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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
BOSCH SAVINGS INCENTIVE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1985

2a Plan sponsor's name (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 LLC

2800 S 25TH AVE
BROADVIEW, IL 60155-4532

2b Employer Identification Number (EIN) 36-2903176

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

2d Business code (see instructions) 423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	KIMBERLY MARTINEZ
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	18972
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)**	13507
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	13908
b	Retired or separated participants receiving benefits	**6b**	336
c	Other retired or separated participants entitled to future benefits	**6c**	5302
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	19546
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	85
f	Total. Add lines **6d** and **6e**.	**6f**	19631
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	19459
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1254
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:

2F 2G 2J 2K 2S 2T 3B 3H 2E 2R

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
BOSCH SAVINGS INCENTIVE PLAN	003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ROBERT BOSCH LLC	36-2903176

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	1492701	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	731493	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BOSCH SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-2903176

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ROBERT BOSCH DC RETIREMENT PLAN TR

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)
30-0988910-101	M	3333852167

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BOSCH SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-2903176

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	34285880	32685174
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	4049276506	3333852167
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4083562386	3366537341
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4083562386	3366537341

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)	121261979	
(B) Participants	2a(1)(B)	121269497	
(C) Others (including rollovers)	2a(1)(C)	13340902	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		255872378
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1595295	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1595295
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-704849928
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		-447382255
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	267210458	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		267210458
f Corrective distributions (see instructions)	2f		6627
g Certain deemed distributions of participant loans (see instructions)	2g		232611
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	1492701	
(4) Other	2i(4)	700393	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2193094
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		269642790
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-717025045
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PLANTE AND MORAN PLLC **(2)** EIN: 38-1357951

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	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
BOSCH SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
36-2903176

Part I Distributions

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

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

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): 04-6568107

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

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

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

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Robert Bosch, LLC and Affiliates Defined Contribution Plans

Bosch Savings Incentive Plan
Bosch Security Systems Retirement Savings Plan
Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan
Bosch Braking Systems Thrift Plan

Financial Report

December 31, 2022

Robert Bosch, LLC and Affiliates Defined Contribution Plans

Contents

Independent Auditor's Report	1-3
Statements of Net Assets Available for Benefits	4-5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-14
Schedule of Assets Held at End of Year - Bosch Savings Incentive Plan	15
Schedule of Assets Held at End of Year - Bosch Security Systems Retirement Savings Plan	16
Schedule of Assets Held at End of Year - Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan	17
Schedule of Assets Held at End of Year - Bosch Braking Systems Thrift Plan	18

Plante & Moran, PLLC
P.O. Box 307
3000 Town Center, Suite 100
Southfield, MI 48075
Tel: 248.352.2500
Fax: 248.352.0018
plantemoran.com

Independent Auditor's Report

To the Plan Administrator
Robert Bosch, LLC and Affiliates Defined Contribution Plans

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits

We have performed audits of the financial statements of Bosch Savings Incentive Plan, Bosch Security Systems Retirement Savings Plan, Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan, and Bosch Braking Systems Thrift Plan (collectively, the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021 and the related statements of changes in net assets available for benefits for the year ended December 31, 2022 and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plans' financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plans (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022 stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section of our report. We are required to be independent of the Plans and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about each of the Plans' ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plans; and determining that the Plans' transactions that are presented and disclosed in the financial statements are in conformity with the Plans' provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or that may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Plans' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about each of the Plans' ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of the ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

To the Plan Administrator
Robert Bosch, LLC and Affiliates Defined Contribution Plans

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year as of December 31, 2022 for Bosch Savings Incentive Plan, Bosch Security Systems Retirement Savings Plan, Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan, and Bosch Braking Systems Thrift Plan are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Southfield, Michigan
October 3, 2023

Statements of Net Assets Available for Benefits

December 31, 2022

	Bosch Savings Incentive Plan	Bosch Security Systems Retirement Savings Plan	Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan	Bosch Braking Systems Thrift Plan	Total (Memorandum Only)
Assets					
Participant-directed investments:					
Interest in the Robert Bosch Defined Contribution Retirement Plan Trust (Note 5)	$ 3,333,852,167	$ 159,262,536	$ 1,095,207	$ 7,593,266	$ 3,501,803,176
Mutual funds	-	-	158,948	-	158,948
Collective trusts	-	-	7,126,958	-	7,126,958
Self-directed brokerage account	-	-	123,204	-	123,204
Total participant-directed investments	3,333,852,167	159,262,536	8,504,317	7,593,266	3,509,212,286
Contributions receivable - Employer	-	1,475,441	-	-	1,475,441
Participant notes receivable	32,685,174	1,363,985	88,844	144,336	34,282,339
Net Assets Available for Benefits	**$ 3,366,537,341**	**$ 162,101,962**	**$ 8,593,161**	**$ 7,737,602**	**$ 3,544,970,066**

See notes to financial statements.

Statements of Net Assets Available for Benefits

December 31, 2021

	Bosch Savings Incentive Plan	Bosch Security Systems Retirement Savings Plan	Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan	Bosch Braking Systems Thrift Plan	Total (Memorandum Only)
Assets					
Participant-directed investments:					
Interest in the Robert Bosch Defined Contribution Retirement Plan Trust (Note 5)	$ 4,049,276,506	$ 192,176,140	$ 348,592	$ 9,851,090	$ 4,251,652,328
Mutual funds	-	-	195,643	-	195,643
Collective trusts	-	-	11,337,395	-	11,337,395
Self-directed brokerage account	-	-	141,121	-	141,121
Total participant-directed investments	4,049,276,506	192,176,140	12,022,751	9,851,090	4,263,326,487
Contributions receivable - Employer	-	998,580	-	-	998,580
Participant notes receivable	34,285,880	1,438,722	120,503	105,087	35,950,192
Net Assets Available for Benefits	**$ 4,083,562,386**	**$ 194,613,442**	**$ 12,143,254**	**$ 9,956,177**	**$ 4,300,275,259**

See notes to financial statements.

Robert Bosch, LLC and Affiliates Defined Contribution Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2022

	Bosch Savings Incentive Plan	Bosch Security Systems Retirement Savings Plan	Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan	Bosch Braking Systems Thrift Plan	Total (Memorandum Only)
Additions					
Contributions:					
Employee	$ 121,269,497	$ 7,838,072	$ 297,762	$ 295,646	$ 129,700,977
Employer	121,261,979	3,648,290	102,393	418,838	125,431,500
Rollovers	13,340,902	861,117	2,050	3,007	14,207,076
Total contributions	255,872,378	12,347,479	402,205	717,491	269,339,553
Investment (loss) income:					
Plans' interests in Robert Bosch Defined Contribution Retirement Plan Trust investment loss (Note 5)	(704,849,928)	(32,896,985)	(6,623)	(1,328,820)	(739,082,356)
Net realized and unrealized losses on investments	-	-	(1,805,932)	-	(1,805,932)
Interest and dividends	-	-	24,556	-	24,556
Total investment loss	(704,849,928)	(32,896,985)	(1,787,999)	(1,328,820)	(740,863,732)
Interest from participant notes receivable	1,595,295	70,334	5,757	5,159	1,676,545
Total additions - Net	(447,382,255)	(20,479,172)	(1,380,037)	(606,170)	(469,847,634)
Deductions					
Benefits paid directly to participants or beneficiaries	267,449,696	11,959,527	2,161,244	1,607,709	283,178,176
Administrative expenses	2,193,094	72,781	8,812	4,696	2,279,383
Total deductions	269,642,790	12,032,308	2,170,056	1,612,405	285,457,559
Net Decrease	(717,025,045)	(32,511,480)	(3,550,093)	(2,218,575)	(755,305,193)
Net Assets Available for Benefits					
Beginning of year	4,083,562,386	194,613,442	12,143,254	9,956,177	4,300,275,259
End of year	**$ 3,366,537,341**	**$ 162,101,962**	**$ 8,593,161**	**$ 7,737,602**	**$ 3,544,970,066**

See notes to financial statements.

Note 1 - Plan Description

The Plans are defined contribution plans covering eligible full-time and part-time employees of the companies (collectively, the "Company"), as described below.

The following descriptions of Bosch Savings Incentive Plan (the "BSIP"), Bosch Security Systems Retirement Savings Plan (the "BSSI Plan"), Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan (the "Burlingame Plan"), and Bosch Braking Systems Thrift Plan (the "BBST Plan") (collectively, the "Plans") provide only general information. Participants should refer to the respective plan agreements or documents for a more complete description of the Plans' provisions.

General

The Plans are defined contribution plans covering eligible full-time and part-time employees as described below.

The BSIP covers eligible employees of Robert Bosch, LLC and participating subsidiaries and affiliates that have adopted the BSIP. Full-time employees are eligible to participate on their date of hire.

The BSSI Plan covers nonunion employees of Bosch Security Systems, Inc. located in the Lancaster, Pennsylvania and Fairport, New York facilities and employees of Telex Communications, Inc., a subsidiary of Bosch Security Systems, Inc. Full-time employees are eligible to participate on their date of hire.

The Burlingame Plan covers all eligible hourly employees of Robert Bosch Fuel Systems, LLC who are represented by the DTC/UAW Local 167 DDC/EMD Labor Agreement and are age 18 or older. The Burlingame Plan also covers inactive, fully vested participants transferred from the Robert Bosch Fuel Systems Corporation New Business Unit 401(k) Plan in 2006. Full-time employees are eligible to participate upon completion of the probationary period defined in the relevant union contract.

The BBST Plan covers employees of specific participating units of Robert Bosch, LLC who are represented by a collective bargaining unit. Currently, the only active participants are individuals represented by collective bargaining agreements that cover UAW Local 383 in St. Joseph, Michigan. Full-time covered employees are eligible to participate upon completion of a 90-day probationary period (including service as a temporary employee).

Subject to the eligibility requirements described above, part-time employees are eligible to participate after one year of service consisting of 1,000 hours of service, as defined in each of the respective plan documents. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plans provide for employee contributions up to a maximum of 85 percent (excluding the Burlingame Plan, which is a maximum of 18 percent) of annual eligible compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code (IRC). For the BSIP and the BSSI Plan, unless an employee elects otherwise, eligible new employees are automatically enrolled in the respective plan with a 5 percent pretax deferral rate. The deferral rate increases 1 percent each year until it reaches a maximum of 9 percent. Participants may also make contributions to the Plans in the form of a rollover of funds from another qualified plan.

The BSIP provides for variable employer matching contributions ranging from 0 to 100 percent of the first 9 percent of eligible compensation contributed by the participant. The percentage range is generally determined annually. The matching percentage was 75 percent for all participating employers in 2022.

The BSSI Plan provides for employer matching contributions of 50 percent of the first 6 percent of compensation deferred by the participant.

Note 1 - Plan Description (Continued)

The BSSI Plan also provides for employer profit-sharing contributions on behalf of each eligible Lancaster and Fairport employee hired prior to February 1, 2012, based on the employee's eligible compensation for the plan year as follows:

(i) 3 percent of eligible compensation earned up to the 5th anniversary of the active participant's profit-sharing start date

(ii) 4.5 percent of eligible compensation earned between the 5th anniversary and the 10th anniversary of the active participant's profit-sharing start date

(iii) 6 percent of eligible compensation earned after the 10th anniversary of the active participant's profit-sharing start date

An adjustment may be made to the profit-sharing contribution, based on year-end company financial performance, such that the adjusted profit-sharing contribution is equivalent to between 50 and 150 percent of the original base amounts described above. For 2022, the profit-sharing amounts were adjusted to 150 percent of the base amounts.

The Burlingame Plan and the BBST Plan provide for employer matching contributions of 50 percent of the first 7 percent of eligible compensation contributed by participants who have completed one year of service.

In addition, the BSIP and the BBST Plan provide for employer contributions subject to maximum amounts established by the IRC, generally ranging from 2.5 to 6.5 percent of a participant's eligible compensation, except as otherwise defined, based on the participant's age at December 31 of the current plan year.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on contributions and or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by each of the Plans.

Benefit Payments

In the event of retirement, termination of service, death, or disability, a participant may elect to receive either a lump-sum payment or various installment payments equal to the value of the participant's vested interest in his or her account. Prior to termination of service, participants may withdraw their after-tax and rollover contributions at any time or any portion of their accounts after attaining the age of 59½.

Participants may request that a portion of their employee contribution accounts be distributed in the case of financial hardship, as defined in the respective plan document.

Vesting

Participants are immediately vested in their employee contributions; rollover contributions; and, for the BSSI Plan, their employer profit-sharing contributions plus actual earnings thereon. Excluding the BBST Plan employer matching contributions, a participant is generally 100 percent vested in the non-profit-sharing employer contribution portion of their account after three years of credited service. Accounts of participants who are actively employed at a location that is closed generally become fully vested on the closure date.

Note 1 - Plan Description (Continued)

The BBST Plan's employer matching contributions vest according to the following schedule:

Years of Service	Vesting Percentage
2 years	20 %
3 years	40
4 years	60
5 years or more	100

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions or to pay administrative expenses of each of the respective Plans.

Participant Notes Receivable

Participants may borrow from their accounts subject to certain maximum and minimum amounts prescribed in each of the respective Plans and in the IRC. Notes receivable bear interest at a market rate.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Fidelity Management Trust Company (Fidelity) or its affiliates. Fidelity is the trustee of the Plans; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Termination

While it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate any of the individual Plans subject to the provisions set forth in the respective plan agreement and ERISA. Upon termination of any of the individual Plans, participants become 100 percent vested in their account balances of the respective terminated plan.

Note 2 - Summary of Significant Accounting Policies

Memorandum-only Totals

The memorandum-only total column in the financial statements represents solely a total of the individual plans and is provided for information only.

Investments in the Master Trust

The Robert Bosch Defined Contribution Retirement Plan Trust (the "Master Trust") was established for the investment of assets of certain benefit plans sponsored by the Company and its affiliates. All investments of the BSIP, the BSSI Plan, and the BBST Plan are invested in the Master Trust. The Burlingame Plan participates in the Master Trust for the purpose of sharing only in the custom funds held within the Master Trust.

Investment Valuation

The value of the Plans' interests in the Master Trust is based on the beginning of the year value of each of the respective Plans' interests in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Plans' and the Master Trust's investments are stated at fair value except for fully benefit-responsive synthetic guaranteed investment contracts, which are valued at contract value. Contract value represents deposits made to the contracts, plus earnings at guaranteed crediting rates, less withdrawals and fees.

Note 2 - Summary of Significant Accounting Policies (Continued)

The collective trusts are valued at the net asset value per share (NAV) (or its equivalent), which is based on the fair value of the funds' underlying net assets. There are no unfunded commitments on these investments, and the investments have redemption notice periods ranging from 0 to 30 days with unlimited redemption frequency. All other investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plans' administrator to make estimates and assumptions that affect certain amounts and disclosures at the date of the financial statements and during the reporting period. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties

The Plans and Master Trust invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 3, 2023, which is the date the financial statements were available to be issued.

Effective September 8, 2023, and subsequent to the 2023 acquisition of TSI Semiconductors America LLC on August 31, 2023, there was a significant group rollover of participant balances from the TSI Semiconductors America LLC 401(K) Plan into the BSIP. The assets were also transferred into the Plan on the same date, which totaled approximately $54,700,000.

Note 3 - Certified Information

Fidelity holds the Master Trust's investments, the Burlingame Plan's investments, and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and the supplemental schedules of assets held at end of year, including master trust information included in Note 5, are based solely on information certified by Fidelity.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Note 4 - Fair Value Measurements (Continued)

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust and the Burlingame Plan have the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's and the Plans' assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the net assets of the Master Trust, including those measured at fair value on a recurring basis, at December 31, 2022 and 2021:

	Master Trust Net Assets at December 31, 2022	
	Master Trust Balances	Level 1
Investments at fair value:		
Mutual funds	$ 229,310,812	$ 229,310,812
Self-directed brokerage account	168,443,726	168,443,726
Total	397,754,538	$ 397,754,538
Investments measured at NAV - Collective trusts	2,764,132,918	
Total investments at fair value	3,161,887,456	
Investments at contract value - Synthetic GICs	339,915,720	
Total investments	$ 3,501,803,176	

Note 4 - Fair Value Measurements (Continued)

	Master Trust Net Assets at December 31, 2021	
	Master Trust Balances	Level 1
Investments at fair value:		
Mutual funds	$ 205,958,267	$ 205,958,267
Self-directed brokerage account	219,351,976	219,351,976
Total	425,310,243	$ 425,310,243
Investments measured at NAV - Collective trusts	3,522,984,925	
Total investments at fair value	3,948,295,168	
Investments at contract value - Synthetic GICs	303,357,160	
Total investments	$ 4,251,652,328	

The fair value of the Burlingame Plan's investments held outside the Master Trust as of December 31, 2022 and 2021 are as follows:

	Investments at December 31, 2022	
	Investments (at Fair Value)	Level 1
Mutual funds	$ 158,948	$ 158,948
Self-directed brokerage account	123,204	123,204
Total	282,152	$ 282,152
Investments measured at NAV - Collective trusts	7,126,958	
Total investments at fair value	$ 7,409,110	

	Investments at December 31, 2021	
	Investments (at Fair Value)	Level 1
Mutual funds	$ 195,643	$ 195,643
Self-directed brokerage account	141,121	141,121
Total	336,764	$ 336,764
Investments measured at NAV - Collective trusts	11,337,395	
Total investments at fair value	$ 11,674,159	

Note 5 - Interest in Master Trust

Each participating plan's interest in the Master Trust is based on account balances of the participants and their elected investment options.

Investment income and administrative expenses relating to the Master Trust are allocated to the individual Plans based upon daily balances of the investments invested by each of the Plans.

Note 5 - Interest in Master Trust (Continued)

The net assets of the Master Trust and the Plans' interests in master trust balances at December 31, 2022 and 2021 are as follows:

	2022				
		Plan's Interest in Master Trust Balances			
	Master Trust Balances	BSIP	BSSI Plan	Burlingame Plan	BBST Plan
Investments:					
Mutual funds	$ 229,310,812	$ 215,109,772	$ 13,932,090	$ 35,618	$ 233,332
Self-directed brokerage account	168,443,726	163,145,958	5,297,768	-	-
Collective trusts	2,764,132,918	2,634,184,714	124,764,609	67,479	5,116,116
Synthetic GICs	339,915,720	321,411,723	15,268,069	992,110	2,243,818
Net assets of the Master Trust	$ 3,501,803,176	$ 3,333,852,167	$ 159,262,536	$ 1,095,207	$ 7,593,266

	2021				
		Plan's Interest in Master Trust Balances			
	Master Trust Balances	BSIP	BSSI Plan	Burlingame Plan	BBST Plan
Investments:					
Mutual funds	$ 205,958,267	$ 190,852,700	$ 14,822,071	$ 8,931	$ 274,565
Self-directed brokerage account	219,351,976	210,957,184	8,394,792	-	-
Collective trusts	3,522,984,925	3,358,081,561	156,933,063	95,515	7,874,786
Synthetic GICs	303,357,160	289,385,061	12,026,214	244,146	1,701,739
Net assets of the Master Trust	$ 4,251,652,328	$ 4,049,276,506	$ 192,176,140	$ 348,592	$ 9,851,090

The net investment loss for the Master Trust for the year ended December 31, 2022 is as follows:

Net realized and unrealized losses on investments	$ (773,262,272)
Interest and dividends	34,179,897
Total net investment loss	$ (739,082,375)

Note 6 - Investment Contracts

The Master Trust holds synthetic investment contracts (synthetic GICs). The synthetic GICs provide for a fixed return on principal over a specified time through fully benefit-responsive wrapper contracts issued by insurance companies. The assets underlying the synthetic GICs substantially consist of fixed-income collective trust funds.

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

The interest crediting rate, which is reset monthly and is based on a formula agreed upon with each wrapper contract issuer, can never fall below zero. The crediting rate formula smooths the impact of interest rate changes on participant returns by amortizing any difference between market value and book value over a period of years equal to the duration of the portfolio benchmark.

Note 6 - Investment Contracts (Continued)

Certain events limit the ability of the Master Trust to transact at contract value with the issuers. These events include plant closings, layoffs, plan termination, bankruptcy or reorganization, merger, early retirement incentive programs, tax disqualification of a trust, or other events. The occurrence of one or more employer-initiated events could limit the Master Trust's ability to transact at contract value with the issuers. The Plans' administrator believes that the occurrence of any such event is not probable.

Except for the employer-initiated events above or an event of default (that was not remedied), the wrapper contract issuers may not terminate the contracts at an amount different from contract value.

Note 7 - Tax Status

The BSIP, the BSSI Plan, and the BBST Plan have received determination letters from the IRS indicating that the Plans, as designed, are qualified for tax-exempt treatment under the applicable section of the IRC. Although the Plans have been amended since receiving the respective determination letters, management believes that the Plans are designed and are currently being operated in compliance with the applicable requirements of the IRC.

The Burlingame Plan uses a preapproved plan. The preapproved plan has received a favorable opinion letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for federal income tax-exempt status. The Burlingame Plan has not individually sought its own determination letter.

Schedule of Assets Held at End of Year - Bosch Savings Incentive Plan

Form 5500, Schedule H, Line 4i
EIN 36-2903176, Plan No. 003
December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Participants	Participant notes receivable - Interest rates ranging from 4.25 to 10.50 percent	-	$ 32,685,174

Schedule of Assets Held at End of Year - Bosch Security Systems Retirement Savings Plan

Form 5500, Schedule H, Line 4i
EIN 11-3707780, Plan No. 007
December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Participants	Participant notes receivable - Interest rates ranging from 4.25 to 8.00 percent	-	$ 1,363,985

Schedule of Assets Held at End of Year - Robert Bosch Fuel Systems LLC Burlingame Hourly Employees' 401(k) Plan

Form 5500, Schedule H, Line 4i
EIN 36-3818702, Plan No. 003
December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
Fidelity Management Trust Company	JPMorgan Small Cap Equity Fund	*	$ 158,483
	Fidelity Government Money Market Mutual Fund	*	465
	Collective trusts:		
Fidelity Management Trust Company	Northern Trust Aggregate Bond Index	*	331,759
	Northern Trust Collective EAFE Index	*	132,663
	Northern Trust S&P 500 Index	*	168,456
	Northern Trust R1000 Growth Index NL	*	191,008
	State Street Target Retirement Income	*	1,496,509
	State Street Target Retirement 2020	*	256,158
	State Street Target Retirement 2025	*	717,870
	State Street Target Retirement 2030	*	1,223,509
	State Street Target Retirement 2035	*	1,894,980
	State Street Target Retirement 2040	*	138,359
	State Street Target Retirement 2045	*	25,219
	State Street Target Retirement 2050	*	45,095
	State Street Target Retirement 2055	*	111,945
	State Street Target Retirement 2060	*	51,610
	State Street Target Retirement 2065	*	2,469
	T. Rowe Price Structured Research	*	339,349
Fidelity Management Trust Company	Self-directed brokerage account	*	123,204
Participants	Participant notes receivable - Interest rates ranging from 4.25 to 7.25 percent	-	88,844
	Total		**$ 7,497,954**

*Cost information not required

Schedule of Assets Held at End of Year - Bosch Braking Systems Thrift Plan

Form 5500, Schedule H, Line 4i
EIN 36-2903176, Plan No. 005
December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Participants	Participant notes receivable - Interest rates ranging from 4.25 to 8.00 percent	-	$ 144,336

BOSCH SAVINGS INCENTIVE PLAN
ROBERT BOSCH LLC
EIN: 36-2903176 PN: 003
Schedule H, line 4i – Schedule of Assets (Held At End of Year)
12/31/2022

(a)	**(b)** Identity of issue, borrower, lessor, or similar party	**(c)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value	**(e)** Current value
*	Participant Loans	Participant Loans	32,685,174
	Interest Held in Master Trust	Various (includes Registered Investment Companies, Common/Collective Trust, Self Directed Brokerage, etc.)	3,333,852,167
		TOTAL	**3,366,537,341**

* Investment with party-in-interest to the Plan

PLAN NAME: BOSCH SAVINGS INCENTIVE PLAN
PLAN SPONSOR NAME: ROBERT BOSCH LLC
EIN: 36-2903176 PN: 003
ATTACHMENT TO FORM 5500
MULTIPLE-EMPLOYER PLAN INFORMATION
12/31/2022

1) EMPLOYER NAME	2) EIN	3) ESTIMATE OF CONTRIBUTION %	4) Aggregate Account Balance
FHP MANUFACTURING COMPANY	58-2483956	0.8%	$18,006,912
ROBERT BOSCH LLC	36-2903176	99.2%	$3,315,809,595
Totals		100%	$3,333,816,507