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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] 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. . . . . ▶ [X]

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
ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1988

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

ROBERT BOSCH FUEL SYSTEMS LLC

38000 HILLS TECH DRIVE
FARMINGTON HILLS, MI 48331

2b Employer Identification Number (EIN)
36-3818702

2c Plan Sponsor's telephone number
248-553-9000

2d Business code (see instructions)
336990

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.	11/05/2018	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

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	936
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)**	112
a(2) Total number of active participants at the end of the plan year	**6a(2)**	104
b Retired or separated participants receiving benefits	**6b**	470
c Other retired or separated participants entitled to future benefits	**6c**	286
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	860
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	71
f Total. Add lines **6d** and **6e**.	**6f**	931
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who 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:

1B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**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)	[ ]		**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROBERT BOSCH FUEL SYSTEMS LLC

D Employer Identification Number (EIN)
36-3818702

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	89827125
b Actuarial value	**2b**	90658379

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	534	50931806	50931806
b For terminated vested participants	290	7938303	7938303
c For active participants	112	13140869	15407885
d Total	936	72010978	74277994

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.86 %
6 Target normal cost	**6**	626157

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 08/21/2018

KAREN A. HIRSCHHORN — Type or print name of actuary

17-04099 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

847-295-5000 — Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069-4302

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.72 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2252575
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.05%		136281
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2388856
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	122.05%
15	Adjusted funding target attainment percentage	15	122.05%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123.41%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48%	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	59

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**		

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	626157
b Excess assets, if applicable, but not greater than line 31a	**31b**	626157

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☐ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-3818702

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: ROBERT BOSCH LLC MASTER RET TRUST

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

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)
36-2903176-100	M	97152441

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-3818702

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)	2400000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	87438269	97152441
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	89838269	97152441
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	77122	87706
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	77122	87706
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	89761147	97064735

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		12081821
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12081821
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4373170	
(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)		4373170
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	405063	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		405063
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4778233
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7303588
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP **(2)** EIN: 13-4008234

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		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			
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? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4070081. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
ROBERT BOSCH FUEL SYSTEMS LLC HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
36-3818702

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): 36-3046063

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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): _____

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements
December 31, 2017 and 2016

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

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December 31, 2017 and 2016 3

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016 4

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December 31, 2017 and 2016 5–14

Note: 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.

Report of Independent Auditors

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2017 and 2016 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.

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

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

November 5, 2018

Robert Bosch Fuel Systems LLC
Hourly-Rated Employees' Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
Assets		
Plan interest in Robert Bosch LLC		
Master Retirement Trust, at fair value	$ 97,152,441	$ 87,438,269
Employer contributions receivable	-	2,400,000
	97,152,441	89,838,269
Liabilities		
Accrued expenses	87,706	77,122
Net assets available for benefits	$ 97,064,735	$ 89,761,147

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

Robert Bosch Fuel Systems LLC
Hourly-Rated Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	2017	2016
Additions		
Plan interest in net investment income of Robert Bosch LLC Master Retirement Trust	$ 12,081,821	$ 5,830,590
Employer contributions	-	2,400,000
Total additions	12,081,821	8,230,590
Deductions		
Benefit payments	4,373,170	4,402,648
Administrative expenses	405,063	408,623
Other expenses	-	178,396
Total deductions	4,778,233	4,989,667
Net increase	7,303,588	3,240,923
Net assets available for benefits		
Beginning of year	89,761,147	86,520,224
End of year	$ 97,064,735	$ 89,761,147

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

1. Description of the Plan

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

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

General

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

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

During 2003, the Company approved a Closure Agreement for its Kentwood, Michigan plant. The plant closure, originally effective December 31, 2003, was subsequently extended to no later than October 16, 2015. On September 3, 2015, as a result of improvements during the extension periods and commitment to maintaining viability, the Company approved an extension to the 1999 NAO Business Unit Labor Agreement until January 31, 2020, which incorporated any changes applicable in the Closure Agreement and extensions thereon.

Contributions

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the funding requirements of ERISA. The Plan has met the ERISA minimum funding requirements for 2017 and 2016.

Benefit Payments

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

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

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

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

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

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

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

Administrative Expenses
Substantially all administrative expenses allowable under ERISA are paid by the Plan; all other expenses are paid by the Company.

2. Significant Accounting Policies

New Accounting Pronouncement

In February 2017, the Financial Accounting Standards Board issued ASU 2017-06 *Employee Benefit Plan Master Trust Reporting* to improve the usefulness of information reported to users of employee benefit plan financial statements by clarifying presentation requirements for a plan's interest in a master trust and requiring more detailed disclosures of the plan's interest in the master trust. The new guidance requires that a plan's interest in a master trust and changes in that interest be reported in separate line items in the statement of net assets available for benefits and statement of changes in net assets available for benefits, respectively. The new guidance also removes the requirement to disclose the percentage interest for plans with a divided interest in a master trust, requires all plans to disclose the dollar amount of their interest in each general investment type of the master trust, and requires plans to disclose the master trust's other asset and liability balances and the dollar amount of the plan's interest in each of those balances. This guidance is effective for the plan year ending December 31, 2019, with retrospective application required. Early adoption is permitted. The Plan's management is currently reviewing the impact of this guidance on the Plan's financial statements and the accompanying notes to the financial statements.

Basis of Accounting

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

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Master Trust's investments are stated at fair value. The fair value of the participation units in the common collective trusts is based on the net asset value ("NAV") of units held on the last business day of the Plan year. The NAV as provided by the trustee is used as a practical expedient to estimate fair value. Securities such as common stock, preferred stock, and real estate investment trusts traded on a national securities exchange are valued at the last reported sales price or official closing price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Fixed income securities such as corporate debt instruments and U.S. government securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available, the bond is valued using matrix pricing or models from reputable pricing vendors. Certificates of deposit are valued at amortized cost.

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

Actuarial Present Value of Accumulated Plan Benefits

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

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

Administrative Expenses
Administrative expense includes both identified fees specific to the Plan as well as periodic fees allocated from the Master Trust. Periodic fees allocated from the Master Trust were $217,837 and $187,838 for 2017 and 2016, respectively.

3. Accumulated Plan Benefits

An independent actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2016 was as follows:

Vested benefits	
Participants currently receiving benefits	$ 54,252,595
Other participants	24,698,692
Total vested benefits	78,951,287
Nonvested benefits	2,492,301
Total actuarial present value of accumulated plan benefits	$ 81,443,588

The following summarizes the significant components of the change in the present value of accumulated plan benefits from December 31, 2015 to 2016

Actuarial present value of accumulated plan benefits as of December 31, 2015	$ 81,998,599
Increase (decrease) during the year attributable to	
Interest Accumulation	3,991,206
Benefits paid	(4,402,648)
Assumption changes	(439,354)
Benefits accumulated and actuarial experience gain/loss	295,785
Actuarial present value of accumulated plan benefits as of December 31, 2016	$ 81,443,588

Significant assumptions underlying the actuarial computations are as follows:

	December 31, 2016	December 31, 2015
Interest rate	5.00%	5.00%
Retirement rate		
Term Vested	Age 60	Age 60
Active		
Less than 30 years service		
By Age 55	10%	10%
By Age 60	40%	40%
By Age 61	10%	10%
By Age 62	25%	25%
By Age 65	50%	50%
By Age 70	100%	100%
30 Years service or more		
By Age 45	25%	25%
By age 55	25%	25%
By age 65	50%	50%
By age 70	100%	100%
Mortality	RP-2006 with Scale MP-2017	RP-2006 with Scale MP-2016

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Certification of Investment Information

All investment information disclosed in the accompanying financial statements, including plan interest in Robert Bosch LLC Master Retirement Trust at December 31, 2017 and 2016, plan interest in net investment income of Robert Bosch LLC Master Retirement Trust for the years then ended, and the investments and investment income information of the Master Trust presented in Note 5, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by The Northern Trust Company ("Trustee").

5. Investment in Master Trust

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan, and several other retirement plans sponsored by Robert Bosch LLC. Each participating retirement plan has an undivided interest in the Master Trust. At December 31, 2017 and 2016, the Plan's interest in the net assets of the Master Trust was approximately 5.3% and 5.4%, respectively. The value of the Plan's interest is determined on the basis of cumulative funds specifically contributed on behalf of the Plan, net of funds withdrawn for benefit payments and expenses specific to the Plan and adjusted for an allocation of investment income and investment

expenses. Investment income and expenses are allocated monthly to the Plan based upon its pro rata share in the net assets of the Master Trust.

The following table presents the net assets of the Master Trust at December 31:

	2017	2016
Investments, at fair value		
Common collective trusts	$ 1,026,182,672	$ 938,538,069
Common stock	458,378,245	406,871,587
Preferred stock	1,924,989	1,780,377
Corporate debt instruments - Other	197,646,927	143,067,939
Corporate debt instruments - Preferred	18,017,808	15,602,735
U.S. government securities	100,660,987	110,330,578
Real estate investment trusts	5,985,894	5,850,046
Interest bearing cash and certificates of deposit	13,795,053	4,059,571
Other	2,142,360	1,960,963
Total investments	1,824,734,935	1,628,061,865
Accrued interest and dividend income	3,750,691	2,986,519
Pending trade sales - USD	71,484	739,322
Total assets	1,828,557,110	1,631,787,706
Liabilities		
Pending trade purchases	845,696	560,171
Accrued expenses	982,810	760,194
Total liabilities	1,828,506	1,320,365
Net assets	$ 1,826,728,604	$ 1,630,467,341

The following table presents the changes in net assets of the Master Trust for the years ended December 31:

	2017	2016
Interest and dividend income	$ 19,744,683	$ 16,920,223
Net appreciation in fair value of investments	207,021,298	94,174,154
Investment expenses	(4,097,623)	(3,540,231)
Net investment income	222,668,358	107,554,146
Net transfers	(23,149,444)	(56,622,770)
Administrative expenses	(3,257,651)	(4,992,892)
Increase in net assets	196,261,263	45,938,484
Net assets		
Beginning of year	1,630,467,341	1,584,528,857
End of year	$ 1,826,728,604	$ 1,630,467,341

6. Fair Value Measurements

The FASB established a framework to increase consistency and comparability in fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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, 2017 and 2016. In determining the reasonableness of the methodology, the Plan's 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 Master Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

For the years ended December 31, 2017 and 2016, there were no significant transfers in or out of levels 1, 2 or 3.

The following tables set forth by level within the fair value hierarchy the Master Trust's investment assets at fair value as of December 31, 2017 and 2016:

	Investment Assets at Fair Value as of December 31, 2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Common stock	$ 458,378,245	$ -	$ -	$ 458,378,245
Corporate debt instruments				
Corporate debt instruments - preferred	-	18,017,808	-	18,017,808
Corporate debt instruments - other	-	197,646,927	-	197,646,927
Preferred stock	1,924,989	-	-	1,924,989
U.S. government securities	-	100,660,987	-	100,660,987
Real estate investment trusts	5,985,894	-	-	5,985,894
Interest bearing cash and certificates of deposit	3,444,608	10,350,445	-	13,795,053
Other	532,430	1,609,930	-	2,142,360
Total Assets in the Fair Value Hierarchy	470,266,166	328,286,097	-	798,552,263
Common collective trusts (a)				1,026,182,672
Total Master Trust Investment at Fair Value	$ 470,266,166	$ 328,286,097	$ -	$ 1,824,734,935

	Investment Assets at Fair Value as of December 31, 2016			
	Level 1	**Level 2**	**Level 3**	**Total**
Common stock	$ 406,871,587	$ -	$ -	$ 406,871,587
Corporate debt instruments				
Corporate debt instruments - preferred	-	15,602,735	-	15,602,735
Corporate debt instruments - other	-	143,067,939	-	143,067,939
Preferred stock	1,780,377	-	-	1,780,377
U.S. government securities	-	110,330,578	-	110,330,578
Real estate investment trusts	5,850,046	-	-	5,850,046
Interest bearing cash	4,059,571	-	-	4,059,571
Other	8,613	1,952,350	-	1,960,963
Total Assets in the Fair Value Hierarchy	418,570,194	270,953,602	-	689,523,796
Common collective trusts (a)				938,538,069
Total Master Trust Investment at Fair Value	$ 418,570,194	$ 270,953,602	$ -	$ 1,628,061,865

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV 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 Master Trust's statements of net assets.

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 NAV as provided by the investment account manager as a practical expedient. As of December 31, 2017 and 2016, the Master Trust is not holding any unfunded commitments.

Common collective trusts included in the Master Trust are:

December 31, 2017	Fair Value	Unfunded Commitments	Redemtion Frequency	Redemption Notice Period
Coltv Short Term Invt Fd	$ 33,433,424	n/a	Daily	None
FEBT Emerging Market Fund	$ 53,464,438	n/a	Daily	15 Days
MFB NT Collective Russell 1000 Growth Index Fund - Non Lending	$ 246,097,000	n/a	Daily	60 Days
Northern Trust Collective Short Term Government Bond Index Fund - Non-Lending	$ 162,423,876	n/a	Daily	60 Days
MFB NT Collective Long Term Credit Bond Index Fund - Non Lending	$ 317,402,969	n/a	Daily	60 Days
MFB NTGI-QM Coltv Daily 1-5 Yr Cr Bd Index Fd - Non Lending	$ 152,037,488	n/a	Daily	60 Days
MFB NT Collective EAFE Index Fund - Non Lending	$ 25,877,983	n/a	Daily	60 Days
NT Collective Developed International Small Cap Index Fund - Non Lending	$ 35,445,494	n/a	Daily	60 Days
Total	$ 1,026,182,672			

December 31, 2016	Fair Value	Unfunded Commitments	Redemtion Frequency	Redemption Notice Period
Coltv Short Term Invt Fd	$ 67,752,887	n/a	Daily	None
FEBT Emerging Market Fund	$ 40,507,162	n/a	Daily	15 Days
MFB NT Collective Russell 1000 Growth Index Fund - Non Lending	$ 189,204,195	n/a	Daily	60 Days
Northern Trust Collective Short Term Government Bond Index Fund - Non-Lending	$ 161,820,860	n/a	Daily	60 Days
MFB NT Collective Long Term Credit Bond Index Fund - Non Lending	$ 282,568,425	n/a	Daily	60 Days
MFB NTGI-QM Coltv Daily 1-5 Yr Cr Bd Index Fd - Non Lending	$ 148,876,696	n/a	Daily	60 Days
MFB NT Collective EAFE Index Fund - Non Lending	$ 20,696,185	n/a	Daily	60 Days
NT Collective Developed International Small Cap Index Fund - Non Lending	$ 27,111,659	n/a	Daily	60 Days
Total	$ 938,538,069			

7. Risks and Uncertainties

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

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

8. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company in a letter dated March 20, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). Although the Plan has been amended since the date covered by the 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 IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has

concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of an asset or liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years beginning prior to January 1, 2014.

9. Party-in-Interest Transactions

The Master Trust invests in common collective trusts managed by the Trustee or its affiliates. These transactions qualify as exempt party-in-interest transactions. Fees paid to the Trustee by the Master Trust for 2017 and 2016 were $1,359,327 and $1,215,361, respectively.

10. Subsequent Events

The Plan has evaluated the events and transactions that have occurred through November 5, 2018, the date the financial statements were available to be issued, and noted no items requiring adjustment to the financial statements or additional disclosure.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						4				
45-49					2	19	1			
50-54			1	1		12	7			
55-59		2	3	2	11	5	5	1	3	1
60-64			3	1	4	5	2		7	1
65-69						3	1	1	2	
70+						1			1	

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Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Optional Payment Form Election Percentage	40% life annuity 60% joint and 60% survivor with popup
Optional Payment Form Conversion Interest Rate	Factor of 0.95
Optional Payment Form Conversion Mortality	None
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 60
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $215,000

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	5.00%
2016 Plan Year	5.00%
Trust Expenses Included in Target Normal Cost	Actual trust expenses limited to 5% of Fair Value of Assets. The prior year's actual administrative expenses, adjusted for anticipated significant changes are used as a proxy for actual current year's expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Table 1

Retirement Rates

	Years of Service		
Age	**0-29**	**30-33**	**34+**
45	0.00%	25.00%	0.00%
46	0.00%	25.00%	0.00%
47	0.00%	25.00%	0.00%
48	0.00%	25.00%	0.00%
49	0.00%	25.00%	0.00%
50	0.00%	25.00%	0.00%
51	0.00%	25.00%	0.00%
52	0.00%	25.00%	0.00%
53	0.00%	25.00%	0.00%
54	0.00%	25.00%	0.00%
55	10.00%	25.00%	25.00%
56	10.00%	25.00%	25.00%
57	10.00%	25.00%	25.00%
58	10.00%	25.00%	25.00%
59	10.00%	25.00%	25.00%
60	40.00%	25.00%	25.00%
61	10.00%	25.00%	25.00%
62	25.00%	25.00%	25.00%
63	25.00%	25.00%	25.00%
64	25.00%	25.00%	25.00%
65	50.00%	50.00%	50.00%
66	50.00%	50.00%	50.00%
67	50.00%	50.00%	50.00%
68	50.00%	50.00%	50.00%
69	50.00%	50.00%	50.00%
70+	100.00%	100.00%	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	35.50%	35	13.90%
16	35.50%	36	12.80%
17	35.50%	37	11.80%
18	35.50%	38	10.80%
19	35.50%	39	9.90%
20	35.50%	40	9.00%
21	35.50%	41	8.20%
22	33.50%	42	7.50%
23	31.70%	43	6.80%
24	29.90%	44	6.20%
25	28.10%	45	5.60%
26	26.40%	46	5.10%
27	24.80%	47	4.70%
28	23.20%	48	4.30%
29	21.70%	49	4.00%
30	20.30%	50	3.70%
31	18.90%	51	3.50%
32	17.50%	52	3.40%
33	16.30%	53	3.30%
34	15.10%	54	3.30%
		55+	3.30%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	40	0.08%	0.13%
16	0.03%	0.03%	41	0.09%	0.15%
17	0.03%	0.03%	42	0.10%	0.17%
18	0.03%	0.03%	43	0.12%	0.19%
19	0.03%	0.03%	44	0.14%	0.22%
20	0.03%	0.03%	45	0.16%	0.24%
21	0.03%	0.03%	46	0.18%	0.27%
22	0.03%	0.03%	47	0.21%	0.30%
23	0.03%	0.03%	48	0.25%	0.33%
24	0.03%	0.03%	49	0.28%	0.36%
25	0.03%	0.03%	50	0.33%	0.40%
26	0.03%	0.03%	51	0.39%	0.44%
27	0.03%	0.03%	52	0.46%	0.49%
28	0.03%	0.04%	53	0.53%	0.54%
29	0.03%	0.04%	54	0.61%	0.59%
30	0.03%	0.04%	55	0.69%	0.64%
31	0.03%	0.05%	56	0.77%	0.69%
32	0.03%	0.05%	57	0.86%	0.74%
33	0.03%	0.06%	58	0.95%	0.80%
34	0.03%	0.06%	59	1.05%	0.85%
35	0.04%	0.07%	60	1.15%	0.90%
36	0.04%	0.08%	61	1.26%	0.96%
37	0.05%	0.09%	62	1.38%	1.01%
38	0.06%	0.10%	63	1.51%	1.05%
39	0.07%	0.12%	64	1.64%	1.09%
			65+	0.00%	0.00%

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Robert Bosch Fuel Systems LLC

D Employer Identification Number (EIN)
36-3818702

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	89,827,125
b Actuarial value	**2b**	90,658,379

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	534	50,931,806	50,931,806
b For terminated vested participants	290	7,938,303	7,938,303
c For active participants	112	13,140,869	15,407,885
d Total	936	72,010,978	74,277,994

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.86%
6 Target normal cost	**6**	626,157

Statement by Enrolled Actuary

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

SIGN HERE Karen A. Hirschhorn KAH — Signature of actuary

08/21/2018 — Date

Karen A. Hirschhorn — Type or print name of actuary

1704099 — Most recent enrollment number

Aon Consulting, Inc. — Firm name

847-295-5000 — Telephone number (including area code)

4 Overlook Point
Lincolnshire IL 60069-4302
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.72%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,252,575
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.05%		136,281
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,388,856
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	122.05%
15	Adjusted funding target attainment percentage	15	122.05%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123.41%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	59

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	**31a**		626,157
b Excess assets, if applicable, but not greater than line 31a	**31b**		626,157
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

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

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

0-29 Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	0.00%	1.0000	0.00
46.5	0.00%	1.0000	0.00
47.5	0.00%	1.0000	0.00
48.5	0.00%	1.0000	0.00
49.5	0.00%	1.0000	0.00
50.5	0.00%	1.0000	0.00
51.5	0.00%	1.0000	0.00
52.5	0.00%	1.0000	0.00
53.5	0.00%	1.0000	0.00
54.5	0.00%	1.0000	0.00
55.5	10.00%	1.0000	5.55
56.5	10.00%	0.9000	5.09
57.5	10.00%	0.8100	4.66
58.5	10.00%	0.7290	4.26
59.5	10.00%	0.6561	3.90
60.5	40.00%	0.5905	14.29
61.5	10.00%	0.3543	2.18
62.5	25.00%	0.3189	4.98
63.5	25.00%	0.2391	3.80
64.5	25.00%	0.1794	2.89
65.5	50.00%	0.1345	4.41
66.5	50.00%	0.0673	2.24
67.5	50.00%	0.0336	1.14
68.5	50.00%	0.0168	0.58
69.5	50.00%	0.0084	0.29
70	100.00%	0.0042	0.29
		Weighted Average	60.55
		Percentage of Actives	56.25%

30-33 Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	25.00%	1.0000	11.38
46.5	25.00%	0.7500	8.72
47.5	25.00%	0.5625	6.68
48.5	25.00%	0.4219	5.12
49.5	25.00%	0.3164	3.92
50.5	25.00%	0.2373	3.00
51.5	25.00%	0.1780	2.29
52.5	25.00%	0.1335	1.75
53.5	25.00%	0.1001	1.34
54.5	25.00%	0.0751	1.02
55.5	25.00%	0.0563	0.78
56.5	25.00%	0.0422	0.60
57.5	25.00%	0.0317	0.46
58.5	25.00%	0.0238	0.35
59.5	25.00%	0.0178	0.27
60.5	25.00%	0.0134	0.20
61.5	25.00%	0.0100	0.15
62.5	25.00%	0.0075	0.12
63.5	25.00%	0.0056	0.09
64.5	25.00%	0.0042	0.07
65.5	50.00%	0.0032	0.10
66.5	50.00%	0.0016	0.05
67.5	50.00%	0.0008	0.03
68.5	50.00%	0.0004	0.01
69.5	50.00%	0.0002	0.01
70	100.00%	0.0001	0.01
		Weighted Average	48.52
		Percentage of Actives	5.36%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

34+ Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	0.00%	1.0000	0.00
46.5	0.00%	1.0000	0.00
47.5	0.00%	1.0000	0.00
48.5	0.00%	1.0000	0.00
49.5	0.00%	1.0000	0.00
50.5	0.00%	1.0000	0.00
51.5	0.00%	1.0000	0.00
52.5	0.00%	1.0000	0.00
53.5	0.00%	1.0000	0.00
54.5	0.00%	1.0000	0.00
55.5	25.00%	1.0000	13.88
56.5	25.00%	0.7500	10.59
57.5	25.00%	0.5625	8.09
58.5	25.00%	0.4219	6.17
59.5	25.00%	0.3164	4.71
60.5	25.00%	0.2373	3.59
61.5	25.00%	0.1780	2.74
62.5	25.00%	0.1335	2.09
63.5	25.00%	0.1001	1.59
64.5	25.00%	0.0751	1.21
65.5	50.00%	0.0563	1.84
66.5	50.00%	0.0282	0.94
67.5	50.00%	0.0141	0.48
68.5	50.00%	0.0070	0.24
69.5	50.00%	0.0035	0.12
70	100.00%	0.0018	0.12
		Weighted Average	58.40
		Percentage of Actives	38.39%

Total Weighted Retirement Age = (60.55) * 56.25% + (48.52) * 5.36% + (58.40) * 38.39% = 59.08

Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						4				
45-49					2	19	1			
50-54			1	1		12	7			
55-59		2	3	2	11	5	5	1	3	1
60-64			3	1	4	5	2		7	1
65-69						3	1	1	2	
70+						1			1	

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Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Optional Payment Form Election Percentage	40% life annuity 60% joint and 60% survivor with popup
Optional Payment Form Conversion Interest Rate	Factor of 0.95
Optional Payment Form Conversion Mortality	None
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 60
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $215,000

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2015 Plan Year	5.00%
2016 Plan Year	5.00%
Trust Expenses Included in Target Normal Cost	Actual trust expenses limited to 5% of Fair Value of Assets. The prior year's actual administrative expenses, adjusted for anticipated significant changes are used as a proxy for actual current year's expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2017

Table 1

Retirement Rates

	Years of Service		
Age	**0-29**	**30-33**	**34+**
45	0.00%	25.00%	0.00%
46	0.00%	25.00%	0.00%
47	0.00%	25.00%	0.00%
48	0.00%	25.00%	0.00%
49	0.00%	25.00%	0.00%
50	0.00%	25.00%	0.00%
51	0.00%	25.00%	0.00%
52	0.00%	25.00%	0.00%
53	0.00%	25.00%	0.00%
54	0.00%	25.00%	0.00%
55	10.00%	25.00%	25.00%
56	10.00%	25.00%	25.00%
57	10.00%	25.00%	25.00%
58	10.00%	25.00%	25.00%
59	10.00%	25.00%	25.00%
60	40.00%	25.00%	25.00%
61	10.00%	25.00%	25.00%
62	25.00%	25.00%	25.00%
63	25.00%	25.00%	25.00%
64	25.00%	25.00%	25.00%
65	50.00%	50.00%	50.00%
66	50.00%	50.00%	50.00%
67	50.00%	50.00%	50.00%
68	50.00%	50.00%	50.00%
69	50.00%	50.00%	50.00%
70+	100.00%	100.00%	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	35.50%	35	13.90%
16	35.50%	36	12.80%
17	35.50%	37	11.80%
18	35.50%	38	10.80%
19	35.50%	39	9.90%
20	35.50%	40	9.00%
21	35.50%	41	8.20%
22	33.50%	42	7.50%
23	31.70%	43	6.80%
24	29.90%	44	6.20%
25	28.10%	45	5.60%
26	26.40%	46	5.10%
27	24.80%	47	4.70%
28	23.20%	48	4.30%
29	21.70%	49	4.00%
30	20.30%	50	3.70%
31	18.90%	51	3.50%
32	17.50%	52	3.40%
33	16.30%	53	3.30%
34	15.10%	54	3.30%
		55+	3.30%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	40	0.08%	0.13%
16	0.03%	0.03%	41	0.09%	0.15%
17	0.03%	0.03%	42	0.10%	0.17%
18	0.03%	0.03%	43	0.12%	0.19%
19	0.03%	0.03%	44	0.14%	0.22%
20	0.03%	0.03%	45	0.16%	0.24%
21	0.03%	0.03%	46	0.18%	0.27%
22	0.03%	0.03%	47	0.21%	0.30%
23	0.03%	0.03%	48	0.25%	0.33%
24	0.03%	0.03%	49	0.28%	0.36%
25	0.03%	0.03%	50	0.33%	0.40%
26	0.03%	0.03%	51	0.39%	0.44%
27	0.03%	0.03%	52	0.46%	0.49%
28	0.03%	0.04%	53	0.53%	0.54%
29	0.03%	0.04%	54	0.61%	0.59%
30	0.03%	0.04%	55	0.69%	0.64%
31	0.03%	0.05%	56	0.77%	0.69%
32	0.03%	0.05%	57	0.86%	0.74%
33	0.03%	0.06%	58	0.95%	0.80%
34	0.03%	0.06%	59	1.05%	0.85%
35	0.04%	0.07%	60	1.15%	0.90%
36	0.04%	0.08%	61	1.26%	0.96%
37	0.05%	0.09%	62	1.38%	1.01%
38	0.06%	0.10%	63	1.51%	1.05%
39	0.07%	0.12%	64	1.64%	1.09%
			65+	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

October 1, 1988. Amended and restated effective January 1, 2016. Current collectively bargained agreement has been extended to January 31, 2020.

Eligibility for Participation

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

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

Normal Retirement

Eligibility

Age 65 and one year of credit service.

Benefit

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

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

For each year during the life of the collectively bargained agreement, the benefit class A rate will be adjusted by the percent change in the official Consumer Price Index for Urban Wage Earners and Clerical Workers published by the Bureau of Labor Statistics during the previous calendar year. The benefit class B, C and D rates will be set based on the benefit class A rate by adding $0.25, $0.50 and $0.75 respectively. Per 2011 union negotiations, there will be no further CPI adjustments. Per 2015 union negotiations, the maximum hourly base pay rate used to determine a participant's benefit class code was increased by $0.50. This change was made because base wage rates increased as a result of union negotiations, but these wage increases were not intended to increase pension benefits.

Early Retirement

Eligibility

(1) Age 60 and 10 years of credited service; or

(2) Age 55 and 85 points based on credited service; or

(3) 30 years of credited service.

Benefit

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

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

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

(1) At least 30 years of credit service at early retirement date; or

(2) Age plus total credited service at early retirement date is at least 85.

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

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

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

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

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

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

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

Mutual Consent Early Retirement

Eligibility	Age 55 but not yet 65, 10 years of credited, and mutual consent between the participant and the company.
Benefit	Normal retirement benefit multiplied by the same percentage as for regular early retirement above.

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

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

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

Vested Termination

Eligibility — Five years of credited service.

Benefit — The accrued benefit at the date of termination.

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

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

Disability	
Eligibility	Ten years of credited service.
Benefit	Same as for mutual consent retirement.
Surviving Spouse	
Eligibility	Five years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest commencement age equal to 60% of the amount payable as if the participant had commenced with a 60% joint and survivor benefit.
Special Age 65 Benefit	
Eligibility	Retirees or their surviving spouses who enroll in the voluntary Medicare coverage (excluding deferred vested participants or their surviving spouses).
Benefit	A monthly benefit of $96.40 (maximum amount) payable starting at age 65 for the life of retiree or surviving spouse.
Normal Form of Annuity	
Without Spouse	Single life annuity.
With Spouse	60% Joint and survivor annuity with pop-up. Participant's pension is reduced to 95% (and increased or decreased 0.5% for each year by which the participant is more than five years but no more than 10 years younger or older, respectively, than the spouse). Participant receives reduced lifetime benefit and, in event of participant's death, 60% of reduced benefit continues to surviving spouse. Reduction is restored if the spouse pre-decease the participant or divorce the participant. Effective January 1, 2008, the employees' pension will be actuarially reduced; however, the reduction cannot be greater than the reduction prior to January 1, 2008.
Optional Forms of Annuity	Single life annuity, 60% joint and survivor annuity with pop-up and 75% joint and survivor annuity with pop-up.
Actuarial Equivalence	Applicable mortality table and interest rate (with October as the look-back month) per section 417(e)(3) of Internal Revenue Code.

Definitions

Plan Year	January 1 to December 31.
Credited Service	One year of benefit service is earned if the participant works 1,700 or more hours in one plan year (prorated to the nearest one-tenth if less than 1,700 hours). In the event plan assets are returned to the General Motors Pension Plan pursuant to Memorandum of Understanding Regarding Pension and Other Matters to Employees of AC Rochester Offered Employment at Diesel Technology Corporation, the credited service associated with such returned assets will be returned to the General Motors Pension Plan**.** Assets were returned to General Motors in April 2012.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

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

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

0-29 Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	0.00%	1.0000	0.00
46.5	0.00%	1.0000	0.00
47.5	0.00%	1.0000	0.00
48.5	0.00%	1.0000	0.00
49.5	0.00%	1.0000	0.00
50.5	0.00%	1.0000	0.00
51.5	0.00%	1.0000	0.00
52.5	0.00%	1.0000	0.00
53.5	0.00%	1.0000	0.00
54.5	0.00%	1.0000	0.00
55.5	10.00%	1.0000	5.55
56.5	10.00%	0.9000	5.09
57.5	10.00%	0.8100	4.66
58.5	10.00%	0.7290	4.26
59.5	10.00%	0.6561	3.90
60.5	40.00%	0.5905	14.29
61.5	10.00%	0.3543	2.18
62.5	25.00%	0.3189	4.98
63.5	25.00%	0.2391	3.80
64.5	25.00%	0.1794	2.89
65.5	50.00%	0.1345	4.41
66.5	50.00%	0.0673	2.24
67.5	50.00%	0.0336	1.14
68.5	50.00%	0.0168	0.58
69.5	50.00%	0.0084	0.29
70	100.00%	0.0042	0.29
		Weighted Average	60.55
		Percentage of Actives	56.25%

30-33 Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	25.00%	1.0000	11.38
46.5	25.00%	0.7500	8.72
47.5	25.00%	0.5625	6.68
48.5	25.00%	0.4219	5.12
49.5	25.00%	0.3164	3.92
50.5	25.00%	0.2373	3.00
51.5	25.00%	0.1780	2.29
52.5	25.00%	0.1335	1.75
53.5	25.00%	0.1001	1.34
54.5	25.00%	0.0751	1.02
55.5	25.00%	0.0563	0.78
56.5	25.00%	0.0422	0.60
57.5	25.00%	0.0317	0.46
58.5	25.00%	0.0238	0.35
59.5	25.00%	0.0178	0.27
60.5	25.00%	0.0134	0.20
61.5	25.00%	0.0100	0.15
62.5	25.00%	0.0075	0.12
63.5	25.00%	0.0056	0.09
64.5	25.00%	0.0042	0.07
65.5	50.00%	0.0032	0.10
66.5	50.00%	0.0016	0.05
67.5	50.00%	0.0008	0.03
68.5	50.00%	0.0004	0.01
69.5	50.00%	0.0002	0.01
70	100.00%	0.0001	0.01
		Weighted Average	48.52
		Percentage of Actives	5.36%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
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34+ Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	0.00%	1.0000	0.00
46.5	0.00%	1.0000	0.00
47.5	0.00%	1.0000	0.00
48.5	0.00%	1.0000	0.00
49.5	0.00%	1.0000	0.00
50.5	0.00%	1.0000	0.00
51.5	0.00%	1.0000	0.00
52.5	0.00%	1.0000	0.00
53.5	0.00%	1.0000	0.00
54.5	0.00%	1.0000	0.00
55.5	25.00%	1.0000	13.88
56.5	25.00%	0.7500	10.59
57.5	25.00%	0.5625	8.09
58.5	25.00%	0.4219	6.17
59.5	25.00%	0.3164	4.71
60.5	25.00%	0.2373	3.59
61.5	25.00%	0.1780	2.74
62.5	25.00%	0.1335	2.09
63.5	25.00%	0.1001	1.59
64.5	25.00%	0.0751	1.21
65.5	50.00%	0.0563	1.84
66.5	50.00%	0.0282	0.94
67.5	50.00%	0.0141	0.48
68.5	50.00%	0.0070	0.24
69.5	50.00%	0.0035	0.12
70	100.00%	0.0018	0.12
		Weighted Average	58.40
		Percentage of Actives	38.39%

Total Weighted Retirement Age = (60.55) * 56.25% + (48.52) * 5.36% + (58.40) * 38.39% = 59.08

Schedule SB Attachment (Form 5500)—2017 Plan Year
Robert Bosch Fuel Systems LLC Hourly-Rated Employees' Pension Plan
EIN: 36-3818702 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

October 1, 1988. Amended and restated effective January 1, 2016. Current collectively bargained agreement has been extended to January 31, 2020.

Eligibility for Participation

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

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

Normal Retirement

Eligibility

Age 65 and one year of credit service.

Benefit

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

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

For each year during the life of the collectively bargained agreement, the benefit class A rate will be adjusted by the percent change in the official Consumer Price Index for Urban Wage Earners and Clerical Workers published by the Bureau of Labor Statistics during the previous calendar year. The benefit class B, C and D rates will be set based on the benefit class A rate by adding $0.25, $0.50 and $0.75 respectively. Per 2011 union negotiations, there will be no further CPI adjustments. Per 2015 union negotiations, the maximum hourly base pay rate used to determine a participant's benefit class code was increased by $0.50. This change was made because base wage rates increased as a result of union negotiations, but these wage increases were not intended to increase pension benefits.

Early Retirement

Eligibility

(1) Age 60 and 10 years of credited service; or

(2) Age 55 and 85 points based on credited service; or

(3) 30 years of credited service.

Benefit

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

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

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

(1) At least 30 years of credit service at early retirement date; or

(2) Age plus total credited service at early retirement date is at least 85.

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

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

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

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

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

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

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

Mutual Consent Early Retirement

Eligibility	Age 55 but not yet 65, 10 years of credited, and mutual consent between the participant and the company.
Benefit	Normal retirement benefit multiplied by the same percentage as for regular early retirement above.

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

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

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

Vested Termination

Eligibility — Five years of credited service.

Benefit — The accrued benefit at the date of termination.

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

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

Disability	
Eligibility	Ten years of credited service.
Benefit	Same as for mutual consent retirement.
Surviving Spouse	
Eligibility	Five years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest commencement age equal to 60% of the amount payable as if the participant had commenced with a 60% joint and survivor benefit.
Special Age 65 Benefit	
Eligibility	Retirees or their surviving spouses who enroll in the voluntary Medicare coverage (excluding deferred vested participants or their surviving spouses).
Benefit	A monthly benefit of $96.40 (maximum amount) payable starting at age 65 for the life of retiree or surviving spouse.
Normal Form of Annuity	
Without Spouse	Single life annuity.
With Spouse	60% Joint and survivor annuity with pop-up. Participant's pension is reduced to 95% (and increased or decreased 0.5% for each year by which the participant is more than five years but no more than 10 years younger or older, respectively, than the spouse). Participant receives reduced lifetime benefit and, in event of participant's death, 60% of reduced benefit continues to surviving spouse. Reduction is restored if the spouse pre-decease the participant or divorce the participant. Effective January 1, 2008, the employees' pension will be actuarially reduced; however, the reduction cannot be greater than the reduction prior to January 1, 2008.
Optional Forms of Annuity	Single life annuity, 60% joint and survivor annuity with pop-up and 75% joint and survivor annuity with pop-up.
Actuarial Equivalence	Applicable mortality table and interest rate (with October as the look-back month) per section 417(e)(3) of Internal Revenue Code.

Definitions

Plan Year	January 1 to December 31.
Credited Service	One year of benefit service is earned if the participant works 1,700 or more hours in one plan year (prorated to the nearest one-tenth if less than 1,700 hours). In the event plan assets are returned to the General Motors Pension Plan pursuant to Memorandum of Understanding Regarding Pension and Other Matters to Employees of AC Rochester Offered Employment at Diesel Technology Corporation, the credited service associated with such returned assets will be returned to the General Motors Pension Plan**.** Assets were returned to General Motors in April 2012.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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