

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ROBERT BOSCH FUEL SYSTEMS LLC BURLINGAME 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>02/01/1989</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>02/01/1989</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ROBERT BOSCH FUEL SYSTEMS LLC</u> <u>2800 SOUTH 25TH AVENUE</u> <u>BROADVIEW, IL 60155-4594</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-3818702</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>708-865-5200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-3818702</u>	2c Plan Sponsor's telephone number <u>708-865-5200</u>	2d Business code (see instructions) <u>336990</u>	
2b Employer Identification Number (EIN) <u>36-3818702</u>					
2c Plan Sponsor's telephone number <u>708-865-5200</u>					
2d Business code (see instructions) <u>336990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/14/2018	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 ☒ 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	159
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)	104
a(2) Total number of active participants at the end of the plan year		6a(2)	105
b Retired or separated participants receiving benefits		6b	3
c Other retired or separated participants entitled to future benefits.....		6c	51
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	159
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	159
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	133
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2R 2T 3D 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) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

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

A Name of plan <u>ROBERT BOSCH FUEL SYSTEMS LLC BURLINGAME 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT BOSCH FUEL SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>36-3818702</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>DODGE & COX</u>	<u>555 CALIFORNIA STREET</u> <u>40 FL</u> <u>SAN FRANCISCO, CA 94104</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>J.P. MORGAN MUTUAL FUNDS</u>	<u>522 5TH AVE. 12TH FLOOR</u> <u>NEW YORK CITY, NY 10036</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>NORTHERN TRUST - COLLECTIVE</u>	<u>801 SOUTH CANAL STREET</u> <u>CHICAGO, IL 60607</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>STATE STREET - LAZARD CLASS C</u>	<u>30 ROCKEFELLER PLAZA</u> <u>NEW YORK, NY 10021</u>

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

TD AMERITRADE, INC

47-0533629

(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)

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	25025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HR SERVICES, LLC

INVESTORS WAY
NORWOOD, MA 02062-1584

(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/T RUSTEE	8513	Yes ☒ No ☐	Yes ☐ No ☒	1939	Yes ☐ No ☒

(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	5699	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERCER HR SERVICES, LLC	15 38 49 64 65 99	1613
(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ROBERT BOSCH FUEL SYSTEMS LLC BURLINGAME 401K PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ROBERT BOSCH FUEL SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>36-3818702</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL RUS 1000 GR IDX NL T2</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS</u>		
c EIN-PN <u>45-6138589-109</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45505</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT S&P 500 IDX FUND NL TIER 2</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS</u>		
c EIN-PN <u>45-6138589-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>614791</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LAZARD EMERGING MARKETS C</u>		
b Name of sponsor of entity listed in (a): <u>LAZARD/WILMINGTON COLLECTIVE TRUST</u>		
c EIN-PN <u>04-3478313-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51505</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETMNT INC FD INST</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, NA</u>		
c EIN-PN <u>20-3063490-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1007894</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETMNT 2015 FD INST</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, NA</u>		
c EIN-PN <u>20-3063321-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3354880</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETMNT 2020 FD INST</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, NA</u>		
c EIN-PN <u>20-3063359-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2688588</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETMNT 2030 FD INST</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, NA</u>		
c EIN-PN <u>20-3063387-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2704687</u>

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 20-3063440-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72521
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL AGG BOND FD IDX NL T2**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) 289536
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL EAFE IDX DC NL TIER 2**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) 217965
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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 13-6285055-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20907
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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) 58277
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ROBERT BOSCH FUEL SYSTEMS LLC BURLINGAME 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT BOSCH FUEL SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>36-3818702</u>	

Part I	Asset and Liability Statement
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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)	172	0
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)	314673	305856
(9) Value of interest in common/collective trusts	1c(9)	11211466	11126666
(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)	226668	315072
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	74	2

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11753053	11747596

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	2988	28576
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2988	28576

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11750065	11719020
---	-----------	----------	----------

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)	5324	
(B) Participants	2a(1)(B)	209059	
(C) Others (including rollovers)	2a(1)(C)	74301	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		288684
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)	12695	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12695
(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)	15513	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		15513
(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)		706562
(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)		12910
c Other income.....	2c		-72
d Total income. Add all income amounts in column (b) and enter total.....	2d		1036292

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1027780	
(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)		1027780
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		492
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)	39065	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39065
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1067337

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-31045
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: 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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ROBERT BOSCH FUEL SYSTEMS LLC BURLINGAME 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT BOSCH FUEL SYSTEMS LLC</u>	D Employer Identification Number (EIN) <u>36-3818702</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-2020334</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	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): _____

**Robert Bosch Fuel Systems LLC
Burlingame Hourly Employees
401(k) Plan**

**Financial Statements and Supplemental Schedule
December 31, 2014 and 2013**

**Robert Bosch Fuel Systems LLC
Burlingame Hourly Employees 401(k) Plan
Index**

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Supplemental Schedule	
Schedule I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2014	14
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
Robert Bosch Fuel Systems LLC Burlingame Hourly Employees 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Robert Bosch Fuel Systems LLC Burlingame Hourly Employees 401(k) 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

Robert Bosch Fuel Systems LLC
Burlingame Hourly Employees 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments		
Investments, at fair value	\$ 11,383,853	\$ 11,383,712
Investments, at contract value	57,887	54,496
Total investments	<u>11,441,740</u>	<u>11,438,208</u>
Receivables		
Notes receivable from participants	305,856	314,673
Other receivables	-	172
Total receivables	<u>305,856</u>	<u>314,845</u>
Total assets	<u>11,747,596</u>	<u>11,753,053</u>
Liabilities		
Accrued expenses	28,576	2,988
Total liabilities	<u>28,576</u>	<u>2,988</u>
Net assets available for benefits	<u>\$ 11,719,020</u>	<u>\$ 11,750,065</u>

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

Robert Bosch Fuel Systems LLC
Burlingame Hourly Employees 401(k) 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	\$ 719,400	\$ 1,504,650
Dividend and interest income	15,513	7,288
Total investment income	<u>734,913</u>	<u>1,511,938</u>
Interest income on notes receivable from participants	<u>12,695</u>	<u>15,557</u>
Contributions		
Participant	209,059	189,978
Employer	5,324	4,938
Rollovers	74,473	-
Other	(172)	172
Total contributions	<u>288,684</u>	<u>195,088</u>
Total additions	<u>1,036,292</u>	<u>1,722,583</u>
Deductions from net assets attributed to		
Distributions to participants	1,028,272	845,732
Administrative expenses	39,065	11,651
Total deductions	<u>1,067,337</u>	<u>857,383</u>
Net (decrease) increase	<u>(31,045)</u>	<u>865,200</u>
Net assets available for benefits		
Beginning of year	<u>11,750,065</u>	<u>10,884,865</u>
End of year	<u>\$ 11,719,020</u>	<u>\$ 11,750,065</u>

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

Robert Bosch Fuel Systems LLC

Burlingame Hourly Employees 401(k) Plan

Notes to Financial Statements

December 31, 2014 and 2013

1. Description of the Plan

The following description of the Robert Bosch Fuel Systems LLC Burlingame Hourly Employees 401(k) 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 Fuel Systems LLC (the "Company") is the Plan administrator.

General

The Plan, established February 1, 1989, is a defined-contribution plan established for all permanent full-time hourly employees of the Company who are represented by the DTC/UAW Local 167 DDC/EMD Labor Agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

All hourly employees who are at least age 18 are eligible to participate in the Plan. The Plan also covers inactive, fully vested participants transferred from the Robert Bosch Fuel Systems Corporation New Business Unit 401(k) Plan ("NBU Plan") in 2006.

During 2003, the Company approved a Closure Agreement for its Kentwood, Michigan plant. The plant closure, originally effective December 31, 2003, has been subsequently extended to no later than October 16, 2015.

Contributions

Each pay period in which participants receive wages, they may contribute between 1% and 18% of their eligible compensation, as defined in the Plan document, subject to maximum amounts established by the Internal Revenue Code ("IRC"), pursuant to Section 401(k) of the IRC. 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 Company makes a contribution equal to 3% of eligible compensation to Union UAW #167 employees hired on or after August 9, 2011 and after one year of service with 1,000 hours of service.

In addition to the employer contribution of 3% of eligible compensation for the Union UAW #167 employees described above, the Company may make a profit sharing contribution to all active participants of the Plan on a discretionary basis. No profit sharing contributions were made in 2014 or 2013.

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. Forfeited balances of terminated participants' nonvested accounts may be used to reduce Company contributions or pay expenses of the Plan. Unused forfeitures, primarily transferred from the NBU Plan in 2006, totaled \$187,780 and \$178,441 at December 31, 2014 and 2013, respectively. None were used for the years ended December 31, 2014 or 2013.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of Company contributions, Plan earnings and administrative expenses. Allocations of Plan earnings are based on participant account balances in the respective investment options. The benefit to

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which a participant is entitled is 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 ("Trustee" or "Mercer"), the trustee of the Plan. 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:

<u>Previous Investment</u>	<u>Investment effective September 29, 2014</u>
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

Active participants may borrow from their Plan accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Loans cannot be made from the participant's nonelective account. 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 as determined at the inception date by the Plan administrator. 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 including permanent layoffs due to the Closure Agreement, death, or disability, the participant may receive a lump sum or installment payments equal to the vested value of his or her account. Participants may also obtain withdrawals of any portion of their participant contributions after attaining the age of 59-1/2 or for certain financial hardship situations. Hardship withdrawals will be authorized only upon satisfaction of criteria as enumerated in the Plan document.

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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 and the collective bargaining agreement. 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. Prior to 2014, audit fees were paid by the Company.

2. Significant Accounting Policies

Basis of Accounting

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

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.

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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.

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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 Trust Company 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	\$ 11,383,851	\$ 11,383,638
Investments, at contract value	57,887	54,496
Investment interest and dividends	15,513	7,288
Net appreciation in fair value of investments	719,472	1,507,332
Notes receivable from participants	305,856	314,673
Interest income on notes receivable from participants	12,695	15,557

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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.

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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	\$ 315,072	\$ -	\$ -	\$ 315,072
Self directed brokerage account	2	-	-	2
Total assets in the fair value hierarchy	315,074	-	-	315,074
Collective trusts (a)				11,068,779
Total investments at fair value	\$ 315,074	\$ -	\$ -	\$ 11,383,853

Investment Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 226,668	\$ -	\$ -	\$ 226,668
Self directed brokerage account	74	-	-	74
Total assets in the fair value hierarchy	226,742	-	-	226,742
Collective trusts (a)				11,156,970
Total investments at fair value	\$ 226,742	\$ -	\$ -	\$ 11,383,712

- (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 hierarchy. 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.

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December 31, 2014 and 2013

Common collective trusts included in the Plan include:

<u>December 31, 2014</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
JPMorgan Liquidity Fund	\$ 20,907	n/a	Unlimited	None
JPMorgan Intermediate Bond Fund	\$ 58,277	n/a	Unlimited	None
JPMorgan SmartRetirement Income Fund INST	\$ 1,007,894	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2015 Fund INST	\$ 3,354,880	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2020 Fund INST	\$ 2,688,588	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2030 Fund INST	\$ 2,704,687	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2040 Fund INST	\$ 72,521	n/a	Unlimited	30 day buy back
Lazard Emerging Markets Fund	\$ 51,505	n/a	Unlimited	30 day buy back
NT Collective Bond Index Fund Non Lending	\$ 289,536	n/a	Unlimited	30 day buy back
NT Collective EAFE Index Fund Non Lending	\$ 217,965	n/a	Unlimited	30 day buy back
NT Collective Russell 1000 Growth Fund	\$ 45,505	n/a	Unlimited	30 day buy back
NT S&P 500 Index Fund Non Lending	\$ 614,791	n/a	Unlimited	30 day buy back

<u>December 31, 2013</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
JPMorgan Liquidity Fund	\$ 21,684	n/a	Unlimited	None
JPMorgan Intermediate Bond Fund	\$ 54,833	n/a	Unlimited	None
JPMorgan SmartRetirement 2010 Fund C Class	\$ 927,052	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2015 Fund C Class	\$ 3,929,633	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2020 Fund C Class	\$ 3,096,752	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2030 Fund C Class	\$ 2,549,293	n/a	Unlimited	30 day buy back
JPMorgan SmartRetirement 2040 Fund C Class	\$ 60,308	n/a	Unlimited	30 day buy back
Lazard Emerging Markets Fund	\$ 21,111	n/a	Unlimited	30 day buy back
NT Collective Bond Index Fund Non Lending	\$ 116,615	n/a	Unlimited	30 day buy back
NT Collective EAFE Index Fund Non Lending	\$ 142,644	n/a	Unlimited	30 day buy back
NT Collective Russell 1000 Growth Fund	\$ 45,248	n/a	Unlimited	30 day buy back
NT S&P 500 Index Fund Non Lending	\$ 246,630	n/a	Unlimited	30 day buy back

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5. Tax Status

The IRS has determined in a letter dated June 19, 2014, that the Mercer prototype plan on which the Plan is based is designed in accordance with applicable sections of the IRC. 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 IRC 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 April 1, 2015, the annual recordkeeping fee changed to \$59 (\$14.75 per quarter).

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

Robert Bosch Fuel Systems LLC
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Bosch Stable Value Fund Option:			
	JPMorgan Liquidity Fund	Collective trust		\$ 20,907
	Synthetic Guaranteed Investment Contracts:			
	JPMorgan Intermediate Bond Fund	Collective trust		58,277
	AIG Financial Products	Open ended maturity wrapper contract		(129)
	Royal Bank of Canada	Open ended maturity wrapper contract		(130)
	State Street Bank	Open ended maturity wrapper contract		(131)
			**	78,794 ***
	TD Ameritrade Brokerage Account Fund	Self-directed brokerage account	**	2 ***
	JPMorgan SmartRetirement Inc Fund INST	Collective Trust	**	1,007,894
	JPMorgan SmartRetirement 2015 FD INST	Collective Trust	**	3,354,880
	JPMorgan SmartRetirement 2020 FD INST	Collective Trust	**	2,688,588
	JPMorgan SmartRetirement 2030 FD INST	Collective Trust	**	2,704,687
	JPMorgan SmartRetirement 2040 FD INST	Collective Trust	**	72,521
	NT Collective Bond Index Fund Non Lending	Collective Trust	**	289,536
	NT Collective EAFE Index Fund Non Lending	Collective Trust	**	217,965
	NT Collective Russell 1000 Growth Fund	Collective Trust	**	45,505
	NT S&P 500 Index Fund Non Lending	Collective Trust	**	614,791
	JPMorgan Small Cap Equity Fund R5	Mutual fund	**	72,859
	Dodge & Cox Stock Fund	Mutual fund	**	242,213
	Lazard Emerging Markets Fund	Collective Trust	**	51,505
		Interest rates ranging from		
*	Notes receivable from participants	4.25% to 9.25%	**	305,856
				<u>\$11,747,596</u>

* 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

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

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