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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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 Plan 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.	02/13/2018	GARY GRABARCZYK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	15959
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	12602
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	12834
b	Retired or separated participants receiving benefits	**6b**	192
c	Other retired or separated participants entitled to future benefits	**6c**	3384
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	16410
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	25
f	Total. Add lines **6d** and **6e**.	**6f**	16435
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	15492
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	332
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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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.**	**2014** **This Form is Open to Public Inspection.**

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

A Name of plan
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

JP MORGAN-BOSCH
245 PARK AVE
NEW YORK, NY 10197

(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

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

(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

(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	1034604	Yes [X] No [ ]	Yes [ ] No [X]	721422	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	1527588	Yes [X] No [ ]	Yes [ ] No [X]	124176	Yes [ ] No [X]

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

TD AMERITRADE, INC.

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	120250	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	30370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 59 60	134882

(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 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	118595

(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	2031

(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 MINNEAPOLIS, MN 55402-3903	RECORDKEEPING 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	418082

(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 PALO ALTO, CA 94303	VARIOUS ADMINISTRATIVE 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	47832

(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 OMAHA, NE 68103	VARIOUS ADMINISTRATIVE 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

2014

This Form is Open to Public Inspection.

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

A Name of plan
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: JPMCB LIQUIDITY 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)
13-6285055-001	C	64261158

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETMNT INC FD INST

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)
20-3063490-001	C	23196148

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETMNT 2015 FD INST

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	38550468

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETMNT 2020 FD INST

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	110352271

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETMNT 2030 FD INST

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	113309962

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETMNT 2040 FD INST

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	88948393

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	64111162

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) 162448753

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) 139333412

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) 174555106

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) 286317597

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETMNT 2050 FD INST

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) 10593893

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB INTERMEDIATE BOND FUND

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

c EIN-PN 20-0224496-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179121973

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

2014

This Form is Open to Public Inspection

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

A Name of plan
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)	215970	81610
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)	32383039	34920245
(9) Value of interest in common/collective trusts	1c(9)	1331618456	1453901623
(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)	251342615	257862068
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	55383228	61966340

		(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	1670943308	1808731886
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	754095	664998
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	754095	664998
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1670189213	1808066888

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)	47577392	
(B) Participants	2a(1)(B)	81022105	
(C) Others (including rollovers)	2a(1)(C)	7130715	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		135730212
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)	1416047	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1416047
(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)	20139303	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20139303
(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)		78686228
(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)		6239962
c Other income	2c		1266977
d Total income. Add all **income** amounts in column (b) and enter total	2d		243478729
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	107842707	
(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)		107842707
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		204786
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)	2451216	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2451216
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		110498709
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		132980020
l Transfers of assets:			
(1) To this plan	2l(1)		4897655
(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	X		

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

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**	0.00
b The corresponding number for the second preceding plan year	**15b**	0.00

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, 2014 and 2013

Bosch Savings Incentive Plan
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Financial Statements

Statements of Net Assets Available for Benefits
December 31, 2014 and 2013 3

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013 4

Notes to Financial Statements
December 31, 2014 and 2013 5–14

Supplemental Schedule

Schedule I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2014 15

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

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 13, 2015

Bosch Savings Incentive Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments		
Investments, at fair value	$ 1,595,806,731	$ 1,464,188,703
Investments, at contract value	177,923,300	174,155,596
Total investments	1,773,730,031	1,638,344,299
Receivables		
Notes receivable from participants	34,920,245	32,383,039
Other receivables	81,610	215,970
Total receivables	35,001,855	32,599,009
Total assets	1,808,731,886	1,670,943,308
Liabilities		
Accrued expenses	664,998	754,095
Total liabilities	664,998	754,095
Net assets available for benefits	$ 1,808,066,888	$ 1,670,189,213

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, 2014 and 2013

	2014	2013
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	$ 86,193,167	$ 238,153,506
Dividend and interest income	20,139,303	12,005,594
Total investment income	106,332,470	250,159,100
Interest income on notes receivable from participants	1,416,047	1,366,769
Contributions		
Participant	81,022,105	76,883,521
Employer	47,577,392	44,867,438
Rollovers	7,265,075	9,899,438
Other	(134,360)	215,970
Total contributions	135,730,212	131,866,367
Total additions	243,478,729	383,392,236
Deductions from net assets attributed to		
Distributions to participants	108,047,493	103,607,355
Administrative expenses	2,451,216	2,377,209
Total deductions	110,498,709	105,984,564
Transfers in from merged plans	4,897,655	-
Net increase	137,877,675	277,407,672
Net assets available for benefits		
Beginning of year	1,670,189,213	1,392,781,541
End of year	$ 1,808,066,888	$ 1,670,189,213

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.

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 would cease operations. The location began closing in 2014. The normal vesting schedule remained in effect for affected participants.

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.

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 Bosch Solar Energy were 100% vested in their plan balances.

On December 19, 2014, the Gilmour Hose division was sold and as a result all associates who were part of the sale became fully vested in Company matching contributions on that day.

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 2014 and 2013, 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 $729,244 and $213,495 at December 31, 2014 and 2013, respectively. Forfeitures of $783,930 and $1,030,000 for Plan year 2014 and 2013, 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"). The self directed brokerage account is administered by TD Ameritrade Inc.

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

Previous Investment	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.

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, audit fees, charges for overnight mail and fees for self directed brokerage transactions.

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.

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board ("FASB") issued ASU 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent) (the "Update"),* which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The reporting entity should continue to disclose information on investments for which fair value is measured at net asset value (or its equivalent) as a practical expedient to help users understand the nature and risks of the investments and whether the investments, if sold, are probable of being sold at amounts different from net asset value. ASU 2015-07 will be effective for the Plan beginning in the first quarter of 2017, however early adoption is allowed. Management has elected to adopt ASU 2015-07 effective with the December 31, 2014 financial statements. As required by the Update, previously reported financial information pertaining to 2013 has been restated to present that information on a comparable basis. Adoption of the Update did not have a material impact on the financial statements.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Contribution Pension Plans (Topic 962): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.* Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has elected to adopt Parts I and II of ASU 2015-12 effective with the December 31, 2014 financial statements. This adoption did not have a material impact on the financial statements.

Investment Valuation and Income Recognition

The Plan's investments, except for the synthetic guaranteed investment contracts, are stated at fair value. Mutual funds are valued at quoted market prices based on the net asset value of shares held by the Plan at year-end. The fair value of collective trusts is determined using the net asset value of units held by the Plan at year-end as a practical expedient, 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, except for the synthetic guaranteed investment contracts. Contract value is the relevant measure 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.

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.

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 credit rating for AIG Financial Products was A+ at both December 31, 2014 and 2013, and the credit ratings for Royal Bank of Canada and State Street Bank were AA- at both December 31, 2014 and 2013.

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 not probable.

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.

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, 2014 and 2013. The following table presents a summary of the certified amounts as of and for the years ended December 31, 2014 and 2013:

	2014	2013
Investments, at fair value	$ 1,533,840,391	$ 1,408,805,475
Investments, at contract value	177,923,300	174,155,596
Investment interest and dividends	18,732,509	11,308,564
Net appreciation in fair value of investments	84,926,190	233,658,452
Notes receivable from participants	34,920,245	32,383,039
Interest income on notes receivable from participants	1,416,047	1,366,769

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. There have been no changes in the methodologies used at December 31, 2014 and 2013. 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.

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, 2014 and 2013, 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, 2014 and 2013:

	Investment Assets at Fair Value as of December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 257,862,068	$ -	$ -	$ 257,862,068
Self directed brokerage account	61,966,340	-	-	61,966,340
Total assets in the fair value hierachy	319,828,408	-	-	319,828,408
Collective trusts (a)				1,275,978,323
Total investments at fair value	$ 319,828,408	$ -	$ -	$ 1,595,806,731

	Investment Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 251,342,615	$ -	$ -	$ 251,342,615
Self directed brokerage account	55,383,228	-	-	55,383,228
Total assets in the fair value hierachy	306,725,843	-	-	306,725,843
Collective trusts (a)				1,157,462,860
Total investments at fair value	$ 306,725,843	$ -	$ -	$ 1,464,188,703

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value heirachy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

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 using the net asset value ("NAV") as provided by the investment account manager as a practical expedient. Certain of these investments can only be traded within a certain window within each monthly period.

Common collective trusts included in the Plan include:

December 31, 2014	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
JPMorgan Liquidity Fund	$ 64,261,158	n/a	Unlimited	None
JPMorgan Intermediate Bond Fund	$ 179,121,973	n/a	Unlimited	None
JPMorgan SmartRetirement Income Fund INST	$ 23,196,148	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2015 Fund INST	$ 38,550,468	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2020 Fund INST	$ 110,352,271	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2030 Fund INST	$ 113,309,962	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2040 Fund INST	$ 88,948,393	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2050 Fund INST	$ 10,593,893	n/a	Unlimited	30 day buy back
Lazard Emerging Markets Fund	$ 64,111,162	n/a	Unlimited	30 day buy back
NT Collective Bond Index Fund Non Lending	$ 162,448,753	n/a	Unlimited	30 day buy back
NT Collective EAFE Index Fund Non Lending	$ 139,333,412	n/a	Unlimited	30 day buy back
NT Collective Russell 1000 Growth Fund	$ 174,555,106	n/a	Unlimited	30 day buy back
NT S&P 500 Index Fund Non Lending	$ 286,317,597	n/a	Unlimited	30 day buy back

December 31, 2013	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
JPMorgan Liquidity Fund	$ 69,295,719	n/a	Unlimited	None
JPMorgan Intermediate Bond Fund	$ 175,231,699	n/a	Unlimited	None
JPMorgan SmartRetirement 2010 Fund C Class	$ 22,020,792	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2015 Fund C Class	$ 37,398,580	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2020 Fund C Class	$ 100,723,637	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2030 Fund C Class	$ 94,086,219	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2040 Fund C Class	$ 72,066,878	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2050 Fund C Class	$ 6,221,009	n/a	Unlimited	30 day buy back
Lazard Emerging Markets Fund	$ 69,652,971	n/a	Unlimited	30 day buy back
NT Collective Bond Index Fund Non Lending	$ 127,293,290	n/a	Unlimited	30 day buy back
NT Collective EAFE Index Fund Non Lending	$ 142,651,682	n/a	Unlimited	30 day buy back
NT Collective Russell 1000 Growth Fund	$ 156,979,433	n/a	Unlimited	30 day buy back
NT S&P 500 Index Fund Non Lending	$ 259,072,650	n/a	Unlimited	30 day buy back

5. Tax Status

The Internal Revenue Service has determined and informed the Company in a letter dated February 7, 2014 that the Plan is 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, 2014 and 2013, 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, 2011.

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, 2015, the Plan's matching formula for all divisions except AFCO, was amended. The Company provides a matching contribution for all participants of between 0% 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.

Effective April 1, 2015, the annual recordkeeping fee changed to $59 ($14.75 per quarter).

Eligible salaried and nonunion hourly associates of Escrypt began participating in the Plan effective January 1, 2015. Vesting credit was provided from date of hire with Escrypt and participants receive Company matching contribution.

Effective May 1, 2015, sia Abrasives, Inc. USA 401(k) Plan was merged into the Plan resulting in a transfer of net assets totaling $896,730 to the Plan on that date.

The Plan has evaluated the events and transactions that have occurred through October 13, 2015, 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, 2014 — 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 Option:				
	JP Morgan Liquidity Fund	Collective trust		$ 64,261,158	
	Synthetic Guaranteed Investment Contracts:				
	JPMorgan Intermediate Bond Fund	Collective trust		179,121,973	
	AIG Financial Products	Open ended maturity wrapper contract		(397,101)	
	Royal Bank of Canada	Open ended maturity wrapper contract		(400,847)	
	State Street Bank	Open ended maturity wrapper contract		(400,725)	
			**	242,184,458	***
	TD Ameritrade Brokerage Account Fund	Self-directed brokerage account	**	61,966,340	***
	JPMorgan SmartRetirement Inc Fund INST	Collective Trust	**	23,196,148	
	JPMorgan SmartRetirement 2015 FD INST	Collective Trust	**	38,550,468	
	JPMorgan SmartRetirement 2020 FD INST	Collective Trust	**	110,352,271	
	JPMorgan SmartRetirement 2030 FD INST	Collective Trust	**	113,309,962	
	JPMorgan SmartRetirement 2040 FD INST	Collective Trust	**	88,948,393	
	JPMorgan SmartRetirement 2050 FD INST	Collective Trust	**	10,593,893	
	NT Collective Bond Index Fund Non Lending	Collective Trust	**	162,448,753	
	NT Collective EAFE Index Fund Non Lending	Collective Trust	**	139,333,412	
	NT Collective Russell 1000 Growth Fund	Collective Trust	**	174,555,106	
	NT S&P 500 Index Fund Non Lending	Collective Trust	**	286,317,597	
	JPMorgan Small Cap Equity Fund R5	Mutual fund	**	118,386,126	
	Dodge & Cox Stock Fund	Mutual fund	**	139,475,942	
	Lazard Emerging Markets Fund	Collective Trust	**	64,111,162	
		Interest rates ranging from	**		
*	Notes receivable from participants	4.25% to 10.50%	**	34,920,245	
				$ 1,808,650,276	

* Indicates a party in interest to the Plan.

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

*** Investments underlying the self-directed brokerage account option and the Bosch Stable Value Fund option 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 2014 Form 5500

Form 5500 Mutliple Employer Plan Participating Employer Information

Plan Name: Bosch Savings Incentive Plan **EIN: 36-2903176**

Plan Sponsor's Name: Robert Bosch LLC **PN: 003**

Name of Participating Employer	EIN	Percent of Employer Contributions
Bosch Thermotechnology Corporaton	02-0467389	1
LR Nelson Corporation	04-2498923	0
Vetronix Corporation	20-0062212	1
Bosch Software Innovations Corp.	20-8481438	0
Bosch Rexroth (Salaried)	23-1687400	14
Hagglunds Drives, Inc.	23-1687400	1
RTI Technologies, Inc.	23-2596288	0
Akustica, Inc.	25-1899426	1
Aleo Solar	27-0160864	0
Bosch Braking Systems Corporation	36-2903176	1
Robert Bosch LLC	36-2903176	55
Diesel Technology	36-3818702	0
ETAS, Inc.	38-3341684	1
Bosch Packaging Technology, Inc.	39-1443585	4
Automotive Service Solutions (salaried and non-union hourly associates only)	46-1406501	10
Visual Telecommunications Network, Inc. (ViTel Net)	54-1725056	0
Associated Fuel Pump Systems Corporation	57-0901745	1
FHP Manufacturing Corp.	58-2483956	2
Robert Bosch Tool Corporation	61-6025780	6
Health Hero Network, Inc.	77-0207109	1
CST/Burger division of Stanley Works	61-6025780	0
Robert Bosch Financial Corporation	36-2903176	0
Freud America	56-1735372	1

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Bosch Savings Incentive Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014 — 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 Option:				
	JP Morgan Liquidity Fund	Collective trust		$ 64,261,158	
	Synthetic Guaranteed Investment Contracts:				
	JPMorgan Intermediate Bond Fund	Collective trust		179,121,973	
	AIG Financial Products	Open ended maturity wrapper contract		(397,101)	
	Royal Bank of Canada	Open ended maturity wrapper contract		(400,847)	
	State Street Bank	Open ended maturity wrapper contract		(400,725)	
			**	242,184,458	***
	TD Ameritrade Brokerage Account Fund	Self-directed brokerage account	**	61,966,340	***
	JPMorgan SmartRetirement Inc Fund INST	Collective Trust	**	23,196,148	
	JPMorgan SmartRetirement 2015 FD INST	Collective Trust	**	38,550,468	
	JPMorgan SmartRetirement 2020 FD INST	Collective Trust	**	110,352,271	
	JPMorgan SmartRetirement 2030 FD INST	Collective Trust	**	113,309,962	
	JPMorgan SmartRetirement 2040 FD INST	Collective Trust	**	88,948,393	
	JPMorgan SmartRetirement 2050 FD INST	Collective Trust	**	10,593,893	
	NT Collective Bond Index Fund Non Lending	Collective Trust	**	162,448,753	
	NT Collective EAFE Index Fund Non Lending	Collective Trust	**	139,333,412	
	NT Collective Russell 1000 Growth Fund	Collective Trust	**	174,555,106	
	NT S&P 500 Index Fund Non Lending	Collective Trust	**	286,317,597	
	JPMorgan Small Cap Equity Fund R5	Mutual fund	**	118,386,126	
	Dodge & Cox Stock Fund	Mutual fund	**	139,475,942	
	Lazard Emerging Markets Fund	Collective Trust	**	64,111,162	
		Interest rates ranging from	**		
*	Notes receivable from participants	4.25% to 10.50%	**	34,920,245	
				$ 1,808,650,276	

* Indicates a party in interest to the Plan.

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

*** Investments underlying the self-directed brokerage account option and the Bosch Stable Value Fund option 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.