract issuers or any other risk.

The crediting interest rate, which is reset quarterly, based on a formula agreed upon with each wrapper contract issuer, can never fall below zero. The crediting rate formula smoothes the impact of interest rate changes on participant returns by amortizing any difference between market value and book value over a period of years equal to the duration of the portfolio benchmark. The average yield on the synthetic GICs based on annualized earnings was approximately 1.14% and 1.21% for the years ended December 31, 2013 and 2012, respectively. The average interest rate credited to participants on the synthetic GICs was approximately 1.57% and 1.97% for the years ended December 31, 2013 and 2012, respectively. The credit ratings for AIG Financial Products were A+ and A- at December 31, 2013 and 2012, respectively, and the credit ratings for Royal Bank of Canada and State Street Bank were AA- at both December 31, 2013 and 2012.

Certain events limit the ability of the Plan to transact at contract value with the issuer. These events include restructurings, early retirement plans, divestitures, bankruptcies or as the result of legal, tax or regulatory changes. The Plan administrator believes that the occurrence of any such event is remote.

The providers of the wrapper contracts can only terminate at a value different than contract value under an event of default (that was not remedied) such as failure to follow the terms of the contract.

Benefit Payments
Benefits are recorded when paid.

Accounting Pronouncement – Fair Value Measurements
In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (“ASU”) 2011-11, “Disclosures about Offsetting Assets and Liabilities”. This ASU establishes new disclosure requirements regarding the effect or potential effect of offsetting arrangements on a company’s financial position. It is the result of a joint project with the IASB designed to enhance and provide converged disclosures about financial and derivative instruments that are either offset on the balance sheet, or are subject to an enforceable master netting arrangement (or other similar arrangement). The ASU is effective for fiscal years and interim periods beginning on or after January 1, 2013. Retrospective application of the disclosures is required for all periods presented within the financial statements.

In January 2013, the FASB issued ASU 2013-01, “Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities”. The ASU limits the scope of the new balance sheet offsetting disclosures to derivatives, repurchase agreements, and securities lending transactions to the extent that they are (1) offset in the financial statements or (2) subject to an enforceable master netting arrangement or similar agreement. The disclosure requirements are effective for annual reporting periods beginning on or after January 1, 2013, and interim periods within those annual periods.

The adoption of this guidance had no effect on the Plan’s financial statements.

3. Certification of Investment Information

In accordance with the provisions of 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, Mercer has certified as complete and accurate certain investment information included in the accompanying financial statements and supplemental schedule as of and for the years ended December 31, 2013 and 2012. The following table presents a summary of the certified amounts as of and for the years ended December 31, 2013 and 2012:

	2013	2012
Investments, at contract value *	$ 1,582,961,071	$ 1,311,807,062
Investment interest and dividends	11,308,564	14,985,504
Net appreciation in fair value of investments	233,658,452	129,442,332
Notes receivable from participants	32,383,039	31,211,153
Interest income on notes receivable from participants	1,366,769	1,323,486

* The investments within the Bosch Stable Value Fund were certified at their contract value of $243,451,315 and $253,721,537 as of December 31, 2013 and 2012, respectively. The fair value and the adjustment from fair value to contract value at December 31, 2013 and 2012 of ($1,076,103) and ($4,702,195), respectively, were not certified. Additionally, the fair value of investments in the self-directed brokerage account of $55,383,228 and $50,205,397 as of December 31, 2013 and 2012, respectively, were not certified.

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

	2013	2012
NT S&P 500 Index Fund Non Lending	$ 259,072,650	$ 191,282,074
JPMorgan Intermediate Bond Fund	175,231,699	219,297,202
NT Collective Russell 1000 Growth Fund	156,979,433	119,834,407
NT Collective EAFE Index Fund Non Lending	142,651,682	107,034,711
Dodge & Cox Stock Fund	129,535,964	88,519,369
NT Collective Bond Index Fund Non Lending	127,293,290	133,177,471
JPMorgan Small Cap Equity Fund R5	121,806,651	90,951,299
JPMorgan SmartRetirement 2020 Fund C Class	100,723,637	77,354,835
JPMorgan SmartRetierment 2030 Fund C Class	94,086,219	*
Lazard Emerging Markets Fund	*	74,083,394

*Fund value does not represent 5% of Plan's Assets for the applicable year.

The Plan's investments, including investments bought and sold as well as held during the year, appreciated (depreciated) in fair value as follows:

	2013	2012
Mutual funds *	$ 63,323,333	$ 22,154,939
Collective trusts	172,052,541	107,486,987
Stocks *	2,781,174	2,762,282
Other *	(3,542)	4,876
	$ 238,153,506	$ 132,409,084

* Net appreciation (depreciation) in fair value of mutual funds, stocks and other investments within the self directed brokerage account of $1,717,422, $2,781,174 and ($3,542) for the year ended December 31, 2013, and $199,594, $2,762,282 and $4,876, respectively, for the year ended December 31, 2012, were not certified.

4. 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 Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset'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. In determining the reasonableness of the methodology, the Investment Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) discussed with investment consultants and custodians using available market data (for example, swap curve rate).

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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

For the years ended December 31, 2013 and 2012, there were no significant transfers in or out of levels 1, 2 or 3.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2013 and 2012:

	Investment Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds				
Small cap funds	$ 121,806,651	$ -	$ -	$ 121,806,651
Large cap funds	129,535,964	-	-	129,535,964
Collective trusts				
Target retirement funds	-	332,517,115	-	332,517,115
Bond funds	-	127,293,290	-	127,293,290
International funds	-	212,304,653	-	212,304,653
Large cap funds	-	416,052,083	-	416,052,083
Self directed brokerage account				
Mutual funds	24,904,869	-	-	24,904,869
Stocks	30,255,388	-	-	30,255,388
Other	222,971	-	-	222,971
Synthetic guaranteed investment contracts				
Collective trusts	-	244,527,418	-	244,527,418
Wrapper contracts	-	-	-	-
Total investments at fair value	$ 306,725,843	$ 1,332,694,559	$ -	$ 1,639,420,402

	Investment Assets at Fair Value as of December 31, 2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds				
Small cap funds	$ 90,951,299	$ -	$ -	$ 90,951,299
Large cap funds	88,519,369	-	-	88,519,369
Collective trusts				
Target retirement funds	-	253,202,800	-	253,202,800
Bond funds	-	133,177,471	-	133,177,471
International funds	-	181,118,105	-	181,118,105
Large cap funds	-	311,116,481	-	311,116,481
Self directed brokerage account				
Mutual funds	10,787,573	-	-	10,787,573
Bonds/certificates of deposit	323,557	-	-	323,557
Stocks	39,094,267	-	-	39,094,267
Synthetic guaranteed investment contracts				
Collective trusts	-	258,309,898	-	258,309,898
Wrapper contracts	-	-	113,834	113,834
Total investments at fair value	$ 229,676,065	$ 1,136,924,755	$ 113,834	$ 1,366,714,654

Common collective trusts 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. 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. Certain of these investments can only be traded within a certain window within each monthly period. Common collective trusts included in the Plan and their relative benchmarks include:

Common Collective Trust	**Description**	**Benchmark**	**Trade Frequency Restriction**
JPMorgan Liquidity Fund	Short term investment fund	Citigroup 3-Month U.S. Treasury Bill Index	None
JPMorgan Intermediate Bond Fund	Fixed income	Barclays Stable Income Market Index	None
JPMorgan SmartRetirement 2010 Fund C Class	Diversified target date fund	S&P Target Date 2010 Index	30 day buy back
JPMorgan SmartRetirement 2015 Fund C Class	Diversified target date fund	S&P Target Date 2015 Index	30 day buy back
JPMorgan SmartRetirement 2020 Fund C Class	Diversified target date fund	S&P Target Date 2020 Index	30 day buy back
JPMorgan SmartRetirement 2030 Fund C Class	Diversified target date fund	S&P Target Date 2030 Index	30 day buy back
JPMorgan SmartRetirement 2040 Fund C Class	Diversified target date fund	S&P Target Date 2040 Index	30 day buy back
JPMorgan SmartRetirement 2050 Fund C Class	Diversified target date fund	S&P Target Date 2050 Index	30 day buy back
Lazard Emerging Markets Fund	Emerging markets investments	MSCI Emerging Markets GD	30 day buy back
NT Collective Bond Index Fund Non Lending	Multi Sector Income Fund	Barclays Capital Aggregate Bond Index	30 day buy back
NT Collective EAFE Index Fund Non Lending	International Multi-Cap Core	MSCI EAFE Index	30 day buy back
NT Collective Russell 1000 Growth Fund	Large-Cap Growth Fund	Russell 1000 Growth Index	30 day buy back
NT S&P 500 Index Fund Non Lending	S&P 500 Index Fund	S&P 500 Index Fund	30 day buy back

There are no unfunded commitments related to these funds as of December 31, 2013 or 2012.

Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 investment assets for the years ended December 31, 2013 and 2012:

		Wrapper Contracts
Balance at January 1, 2013	$	113,834
Unrealized gains (losses)		(113,834)
Purchases		-
Sales		-
Issuances and settlements		-
Balance at December 31, 2013	$	-

		Wrapper Contracts
Balance at January 1, 2012	$	181,191
Unrealized gains (losses)		(67,357)
Purchases		-
Sales		-
Issuances and settlements		-
Balance at December 31, 2012	$	113,834

Gains and losses, realized and unrealized, included in changes in net assets for the periods above are not reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits because those financial statements are reported at contract value as discussed in Note 2.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2013 and 2012.

Quantitative Information about Significant Unobservable Inputs as of December 31, 2013				
Instrument	*Fair Value*	*Principal ValuationTechnique*	*Unobservable Inputs*	*Range of Significant Input Values*
Wrapper Contracts	$0	Discounted Cash Flow	Actual Wrap Fees Replacement Cost Crediting Rate/Yield Swap Rate	0.22% - 0.25% 0.22% - 0.25% 2.10% - 2.13% 0.81%
Quantitative Information about Significant Unobservable Inputs as of December 31, 2012				
Instrument	*Fair Value*	*Principal ValuationTechnique*	*Unobservable Inputs*	*Range of Significant Input Values*
Wrapper Contracts	$113,834	Discounted Cash Flow	Actual Wrap Fees Replacement Cost Crediting Rate/Yield Swap Rate	0.20% - 0.25% 0.22% - 0.25% 2.12% - 2.26% 0.50%

5. Tax Status

The Internal Revenue Service has determined and informed the Company in a letter dated February 7, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, 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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, 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 that the Plan is generally no longer subject to income tax examinations for plan years beginning prior to January 1, 2010.

6. Party-in-Interest Transactions

Notes receivable from participants qualify as exempt party-in-interest transactions.

7. Risks and Uncertainties

The Plan 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 participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

8. Subsequent Events

Effective January 1, 2014, the salaried and non-union associates employed by Freud America, Inc. were permitted to participate in the Plan and receive credit for prior service with Freud America, Inc., for purposes of vesting. On April 3, 2014, the assets of the Freud America, Inc. Profit Sharing and 401(k) Plan totaling $4,897,655 were merged into the Plan.

On April 3, 2014, certain associates affected by the closing of Solar Energy Corp were 100% vested in their plan balances.

Effective September 29, 2014, the Plan replaced the JPMorgan SmartRetirement Fund C Class Investment Funds according to the table below:

Investment in Current Line Up	Investment effective September 29, 2014
JPMorgan SmartRetirement 2015 Fund C Class	JPMorgan SmartRetirement 2015 Fund – Inst
JPMorgan SmartRetirement 2020 Fund C Class	JPMorgan SmartRetirement 2020 Fund – Inst
JPMorgan SmartRetirement 2030 Fund C Class	JPMorgan SmartRetirement 2030 Fund – Inst
JPMorgan SmartRetirement 2040 Fund C Class	JPMorgan SmartRetirement 2040 Fund – Inst
JPMorgan SmartRetirement 2050 Fund C Class	JPMorgan SmartRetirement 2050 Fund – Inst

Effective October 1, 2014, the Plan replaced the JPMorgan SmartRetirement 2010 Fund C Class with the JPMorgan SmartRetirement Income Fund – Inst.

The Plan has evaluated the events and transactions that have occurred through October 10, 2014, the date the financial statements were available to be issued, and concluded there were no other subsequent events to recognize or disclose.

Supplemental Schedule

Bosch Savings Incentive Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2013 — Schedule I

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Bosch Stable Value Fund Guaranteed Investment Contracts			
	JPMorgan Liquidity Fund	Collective trust	***	$ 69,295,719
	JPMorgan Intermediate Bond Fund	Collective trust	***	175,231,699
	AIG Financial Products	Open ended maturity wrapper contract	***	-
	Royal Bank of Canada	Open ended maturity wrapper contract	***	-
	State Street Bank	Open ended maturity wrapper contract	***	-
				244,527,418 **
	TD Ameritrade Brokerage Account Fund	Self-directed brokerage account	***	55,383,228 ****
	JPMorgan SmartRetirement 2010 Fund C Class	Collective Trust	***	22,020,792
	JPMorgan SmartRetirement 2015 Fund C Class	Collective Trust	***	37,398,580
	JPMorgan SmartRetirement 2020 Fund C Class	Collective Trust	***	100,723,637
	JPMorgan SmartRetirement 2030 Fund C Class	Collective Trust	***	94,086,219
	JPMorgan SmartRetirement 2040 Fund C Class	Collective Trust	***	72,066,878
	JPMorgan SmartRetirement 2050 Fund C Class	Collective Trust	***	6,221,009
	NT Collective Bond Index Fund Non Lending	Collective Trust	***	127,293,290
	NT Collective EAFE Index Fund Non Lending	Collective Trust	***	142,651,682
	NT Collective Russell 1000 Growth Fund	Collective Trust	***	156,979,433
	NT S&P 500 Index Fund Non Lending	Collective Trust	***	259,072,650
	JPMorgan Small Cap Equity Fund R5	Mutual fund	***	121,806,651
	Dodge & Cox Stock Fund	Mutual fund	***	129,535,964
	Lazard Emerging Markets Fund	Collective Trust	***	69,652,971
*	Notes receivable from participants	Interest rates ranging from 3.25% to 10.50%	***	32,383,039
				$ 1,671,803,441

* Indicates a party in interest to the Plan.

** The Bosch Stable Value Fund has a contract value of $243,451,315 and a fair value (not certified) of $244,527,418.

*** Cost information has been omitted as all investments are participant directed.

**** Investments in the self directed brokerage accounts are not certified.

The information in this schedule, except as described above, was derived from information certified as complete and accurate by Mercer Trust Company

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BOSCH SAVINGS INCENTIVE PLAN **EIN:** 36-2903176
Plan Sponsor's Name ROBERT BOSCH LLC **PN:** 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BROKERAGE SECURITIES	SELF DIRECTED BROKERAGE		55,383,228
	J.P. MORGAN STABLE VALUE FUND	COMMON/COLLECTIVE TRUST		243,451,315
	J.P. MORGAN SMARTRETIREMENT 2010	COMMON/COLLECTIVE TRUST		22,020,792
	J.P. MORGAN SMARTRETIREMENT 2015	COMMON/COLLECTIVE TRUST		37,398,580
	J.P. MORGAN SMARTRETIREMENT 2020	COMMON/COLLECTIVE TRUST		100,723,637
	J.P. MORGAN SMARTRETIREMENT 2030	COMMON/COLLECTIVE TRUST		94,086,219
	J.P. MORGAN SMARTRETIREMENT 2040	COMMON/COLLECTIVE TRUST		72,066,878

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BOSCH SAVINGS INCENTIVE PLAN **EIN:** 36-2903176
Plan Sponsor's Name ROBERT BOSCH LLC **PN:** 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	J.P. MORGAN SMARTRETIREMENT 2050	COMMON/COLLECTIVE TRUST		6,221,009
	NORTHERN TRUST COLLECTIVE BOND	COMMON/COLLECTIVE TRUST		127,293,290
	NORTHERN TRUST COLLECTIVE EAFE	COMMON/COLLECTIVE TRUST		142,651,682
	DODGE & COX STOCK FUND	MUTUAL FUND		129,535,965
	NORTHERN TRUST COLLECTIVE RUSSELL	COMMON/COLLECTIVE TRUST		156,979,433
	NORTHERN TRUST S & P 500 INDEX	COMMON/COLLECTIVE TRUST		259,072,650
	JP MORGAN SMALL CAP?EQUITY FD	MUTUAL FUND		121,806,651

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BOSCH SAVINGS INCENTIVE PLAN **EIN:** 36-2903176
Plan Sponsor's Name ROBERT BOSCH LLC **PN:** 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	LAZARD EMERGING MARKETS	COMMON/COLLECTIVE TRUST		69,652,971
	LOAN FUND	PARTICIPANT LOANS		32,383,039