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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide 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
- [ ] 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
EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1977

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)
BOSE CORPORATION

100 THE MOUNTAIN ROAD
FRAMINGHAM, MA 01701-9168

2b Employer Identification Number (EIN)
04-2655386

2c Plan Sponsor's telephone number
508-879-7330

2d Business code (see instructions)
334310

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.	10/14/2026	EILEEN LAWLER
	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 ☐ Same as Plan Sponsor

EILEEN LAWLER, BENEFITS COMMITTEE

C/O BOSE CORPORATION
FRAMINGHAM, MA 01701-9168

3b Administrator's EIN: 04-2655386

3c Administrator's telephone number: 508-879-7330

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**	5343
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)**	1232
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1205
b	Retired or separated participants receiving benefits	**6b**	870
c	Other retired or separated participants entitled to future benefits	**6c**	2356
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4431
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	90
f	Total. Add lines **6d** and **6e**.	**6f**	4521
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	94
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 Characteristic Codes in the instructions:

1A 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ 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) ☒ 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) ☒ **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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOSE CORPORATION

D Employer Identification Number (EIN)
04-2655386

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC LIFE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
95-1079000	67466	G-28572.01	722	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	47931138
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOSE CORPORATION

D Employer Identification Number (EIN)
04-2655386

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 2025

2 Assets:

a Market value	**2a**	866335392
b Actuarial value	**2b**	856047629

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	1618	351812159	351812159
b For terminated vested participants	2493	321005874	321005874
c For active participants	1322	168157689	178145305
d Total	5433	840975722	850963338

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**	5.40 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	21095884
b Expected plan-related expenses	**6b**	1425000
c Target normal cost	**6c**	22520884

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

08/27/2026
Date

JAMES J HOLLOMAN
Type or print name of actuary

26-06456
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8182
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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	52399472
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11157181
9	Amount remaining (line 7 minus line 8)	0	41242291
10	Interest on line 9 using prior year's actual return of 5.36 %	0	2210587
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.25 %		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	43452878

Part III Funding Percentages

14	Funding target attainment percentage	14	95.49 %
15	Adjusted funding target attainment percentage	15	100.59 %
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	101.38 %
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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	**31a**	22520884
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	38368587	3577504
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**	26098388

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	26098388	26098388

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOSE CORPORATION

D Employer Identification Number (EIN)
04-2655386

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AB CARVAL INVESTORS, LP
1601 UTICA AVENUE SOUTH
SUITE 1000
MINNEAPOLIS, MN 55416

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

AMERICAN SECURITIES, LLC

27-1486827

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

APOLLO ADVISORS X, L.P.

87-4488104

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

ASIA ALTERNATIVES MANAGEMENT LLC

20-4391329

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

BLUE OWL DIGITAL INFRA ADVISORS LLC

150 NORTH RIVERSIDE
37TH FLOOR
CHICAGO, IL 60606

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

CARNELIAN ENERGY CAPITAL GP II

2229 SAN FELIPE STREET
SUITE 1450
HOUSTON, TX 77019

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

CARNELIAN ENERGY CAPITAL GP III

2229 SAN FELIPE STREET
SUITE 1450
HOUSTON, TX 77019

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

CENTRE LANE PARTNERS

ONE GRAND CENTRAL PLACE
SUITE 2220
NEW YORK, NY 10165

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

CLAYTON DUBLIER AND RICE FUND XII

27-1189848

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

CVC CAPITAL PARTNERS VII LIMITED

27 ESPLANADE ST HELIER
JERSEY, CHANNEL ISLANDS JE1 1SG JE

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

CVC CAPITAL PARTNERS VIII LIMITED

27 ESPLANADE ST HELIER
JERSEY, CHANNEL ISLANDS JE1 1SG JE

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

ELLIOTT INVESTMENT MANAGEMENT LP

84-3339129

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

GEM REALTY MANAGERS VI, L.P.

30-0923410

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

GEORGIAN PARTNERS GROWTH LP

84-9722236

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

HAMBLEDON, INC.

98-1466693

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

HUDSON BAY CAPITAL MANAGEMENT LP

37-1511773

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

HUDSON BAY INT ASSOCIATES LLC

46-4249963

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

JOHN HANCOCK TRUST COMPANY

45-2395022

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

KAYNE ANDERSON CAPITAL ADV., L.P.

95-4486379

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

LEGAL & GENERAL INVESTMENT MANAGEM

20-8058531

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

LEXINGTON ASSOCIATES X, LP

399 PARK AVENUE
20TH FLOOR
NEW YORK, NY 10022

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

MARLIN MANAGEMENT COMPANY, LLC

20-2935766

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

MERITECH CAPITAL ASSOCIATES VII

245 LYTTON AVE
SUITE 125
PALO ALTO, CA 94301

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

MILL POINT CAPITAL LLC

85-3386561

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

MILLENNIUM INTERNATIONAL, LTD

98-1041100

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

NUT TREE CAPITAL MANAGEMENT, LP

61-1764038

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

OAK HILL ADVISORS, L.P.

13-4077194

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

OCP ASIA (HONG KONG)LIMITED

350 ORCHARD ROAD, 21-08/10 SHAW HOUSE
SINGAPORE, SINGAPORE 238868 SG

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

OCP ASIA (SINGAPORE) PTE LIMITED

98-0621043

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

ORION CAPITAL MANAGERS, LLP

63 BROOK STREET
LONDON, LONDON W1K 4HS GB

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

PLATINUM EQUITY ADVISORS, LLC

20-0080603

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

PLATINUM EQUITY PARTNERS VI, LP

87-3207867

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

POINT72 CAPITAL INTERNATIONAL, LTD.

98-1742757

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

SPARK CAPITAL GROWTH FUND III, LP

200 CLARENDON STREET
59TH FLOOR
BOSTON, MA 02118

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

SPARK CAPITAL VI, LP

200 CLARENDON STREET
59TH FLOOR
BOSTON, MA 02118

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

TRIVE CAPITAL MANAGEMENT LLC

2021 MCKINNEY AVENUE
SUITE 1200
DALLAS, TX 75201

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

TRIVE CAPITAL PARTNERS LP

2021 MCKINNEY AVENUE
SUITE 1200
DALLAS, TX 75201

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

U.S. BANCORP ASSET MANAGEMENT, INC.

41-2003732

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

U.S. BANCORP FUND SERVICES, LLC

39-1939072

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

UNICORN PARTNERS FUND IV, LP

98-1599754

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

VERITION FUND MANAGEMENT LLC

26-2472334

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

WINDROSE HEALTH INVESTORS V,MANAGE

83-2549552

(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)

EMPOWER

8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
12 15 17 50	NONE	555394	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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?
11 50	NONE	452097	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

(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?
28 51 52	NONE	425878	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(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 33 50 71 72	NONE	388945	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKSTONE ALTERNATIVE CREDIT ADVIS

01-0899018

(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?
28 51 52	NONE	225000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

US BANK NATIONAL ASSOCIATION

31-0841368

(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?
18 19 51 52 99	NONE	137032	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 51 52	NONE	60801	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SULLIVAN & WORCESTER LLP

04-2387531

(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?
29 50	NONE	54145	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OCP ASIA (AUSTRALIA) PTY LIMITED

98-1669741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 28 29 52 72 99	NONE	24273	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

GALLAGHER FIDUCIARY ADVISORS, LLC

36-4291971

(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?
17 50	NONE	12500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILMERHALE LLP

60 STATE STREET
BOSTON, MA 02109

(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?
29 50	NONE	8860	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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOSE CORPORATION

D Employer Identification Number (EIN)
04-2655386

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: SSGA S&P 500 FLAGSHIP NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-004	C	138954350

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SM CAP INDX FD CL X

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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)
32-6528132-107	C	38588227

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI ACWI EX USA LMI N

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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)
90-0337987-156	C	59853049

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MIDCAP 400 INDEX N

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-006	C	10858282

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US AGGRE BOND INDX SEC LEND FD

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-069	C	11920016

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 20+ YEAR US TREASURY STRIPS IN

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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)
90-0337987-169	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SILCHESTER INTL VAL EQUITY GRP TRST

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP

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)
36-7345783-001	E	67846157

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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOSE CORPORATION

D Employer Identification Number (EIN)
04-2655386

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	29	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	47698	47979
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	275853	1575418
(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)	39494483	17144332
(5) Partnership/joint venture interests	1c(5)	495619089	529207278
(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)	323754777	260173924
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	67846157
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7143464	8170437
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	866335393	884165525
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	601030
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	601030
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	866335393	883564495

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)	46994	
(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)		46994
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	623471	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2421442	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3044913
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	229891293	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	230633698	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-742405
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	46910139	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		46910139

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		53667756
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		16379714
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5959161
d Total income. Add all **income** amounts in column (b) and enter total	2d		125266272
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	54985422	
(2) To insurance carriers for the provision of benefits	2e(2)	47931138	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		102916560
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	555394	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1124897	
(6) Bank or trust company trustee/custodial fees	2i(6)	137032	
(7) Actuarial fees	2i(7)	290649	
(8) Legal fees	2i(8)	63005	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2949633	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5120610
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		108037170
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		17229102
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) [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: GRANT THORNTON **(2)** EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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	
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		500000
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 [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 581777.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOSE CORPORATION

D Employer Identification Number (EIN)
04-2655386

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): 31-0841368

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** 124

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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 36.0 % Private Equity: 23.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.0 %
High-Yield Debt: _____ % Real Assets: 3.0 % Cash or Cash Equivalents: 1.0 % Other: 16.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Financial Statements and Report of Independent Certified Public Accountants

Employees' Retirement Plan of Bose Corporation

December 31, 2025 and 2024

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Employees' Retirement Plan of Bose Corporation

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Employees' Retirement Plan of Bose Corporation (the "Plan"), an employee benefit plan 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 Plan's 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 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 plan (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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 6 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 Audit 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.
- 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).

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

Basis for opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan 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 accounting principles generally accepted in the United States of America, 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor’s responsibilities for the audit of the financial statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 an audit conducted in accordance with US 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 a 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 an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- 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 audit 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 Plan's 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 the Plan's 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 certification, 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an 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 accounting principles generally accepted in the United States of America.

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

Other matter - supplemental schedules required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US 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.

Grant Thornton

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 their form and content, are presented in conformity with the Department of Labor'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 Department of Labor'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).

Grant Thornton LLP

Boston, Massachusetts
October 13, 2026

Employees' Retirement Plan of Bose Corporation

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Cash	$ -	$ 29
Investments, at fair value		
Interest-bearing cash	1,575,418	275,853
Mutual funds	8,170,437	7,143,464
Common collective trusts	260,173,924	326,275,257
Partnerships/joint ventures	597,053,435	493,098,609
Common stocks	17,144,332	39,494,483
Total investments	884,117,546	866,287,666
Receivables		
Accrued dividends	47,979	47,698
Total receivables	47,979	47,698
Total assets	884,165,525	866,335,393
LIABILITIES		
Cash overdraft, net	(601,030)	-
Total liabilities	(601,030)	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 883,564,495	$ 866,335,393

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

Employees' Retirement Plan of Bose Corporation

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2025

Investment income	
Net appreciation in fair value of investments	$ 116,250,991
Dividends and interest	9,015,281
Total investment income	125,266,272
Deductions	
Benefits paid directly to participants	54,985,422
Purchase of group annuity contract	47,931,138
Administrative expenses	4,554,252
PBGC insurance premiums	566,358
Total deductions	108,037,170
NET INCREASE	17,229,102
Net assets available for benefits, beginning of year	866,335,393
Net assets available for benefits, end of year	$ 883,564,495

The accompanying notes are an integral part of this financial statement.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Employees' Retirement Plan of Bose Corporation (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan covering employees who meet the eligibility requirements described below of Bose Corporation (the "Company"). Effective December 31, 2011, employees residing in Puerto Rico are no longer eligible to participate in the Plan and any accrued benefits to which they were entitled were frozen. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and is administered by the Company's Benefits Committee (the "Committee") which has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective March 20, 2023, the Plan was amended to fully vest the interests of certain participants affected by the Company's sale of certain assets related to the Professional Installed business.

Effective March 27, 2025, the Plan was amended to allow the purchase of a group annuity contract for certain participants, contingent annuitants, alternate payees, and beneficiaries currently receiving annuity payments. Concurrently, the Plan purchased a single premium group annuity contract to provide for the payment of annuities for those specified participants. The contract was purchased from Pacific Life Insurance Company for a total single premium of approximately $48,000,000, net of refunds. All future benefit obligations and administration with respect to the settled group of participants transferred to Pacific Life Insurance Company effective June 1, 2025.

U.S. Bank, National Association is the trustee of the Plan (the "Trustee").

Eligibility

In December 2025, the Plan was amended to close the Plan to new entrants effective January 1, 2026. Therefore, based on the service and eligibility requirements of the Plan, the final date of commencement of participation in the Plan was effective July 1, 2025. Benefit accruals and vesting criteria for eligible Participants were unchanged.

Prior to this amendment, employees must have been 21 or older as of December 31 and completed one year of service to be eligible for participation in the Plan.

Funding Policy

The Company's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary. No employee contributions are permitted. The Company's contributions for 2025 and 2024 comply with the minimum funding requirements of ERISA.

Pension Benefits

Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their Plan benefit after terminating employment with vested rights.

The annual retirement benefit is the greater of:

1. 1.1% of the participant's final five-year average compensation up to covered compensation, plus 1.7% of the final five-year average compensation in excess of covered compensation, multiplied by the participant's years of service up to a maximum of 30 years; or

2. The participant's years of service up to a maximum of 30 years, multiplied by $120.

Participants become 20% vested after three years of service, with an additional 20% for each additional year until they become fully vested after seven years of service. Benefits are available as an annuity or a lump-sum distribution. Participants may elect to defer payment of their benefit until a later date as long as the value of the vested benefit is greater than $1,000. Effective January 1, 2024, this amount increased to $5,000 for distributions made prior to January 1, 2024 and $7,000 for distributions made subsequent to January 1, 2024.

Effective September 1, 2021, the Plan was amended to add a lump-sum benefit feature offering employees who have less than eight years of service or less than $50,000 in the Plan the opportunity to receive a lump-sum payout of their accrued vested benefit in the Plan.

During 2024, the Plan was amended to add a monthly pension enhancement for certain eligible employees who opted to participate in a voluntary early retirement window offered by the Company.

Pre-retirement Death Benefits

In the event of an eligible participant's death before retirement, the annuity paid to the contingent annuitant will be determined on the same basis as if the participant retired on the date of his or her death and elected a 50% Joint and Survivor Annuity. The Plan permits early retirement at ages 55-64 with seven years of vesting service. If the participant dies on or before his or her early retirement date, the contingent annuitant will also be paid a 50% Joint and Survivor Annuity, determined as if the participant: (a) separated from service on the date of death, (b) survived until their early retirement date, (c) retired on that date, or (d) died on the next day. The contingent annuitant will begin receiving the annuity upon the participant's normal retirement date unless the contingent annuitant elects an early retirement date based on the participant's eligibility for early retirement.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared using the accrual method of accounting and are in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management 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, and changes therein. Actual results could differ from those estimates.

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee, and an insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis, interest income is recorded on the accrual basis, and dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service rendered by the Plan's participants. Accumulated Plan benefits include benefits expected to be paid to: (a) retired and terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based upon the employees' compensation levels and years of credited service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits are payable under all circumstances including retirement, death, disability, and termination of employment to the extent they are deemed attributable to employee service rendered through the valuation date Willis Towers Watson, the Plan's actuaries, employing actuarial assumptions to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, determine the accumulated Plan benefits as of each December 31st, the Plan's year end. Assumptions underlying the actuarial valuations as of December 31, 2025, and 2024 are as follows:

Discount Rate	5.65% and 5.85%, 2025 and 2024, respectively, compounded annually.
Mortality	The mortality assumption was updated to use Pri-2012 mortality table with separate mortality rates for non-annuitants ("Employees"), retirees ("Healthy Retiree"), and contingent survivors ("Contingent Survivor") with an 80% multiplier, and using Scale MP-2021 with generational projection.
Earnings	A 4.0% annual increase in salary

Retirement

2025		2024	
Age	Rate	Age	Rate
55-59	7.5%	55-59	7.5%
60-61	10%	60-61	10%
62	15%	62	15%
63-64	17.5%	63-64	17.5%
65-69	22.5%	65-69	22.5%
70+	100%	70+	100%

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.

Actuarial Present Value of Accumulated Plan Benefits

The actuarial cost method used in determining Plan funding requirements is the traditional unit credit actuarial cost method, as required by the Pension Protection Act ("PPA") of 2006. PPA effective interest rates of 5.45% and 5.40% were used in determining the Plan funding requirements for 2025 and 2024, respectively. The computations of the actuarial present value of accumulated Plan benefits were made as of December 31, 2025 and 2024.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 3 - FAIR VALUE MEASUREMENTS

Promulgations of the Financial Accounting Standards Board have established a framework for measuring fair value, which provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The highest priority is assigned 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 as follows:

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

Level 2 - Inputs to the valuation methodology include:

a) Quoted prices for similar assets or liabilities in active markets;

b) Quoted prices for identical or similar assets or liabilities in inactive markets;

c) Inputs other than quoted prices that are observable for the asset or liability; and

d) 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Cash: Valued at amortized cost.

Mutual Funds: Valued at published closing net asset value ("NAV").

Common Collective Trusts: Valued based on the NAV of units of the collective fund. The NAV, as provided by the Trustee of the Plan, is used as a practical expedient for estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Each of the fund's investments provides for daily to quarterly redemptions, with notice requirements ranging from zero to 45 days. There are no unfunded commitments. These funds seek to maximize total return through capital appreciation and current income.

Partnerships/Joint Ventures: Based upon the valuation of the funds in which the partnership has invested. The total assets of the funds and the return on the funds are calculated using the official NAV of the fund, which is used as a practical expedient. The partnerships have various objectives with some investing in private debt, equity and real assets and most have no redemption restrictions, notification period or unfunded commitments. These funds seek to maximize long-term capital appreciation.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Common Stocks: Valued at the quoted closing price reported in an active market.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured on a recurring basis at December 31:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Cash	$ 1,575,418	$ -	$ -	$ 1,575,418
Mutual funds	8,170,437	-	-	8,170,437
Common stocks	17,144,332	-	-	17,144,332
Total assets at fair value	$ 26,890,187	$ -	$ -	26,890,187
Total investment measured at NAV as a practical expedient				857,227,359
Total assets at fair value				$ 884,117,546

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash	$ 275,853	$ -	$ -	$ 275,853
Mutual funds	7,143,464	-	-	7,143,464
Common stocks	39,494,483	-	-	39,494,483
Total assets at fair value	$ 46,913,800	$ -	$ -	46,913,800
Total investment measured at NAV as a practical expedient				819,373,866
Total assets at fair value				$ 866,287,666

NOTE 4 - PLAN TERMINATION

The Company has not expressed any intent to discontinue the Plan; however, it is free to do so at any time, subject to provisions of ERISA. In case of such discontinuance, the Plan provides that the net assets of the trusts shall be allocated amongst the participants and beneficiaries of the Plan in the order provided for in accordance with ERISA.

(a) Annuity benefits that former employee or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefits that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. Government agency) up to the applicable limitations (discussed below).

(c) All other vested benefits (that is, vested benefits not insured by the PBGC).

(d) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 5 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated January 2, 2018 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified. 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 liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken or expected to be taken that would require recognition of a liability (or asset) 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.

NOTE 6 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan has certified that the following data included in the financial statements and supplemental schedules is complete and accurate:

1. Investments, at fair value, non-interest bearing cash, and cash overdraft, net as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.

2. Accrued dividends as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.

3. Investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025.

4. The schedule of assets (held at end of year) at December 31, 2025.

5. The schedule of reportable transactions for the year ended December 31, 2025.

NOTE 7 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Under ERISA, parties-in-interest are defined to include the Plan sponsor, officers, directors and employees of the sponsor; direct and indirect owners and their relatives, if they have combined voting power of 50% or more; the Plan custodian or trustee and the Plan Administrator; other parties with fiduciary responsibilities; and a person and their relatives, or an organization that provides services to the Plan such as the Plan actuary, auditors, lawyers, investment advisors, etc.

Certain Plan investments are managed by U.S. Bank, National Association. U.S. Bank, National Association is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred and paid directly by the Plan for investment management services, consulting and actuary fees were $4,554,252 for the year ended December 31, 2025 and qualify as party-in-interest transactions.

NOTE 8 - ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits amounts were calculated by consulting actuaries as of December 31:

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 320,673,965	$ 362,513,169
Other participants	498,524,058	472,743,953
	819,198,023	835,257122
Nonvested benefits	10,038,204	9,712,586
Total actuarial present value of accumulated plan benefits	$ 829,236,227	$ 844,969,708

The change in the present value of accumulated Plan benefits for the year ended December 31, 2025 is as follows:

Actuarial present value of accumulated Plan benefits at beginning of year	$ 844,969,708
Increase (decrease) attributed to:	
Actual benefits paid	(54,985,422)
Purchase of group annuity contract	(47,931,138)
Benefits accumulated	20,046,086
Assumption changes	16,421,318
Actuarial (gains) losses	3,122,560
Decrease in the discount period	47,593,115
Net (decrease)	(15,733,481)
Actuarial present value of accumulated Plan benefits at end of year	$ 829,236,227

NOTE 9 - RISKS AND UNCERTAINTIES

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

NOTE 10 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2026, the date for which the financial statements were available for issuance. No events noted subsequent to December 31, 2025 required disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

Employees' Retirement Plan of Bose Corporation

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EMPLOYER ID NO: 04-2655386, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	Cash and Cash Equivalents:				
	Interest-bearing Cash			$ 1,544,012	$ 1,575,418
	Mutual Funds:				
*	First American Govt Obligation Fund Cl Z	8,170,437	shares	8,170,437	8,170,437
	Common Collective Trusts:				
	SSGA MSCI ACWI Ex USA Imi NL Fund	1,497,712	shares	39,656,441	59,853,049
	SSGA S&P Midcap 400 Index NL	20,491	shares	7,671,602	10,858,282
	SSGA US Aggre Bond Indx Sec Lend Fd	343,962	shares	10,694,138	11,920,016
	Ssga Russel Sm Cap Indx Fd Cl X	3,974,890	shares	38,849,130	38,588,227
	SSGA S&P 500 Flagship NL (CM13)	73,894	shares	82,460,068	138,954,350
					260,173,924
	Partnerships/Joint Ventures:				
	Meritech Capital Partners VII, L.P.	3,264,993	shares	2,500,000	3,264,993
	AACP Tax-Exempt Investors V, L.P.	12,056,330	shares	8,417,994	12,056,330
	AACP Tax-Exempt Investors VI, L.P.	4,130,959	shares	3,448,727	4,130,959
	LGIMA Long Duration	49,557,344	shares	15,964,458	49,557,344
	Silchester International Value Equity Growth Trust	274,188	shares	35,410,557	67,846,157
	AEA Investors Fund VI L.P.	4,434,232	shares	967,752	4,434,232
	AEA Investors SBF IV LP	7,268,543	shares	4,830,531	7,268,543
	American Securities Partners VIII LP	6,208,114	shares	2,895,655	6,208,114
	Asia Alternatives Delaware V LP	740,597	shares	402,527	740,597
	Asia Alternatives Delaware VI LP	313,962	shares	233,279	313,962
	Carnelian Energy Cap II	1,086,409	shares	11,633	1,086,409
	Carnelian Energy Capital III LP	3,395,179	shares	624,441	3,395,179
	Centre Lane Partners IV, LP	8,294,097	shares	1,921,789	8,294,097
	CVC Capital Partners VII, L.P.	8,036,991	shares	71,195	8,036,991
	CVC Capital Partners VIII (A), L.P.	6,025,990	shares	4,758,485	6,025,990
	Cvi Credit Value Fund B IV, L.P.	2,260,495	shares	337,266	2,260,495
	Elliott International LTD	14,327	shares	30,000,000	35,225,357
	Georgian Partners Growth Fund. III	3,866,409	shares	3,837,884	3,866,409
	Georgian Partners Growth Fund IV, Intl	8,134,710	shares	4,586,763	8,134,710
	Georgian Partners Growth Fund Int'l V, L.P.	3,787,172	shares	2,972,021	3,787,172
	GSO Capital Opportunities Feeder Fund III	1,011,656	shares	6,856	1,011,656
	Gem Realthy Fund VI, LP	2,764,071	shares	1,509,236	2,764,071
	Hudson Bay Internation Fund LTD	7,539	shares	7,513,469	9,470,716
	Kayne Anderson Energy Fund VII LP	700,008	shares	1,611,480	700,008
	Kayne Anderson RE Investors V	3,698,197	shares	1,545,569	3,698,197
	Marlin Equity Fund V-A, L.P.	7,529,547	shares	2,652,613	7,529,547
	Marlin Heritage Fund II - A, LP	1,078,591	shares	715,736	1,078,591
	Metlife Intermediate Cred Collect Tru	5,855,776	shares	64,764,883	64,589,210
	Veritas Capital Fund IX, LP	42,698	shares	169,650	42,698
	Mill Point Capital Partners II-A LP	5,975,040	shares	3,336,037	5,975,040
	Millennium International Ltd-CL Gg Ser	465	shares	811,310	1,122,582
	Millennium Intl Cl Gg-2C2 Ser 01A	12,971	shares	16,199,451	20,138,282
	John Hancock Street Fix In Trust Class 14	3,712,893	shares	34,401,691	39,876,469
	Blackstone Real Estate Partners X LP	6,607,184	shares	5,444,374	6,607,184
	Point72 Capital Intl Ltd	74,679	shares	12,201,043	18,417,719
	Lexington Partners Gp Holdings X	10,280,277	shares	9,170,337	10,280,277
	Verition International Multi Fund	12,090,674	shares	10,000,000	12,090,674
	Apollo Investment Fund X LP	4,504,837	shares	3,440,584	4,504,837
	Cvc Cap Prtns VIII Aiv (Del A)	51,819	shares	53,218	51,819
	Oha Credit Solutions Fund II	6,948,653	shares	5,198,279	6,948,653
	Millennium Intl Ltd Class Gg-T1A	500	shares	500,000	550,892
	Nut Tree Offshore Fund	7,293	shares	10,000,000	18,515,748
	Odyssey Investors Prt VI, L.P.	5,463,483	shares	1,949,518	5,463,483
	Orchard Landmark Limited CIA	1,493	shares	1,481,260	1,438,009
	Orchard Landmark Limited	4,479	shares	4,388,824	4,208,207
	Orion European Real Estate Fund IV	3,860,797	shares	3,860,797	3,860,797

Employees' Retirement Plan of Bose Corporation

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2025

EMPLOYER ID NO: 04-2655386, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	Partnerships/Joint Ventures:				
	Spark Capital VI L.P.	2,481,340	shares	$ 1,790,000	$ 2,481,340
	Spark Capital Growth Fund III, L.P.	5,508,393	shares	3,824,000	5,508,393
	Thomas Bravo Fund XIV-A LP	5,184,494	shares	4,326,277	5,184,494
	Thomas Bravo Fund XIII LP	7,098,738	shares	30,310	7,098,738
	Trive Capital Fund III LP	4,611,182	shares	-	4,611,182
	Trive Capital Fund IV-A LP	5,673,227	shares	3,955,706	5,673,227
	Unicorn Partners Fund IV LP	4,219,748	shares	3,538,941	4,219,748
	Venture Lending & Leasing IX, LLC	3,958,140	shares	2,102,331	3,958,140
	Venture Lending and Leasing VIII, LLC	3,045,428	shares	723,337	3,045,428
	Vista Equity Partners Fund V, L.P.	4,310,071	shares	83,496	4,310,071
	Vista Equity Partners Fund VI, L.P.	5,036,901	shares	-	5,036,901
	Windrose Health Investors V	8,348,089	shares	3,886,089	8,348,089
	Windrose Health Investors IV	4,029,619	shares	2,076	4,029,619
	WTI Equity Opportunity Fund I, L.P.	1,826,132	shares	2,297,691	1,826,132
	WTI Fund X, LLC	3,413,440	shares	3,274,514	3,413,440
	BlueOwl Asset spl Opp Fd	4,606,043	shares	4,028,939	4,606,043
	Ipi Partners II-A, L.P.	5,904,246	shares	4,562,107	5,904,246
	Cd&r Fund Xii, LP	5,182,098	shares	3,300,086	5,182,098
	Platinum Equity Cap Partners VI M	4,827,794	shares	6,102,751	4,827,794
	Ir+m Core bond collective Fd Cl Ms	1,895,955	shares	18,959,548	20,918,906
					597,053,435
	Common Stocks:				
	Karman Hldgs Inc Common Stock	234,308	shares	625,602	17,144,316
	Rayonier Inc	1	share	19	16
					17,144,332
	Total investments			$ 583,578,822	$ 884,117,546

* Denotes a party-in-interest to the Plan as defined by ERISA.

Employees' Retirement Plan of Bose Corporation

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2025

EMPLOYER ID NO: 04-2655386, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
CATEGORY (iii) - SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
* U.S. Bank, N.A.	First American Gov't Oblig Fund Cl Z	$ 294,017,652	$ -	$ 294,017,652	$ 294,017,652	$ -
* U.S. Bank, N.A.	First American Gov't Oblig Fund Cl Z	-	292,990,680	292,990,680	292,990,680	-
CATEGORY (iii) - SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
* U.S. Bank, N.A.	Total Ssga 20+ Year US Treasury	-	79,793,023	109,291,946	79,793,023	(29,498,923)

* Denotes a party-in-interest to the Plan as defined by ERISA.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

Attained Age	Attained Years of Credited Service[1] Under										
	Under 1	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	34	0	0	0	0	0	0	0	0	34
	-	92,945	-	-	-	-	-	-	-	-	92,945
25-29	1	112	26	0	0	0	0	0	0	0	139
	-	120,246	131,807	-	-	-	-	-	-	-	122,786
30-34	0	74	57	24	0	0	0	0	0	0	155
	-	145,485	141,514	155,151	-	-	-	-	-	-	145,521
35-39	1	70	62	43	4	0	0	0	0	0	180
	-	171,044	173,664	175,597	-	-	-	-	-	-	173,624
40-44	1	50	38	44	33	17	0	0	0	0	183
	-	205,526	168,149	191,350	160,103	-	-	-	-	-	186,336
45-49	0	35	41	29	30	33	18	1	0	0	187
	-	230,003	208,516	181,059	191,303	215,601	-	-	-	-	206,299
50-54	0	33	26	24	22	42	16	6	0	0	169
	-	233,382	197,228	201,330	203,482	205,090	-	-	-	-	211,669
55-59	0	16	33	14	25	19	21	20	0	0	148
	-	-	183,101	-	221,539	-	227,203	188,568	-	-	203,385
60-64	0	13	23	14	9	12	10	18	0	0	99
	-	-	189,209	-	-	-	-	-	-	-	191,816
65-69	0	5	8	2	4	2	2	4	0	0	27
	-	-	-	-	-	-	-	-	-	-	165,177
70 & over	0	0	1	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-
Total	3	442	315	194	127	125	67	49	0	0	1,322
	-	163,182	172,488	182,855	191,667	203,554	217,801	189,840	-	-	178,676

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Employees' Retirement Plan of Bose Corporation
EIN / PN: 04-2655386/001
Plan Sponsor: Bose Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.40%	5.34%

Annual rates of increase (for purposes of determining the annual normal cost):

Compensation	4.00%
Future Social Security wage bases	3.50%
Statutory limits on compensation	3.00%
Assumed cost of living adjustments	None

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments, and then projected forward with generational projection as specified in the regulations under §1.430(h)(3)-1 using IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination rates (not due to disability, retirement, or mortality)

The rates at which participants are assumed to leave the Company by age are shown below.

Age	Less than 3 Years of Service	3+ Years of Service
25	27.81%	27.81%
30	23%	19.30%
35	23%	13.43%
40-64	18%	9%
65 and over	100%	100%

Disability rates

None.

Retirement

The rates at which participants are assumed to retire by age are shown below.

Age	Rate
55 - 59	7.5%
60 - 61	10%
62	15%
63 - 64	17.5%
65 - 69	22.5%
70 and over	100%

SCHEDULE SB ATTACHMENTS

Benefit commencement date:	
• Preretirement death benefit	Preretirement death benefits are assumed to commence at the later of the death of the active participant or the date the participant would have attained age 65 (or age 55, if participant had seven years of vesting service).
• Deferred vested benefit	Termination benefits are assumed to commence based on rates varying by age (5% at age 55, 20% at age 60, and 100% at age 65). VERO participants who elected to defer the commencement of their enhanced benefits are assumed to commence their total retirement benefits at age 60.
• Retirement benefit	Retirement benefits are assumed to commence upon termination of employment.
Form of payment	25% are assumed to elect the single life annuity, 35% are assumed to elect the joint and 75% survivor annuity, and 40% are assumed to elect the 5-year installment option. For active participants who are eligible to elect a lump sum upon termination: 55% are assumed to elect an immediate lump sum and the remaining 45% are assumed to elect a future annuity consistent with the schedule above. Installment and lump sum options are valued using the plan's valuation interest rates and the 2025 417(e) defined mortality basis.
Contingent annuitant	100% of participants are assumed to have a contingent annuitant. Male (female) participants are assumed to have a female (male) contingent annuitant that is two years younger (older).
Plan compensation / salary	Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay, determined by increasing the base pay rate in effect on the valuation date by load factors to estimate bonus, long-term incentives, commissions/sales incentives, and overtime.
Administrative expenses	The average of actual expenses (net of PBGC premiums) paid over the last three years plus the expected 2025 PBGC premiums rounded up to the next $25,000. The amount included this year for plan-related expenses is $1,425,000 (prior valuation was $4,325,000).

SCHEDULE SB ATTACHMENTS

Loads	None.
At-risk assumptions	N/A
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (7.5% in the current plan year and 7.5% in the prior plan year, with such expected earnings limited as described in IRS Notice 2010-23). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Benefits not valued	Retroactive benefits for terminated vesteds who deferred commencement past their normal retirement date, small cashouts less than $7,000, and cashouts for monthly death benefits less than $150 are not valued due to the small number of affected participants. All other benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Bose Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, in conjunction with its third-party administrator Milliman, furnished participant data as of January 1, 2025, including the census data and base pay/bonus information. Information on assets, contributions and plan provisions were also supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

- Initial data questions were asked of Milliman on February 17, 2025, and responses were received on February 25, 2025. The following data elements had updates based on the data question responses:
  - Valuation Status
  - Date of Termination
  - Date of Participation
  - 2024 Hours worked
  - Credited Service
  - Vesting Service
  - Pension Benefit Amount
  - Pension Payable Date
  - Pension Benefit Form
  - Pension Benefit End Date
  - Beneficiary Name
  - Beneficiary Date of Birth
  - Foreign Employee Indicator
  - Accrued Benefit Amount

- Data questions were asked of the plan sponsor on March 3, 2025, and responses were received on March 3, 2025. The following data elements had updates based on the data question responses:
  - Valuation Status
  - Date of Termination
  - Foreign Employee Indicator

In consultation with the plan sponsor and Milliman, the following assumptions were made for missing or apparently inconsistent data for significant elements:

SCHEDULE SB ATTACHMENTS

- Missing Pay Rate for Active participants is assumed to be the average pay rate for all other active participants ($155,500 for 2025) (2 records in 2025).
- Missing Pension Benefit Amount for Deferred participants is assumed to be the average deferred population Pension Benefit Amount (0 records in 2025).
- Participants who are currently employed overseas (as confirmed by Milliman or the plan sponsor) are treated as deferred participants with benefit at normal retirement date equal to an estimate provided by Milliman (23 records in 2025).
- Missing Pension Benefit Amount for In-Payment participants is assumed to be the average in-payment population Pension Benefit Amount (0 records in 2025).
- Pension Benefit Amount for deceased vested participants for whom a beneficiary has not yet been identified is provided by Milliman for valuation purposes to be 50% of the participant's accrued benefit at normal retirement date, to reflect the survivor percentage applicable to the future beneficiary's monthly benefit (27 records in 2025).
- Missing Gender is assumed to be female (9 records in 2025).
- For retirees with a joint and survivor (J&S) form of payment, missing beneficiary gender is assumed to be opposite from that of the participant (737 records in 2025).
- For retirees who are receiving a J&S form of payment, missing beneficiary date of birth is assumed to follow valuation assumptions: male (female) participants are assumed to have a female (male) contingent annuitant that is two years younger (older) (46 records in 2025).
- For retirees who are receiving a J&S form of payment and there is no beneficiary information available, the J&S percentage is reduced for actuarial valuation purposes to reflect a percentage of the benefit that is expected to be paid as a single life annuity (46 records in 2025).
    - If participant has J&S percentage 50%, J&S percentage is reduced to 44%.
    - If participant has J&S percentage 75%, J&S percentage is reduced to 66%.
    - If participant has J&S percentage 100%, J&S percentage is reduced to 88%.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name	**Employees' Retirement Plan of Bose Corporation**
Plan Sponsor EIN	**04-2655386**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

Employees' Retirement Plan of Bose Corporation

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2025

EMPLOYER ID NO: 04-2655386, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
CATEGORY (iii) - SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
* U.S. Bank, N.A.	First American Gov't Oblig Fund Cl Z	$ 294,017,652	$ -	$ 294,017,652	$ 294,017,652	$ -
* U.S. Bank, N.A.	First American Gov't Oblig Fund Cl Z	-	292,990,680	292,990,680	292,990,680	-
CATEGORY (iii) - SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
* U.S. Bank, N.A.	Total Ssga 20+ Year US Treasury	-	79,793,023	109,291,946	79,793,023	(29,498,923)

* Denotes a party-in-interest to the Plan as defined by ERISA.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Bose Corporation

D Employer Identification Number (EIN)
04-2655386

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 2025

2 Assets:

a Market value	**2a**	866,335,392
b Actuarial value	**2b**	856,047,629

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	1,618	351,812,159	351,812,159
b For terminated vested participants	2,493	321,005,874	321,005,874
c For active participants	1,322	168,157,689	178,145,305
d Total	5,433	840,975,722	850,963,338

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**	5.40%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	21,095,884
b Expected plan-related expenses	**6b**	1,425,000
c Target normal cost	**6c**	22,520,884

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

James J Holloman

Signature of actuary

8/27/2026
Date

James J Holloman
Type or print name of actuary

2606456
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8182
Telephone number (including area code)

PO Box 674401

Houston TX 77267
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	52,399,472
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11,157,181
9	Amount remaining (line 7 minus line 8)	0	41,242,291
10	Interest on line 9 using prior year's actual return of 5.36 %	0	2,210,587
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.25 %		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	43,452,878

Part III Funding Percentages

14	Funding target attainment percentage	14	95.49 %
15	Adjusted funding target attainment percentage	15	100.59 %
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	101.38 %
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 [X] 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:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	**31a**	22,520,884
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	38,368,587	3,577,504
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**	26,098,388

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	26,098,388	26,098,388

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.075	1,000	1.000000	0.075000	4.125000
56	0.075	925	0.925000	0.069375	3.885000
57	0.075	856	0.855625	0.064172	3.657797
58	0.075	791	0.791453	0.059359	3.442821
59	0.075	732	0.732094	0.054907	3.239517
60	0.100	677	0.677187	0.067719	4.063122
61	0.100	609	0.609468	0.060947	3.717757
62	0.150	549	0.548522	0.082278	5.101250
63	0.175	466	0.466243	0.081593	5.140332
64	0.175	385	0.384651	0.067314	4.308088
65	0.225	317	0.317337	0.071401	4.641051
66	0.225	246	0.245936	0.055336	3.652150
67	0.225	191	0.190600	0.042885	2.873302
68	0.225	148	0.147715	0.033236	2.260045
69	0.225	114	0.114479	0.025758	1.777293
70	1.000	89	0.088722	0.088722	6.210507
Average age at retirement					62.095033
Rounded for Schedule SB item 22					62 ==> SCHB_WARA

Plan Name: Employees' Retirement Plan of Bose Corporation
EIN / PN: 04-2655386/001
Plan Sponsor: Bose Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.40%	5.34%

Annual rates of increase (for purposes of determining the annual normal cost):

Compensation	4.00%
Future Social Security wage bases	3.50%
Statutory limits on compensation	3.00%
Assumed cost of living adjustments	None

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments, and then projected forward with generational projection as specified in the regulations under §1.430(h)(3)-1 using IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination rates (not due to disability, retirement, or mortality)

The rates at which participants are assumed to leave the Company by age are shown below.

Age	Less than 3 Years of Service	3+ Years of Service
25	27.81%	27.81%
30	23%	19.30%
35	23%	13.43%
40-64	18%	9%
65 and over	100%	100%

Disability rates

None.

Retirement

The rates at which participants are assumed to retire by age are shown below.

Age	Rate
55 - 59	7.5%
60 - 61	10%
62	15%
63 - 64	17.5%
65 - 69	22.5%
70 and over	100%

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

• Preretirement death benefit	Preretirement death benefits are assumed to commence at the later of the death of the active participant or the date the participant would have attained age 65 (or age 55, if participant had seven years of vesting service).
• Deferred vested benefit	Termination benefits are assumed to commence based on rates varying by age (5% at age 55, 20% at age 60, and 100% at age 65). VERO participants who elected to defer the commencement of their enhanced benefits are assumed to commence their total retirement benefits at age 60.
• Retirement benefit	Retirement benefits are assumed to commence upon termination of employment.
Form of payment	25% are assumed to elect the single life annuity, 35% are assumed to elect the joint and 75% survivor annuity, and 40% are assumed to elect the 5-year installment option. For active participants who are eligible to elect a lump sum upon termination: 55% are assumed to elect an immediate lump sum and the remaining 45% are assumed to elect a future annuity consistent with the schedule above. Installment and lump sum options are valued using the plan's valuation interest rates and the 2025 417(e) defined mortality basis.
Contingent annuitant	100% of participants are assumed to have a contingent annuitant. Male (female) participants are assumed to have a female (male) contingent annuitant that is two years younger (older).
Plan compensation / salary	Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay, determined by increasing the base pay rate in effect on the valuation date by load factors to estimate bonus, long-term incentives, commissions/sales incentives, and overtime.
Administrative expenses	The average of actual expenses (net of PBGC premiums) paid over the last three years plus the expected 2025 PBGC premiums rounded up to the next $25,000. The amount included this year for plan-related expenses is $1,425,000 (prior valuation was $4,325,000).

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Loads	None.
At-risk assumptions	N/A
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (7.5% in the current plan year and 7.5% in the prior plan year, with such expected earnings limited as described in IRS Notice 2010-23). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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Benefits not valued	Retroactive benefits for terminated vesteds who deferred commencement past their normal retirement date, small cashouts less than $7,000, and cashouts for monthly death benefits less than $150 are not valued due to the small number of affected participants. All other benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Bose Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, in conjunction with its third-party administrator Milliman, furnished participant data as of January 1, 2025, including the census data and base pay/bonus information. Information on assets, contributions and plan provisions were also supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

- Initial data questions were asked of Milliman on February 17, 2025, and responses were received on February 25, 2025. The following data elements had updates based on the data question responses:
  - Valuation Status
  - Date of Termination
  - Date of Participation
  - 2024 Hours worked
  - Credited Service
  - Vesting Service
  - Pension Benefit Amount
  - Pension Payable Date
  - Pension Benefit Form
  - Pension Benefit End Date
  - Beneficiary Name
  - Beneficiary Date of Birth
  - Foreign Employee Indicator
  - Accrued Benefit Amount

- Data questions were asked of the plan sponsor on March 3, 2025, and responses were received on March 3, 2025. The following data elements had updates based on the data question responses:
  - Valuation Status
  - Date of Termination
  - Foreign Employee Indicator

In consultation with the plan sponsor and Milliman, the following assumptions were made for missing or apparently inconsistent data for significant elements:

SCHEDULE SB ATTACHMENTS

- Missing Pay Rate for Active participants is assumed to be the average pay rate for all other active participants ($155,500 for 2025) (2 records in 2025).
- Missing Pension Benefit Amount for Deferred participants is assumed to be the average deferred population Pension Benefit Amount (0 records in 2025).
- Participants who are currently employed overseas (as confirmed by Milliman or the plan sponsor) are treated as deferred participants with benefit at normal retirement date equal to an estimate provided by Milliman (23 records in 2025).
- Missing Pension Benefit Amount for In-Payment participants is assumed to be the average in-payment population Pension Benefit Amount (0 records in 2025).
- Pension Benefit Amount for deceased vested participants for whom a beneficiary has not yet been identified is provided by Milliman for valuation purposes to be 50% of the participant's accrued benefit at normal retirement date, to reflect the survivor percentage applicable to the future beneficiary's monthly benefit (27 records in 2025).
- Missing Gender is assumed to be female (9 records in 2025).
- For retirees with a joint and survivor (J&S) form of payment, missing beneficiary gender is assumed to be opposite from that of the participant (737 records in 2025).
- For retirees who are receiving a J&S form of payment, missing beneficiary date of birth is assumed to follow valuation assumptions: male (female) participants are assumed to have a female (male) contingent annuitant that is two years younger (older) (46 records in 2025).
- For retirees who are receiving a J&S form of payment and there is no beneficiary information available, the J&S percentage is reduced for actuarial valuation purposes to reflect a percentage of the benefit that is expected to be paid as a single life annuity (46 records in 2025).
    - If participant has J&S percentage 50%, J&S percentage is reduced to 44%.
    - If participant has J&S percentage 75%, J&S percentage is reduced to 66%.
    - If participant has J&S percentage 100%, J&S percentage is reduced to 88%.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective date and most recent amendment	January 1, 1977, as amended through the restated January 1, 2025 plan document.
Plan year	The 12-month period ending December 31.
Eligibility	Employees hired prior to January 1, 1985 (excluding non-exempt employees employed in Puerto Rico): as of date of hire; all other employees: on the January 1 or July 1 following the attainment of age 21 and completion of one year of service. Effective December 31, 2011, all Puerto Rico employees are not eligible. All MIT employees are not eligible for this plan.

Definitions

Vesting service	One year per calendar year in which the employee is a participant and has 1,000 or more hours of employment.
Pension service	One year per calendar year in which the employee is a participant and has 1,000 or more hours of employment.
Final average pay	The highest consecutive five year average in the last 10 years.
Normal retirement date	Age 65.
Early retirement date	Age 55 with seven years of vesting service.
Late retirement date	Retirement may be postponed past the normal retirement date.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 55 with seven years of vesting service.
Postponed retirement	Retirement may be postponed past the normal retirement date.
Vested termination	Upon termination with three or more years of service.
Preretirement death benefit	Death while eligible for retirement or deferred vested benefit.

Benefits Paid Upon the Following Events

Normal retirement

The greater of

(a) 1.1% of final average pay up to covered compensation plus 1.7% of final average pay in excess of covered compensation, times years of service up to a maximum of 30; and

(b) $120.00 times years of service up to a maximum of 30.

Accrued benefits are frozen at December 31, 2011 for Puerto Rico employees.

Participants who elected to participate in the Voluntary Early Retirement Offer (VERO) in 2015 and 2017 were provided with an enhanced retirement benefit, either payable as an immediate lump sum or as an additional annuity in the same form as their regular pension benefit.

Early retirement

Calculated as for normal retirement but reduced by 0.5% for each month that benefit commencement precedes normal retirement.

Postponed retirement

Calculated as for normal retirement but based on service and compensation at late retirement or actuarially adjusted for late commencement, whichever produces the larger benefit.

SCHEDULE SB ATTACHMENTS

Vested termination

Upon termination of employment with three or more years of service a benefit is payable commencing upon what would have been the participant's normal retirement date based on credited service and compensation up to termination and the Social Security law then in effect multiplied by the appropriate percentage from the following table:

Completed Years of Service at Termination	Percent of Benefit Received
3	20
4	40
5	60
6	80
7	100

Participants who terminated employment due to the sale of Pro on April 1, 2023 were granted 100% vesting.

Preretirement death

If a vested participant dies, the contingent annuitant shall be paid 50% of the annuity payable to the participant had the participant separated from service on the date of death, survived to the earliest date the participant could have elected retirement, retired on that date, elected a 50% Joint and Survivor benefit and then died. If the monthly benefit is less than $150, the total benefit can be paid as a lump sum.

Other Plan Provisions

Forms of payment:

- Normal form of benefit — Automatic form of payment is a life annuity for single participants and an actuarially equivalent 50% joint and survivor annuity for married participants.
- Optional forms of retirement income in lieu of normal form — Available optional forms include single life annuity, joint & survivor annuity (100%, 75%, or 50%), single life annuity with 10 years certain, and fixed installments between 3-10 years. Optional form conversion factors are generally based on 7% interest and the mortality table described in Revenue Ruling 2001-62.
- Lump sum for smaller benefits — Lump sum is available for certain participants who meet specified criteria (the actuarial equivalent value of the participant's vested benefit as a lump sum is less than $50,000 or the participant has fewer than 8 years of vesting service at termination).

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

None.

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Schedule SB, Line 24
Change in Actuarial Assumptions

- Retirement rates were updated based on a 2024 experience study. Prior retirement rates were 5% at ages 55-61, 15% at ages 62-63, 20% at age 64, 25% at age 65, 20% at ages 66-69, and 100% at age 70.
- Termination rates were updated based on a 2024 experience study. Prior termination rates were increased by a 115% multiplier and then new minimum rates were applied. The previous minimum rates were 20% starting at age 28 and 15% starting at age 40 for service less than 3 years, and 7% starting at age 40 for all others.
- Commencement age for deferred vesteds was updated based on 2024 experience study. Prior assumption was a single-age assumption of age 65.
- Contingent annuitant age difference was updated based on a 2024 experience study. Prior age difference was three years younger (older) for male (female) participants.
- Form of payment assumptions were updated based on a 2024 experience study. Prior assumptions were 30% single life annuity, 30% Joint & 50% Survivor, and 40% 7-year installment at benefit commencement date, and 50% election of lump sum (if eligible) at assumed termination date.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

Attained Age	Attained Years of Credited Service[1] Under										
	Under 1	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	34	0	0	0	0	0	0	0	0	34
	-	92,945	-	-	-	-	-	-	-	-	92,945
25-29	1	112	26	0	0	0	0	0	0	0	139
	-	120,246	131,807	-	-	-	-	-	-	-	122,786
30-34	0	74	57	24	0	0	0	0	0	0	155
	-	145,485	141,514	155,151	-	-	-	-	-	-	145,521
35-39	1	70	62	43	4	0	0	0	0	0	180
	-	171,044	173,664	175,597	-	-	-	-	-	-	173,624
40-44	1	50	38	44	33	17	0	0	0	0	183
	-	205,526	168,149	191,350	160,103	-	-	-	-	-	186,336
45-49	0	35	41	29	30	33	18	1	0	0	187
	-	230,003	208,516	181,059	191,303	215,601	-	-	-	-	206,299
50-54	0	33	26	24	22	42	16	6	0	0	169
	-	233,382	197,228	201,330	203,482	205,090	-	-	-	-	211,669
55-59	0	16	33	14	25	19	21	20	0	0	148
	-	-	183,101	-	221,539	-	227,203	188,568	-	-	203,385
60-64	0	13	23	14	9	12	10	18	0	0	99
	-	-	189,209	-	-	-	-	-	-	-	191,816
65-69	0	5	8	2	4	2	2	4	0	0	27
	-	-	-	-	-	-	-	-	-	-	165,177
70 & over	0	0	1	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-
Total	3	442	315	194	127	125	67	49	0	0	1,322
	-	163,182	172,488	182,855	191,667	203,554	217,801	189,840	-	-	178,676

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Employees' Retirement Plan of Bose Corporation
EIN / PN: 04-2655386/001
Plan Sponsor: Bose Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	478,558	1,762,178	49,406,218	51,646,954
2026	1,455,545	4,529,780	37,746,700	43,732,025
2027	2,503,862	6,612,696	32,054,521	41,171,079
2028	3,591,691	8,892,638	29,424,145	41,908,474
2029	4,680,719	11,241,679	28,060,146	43,982,544
2030	5,760,680	13,495,562	26,891,034	46,147,276
2031	6,824,505	15,838,678	25,704,313	48,367,496
2032	7,869,668	17,807,758	24,440,156	50,117,582
2033	8,884,839	19,478,984	23,296,978	51,660,801
2034	9,848,464	21,224,799	22,258,434	53,331,697
2035	10,764,827	22,876,613	21,400,049	55,041,489
2036	11,578,676	24,506,190	20,662,322	56,747,188
2037	12,337,814	25,926,830	19,877,112	58,141,756
2038	13,081,941	27,081,186	19,045,480	59,208,607
2039	13,833,325	28,093,240	18,169,395	60,095,960
2040	14,626,018	28,794,983	17,251,798	60,672,799
2041	15,268,929	29,226,322	16,296,590	60,791,841
2042	15,984,829	29,458,850	15,308,774	60,752,453
2043	16,664,919	29,592,643	14,294,470	60,552,032
2044	17,110,998	29,724,804	13,260,953	60,096,755
2045	17,557,038	29,702,051	12,216,625	59,475,714
2046	17,911,129	29,516,824	11,170,784	58,598,737
2047	18,122,579	29,256,467	10,133,440	57,512,486
2048	18,219,563	28,842,598	9,115,063	56,177,224
2049	18,179,471	28,276,306	8,126,247	54,582,024
2050	18,037,198	27,535,000	7,177,246	52,749,444
2051	17,803,744	26,639,033	6,277,536	50,720,313
2052	17,496,375	25,659,325	5,435,349	48,591,049
2053	17,187,706	24,595,095	4,657,290	46,440,091
2054	16,839,534	23,440,226	3,948,158	44,227,918
2055	16,424,496	22,237,177	3,310,700	41,972,373
2056	15,933,227	21,019,023	2,745,654	39,697,904
2057	15,354,326	19,750,001	2,251,841	37,356,168
2058	14,728,433	18,420,395	1,826,340	34,975,168
2059	14,048,693	17,092,115	1,464,931	32,605,739
2060	13,349,631	15,766,823	1,162,335	30,278,789
2061	12,649,130	14,459,058	912,599	28,020,787
2062	11,911,784	13,192,165	709,432	25,813,381
2063	11,152,398	11,975,358	546,451	23,674,207
2064	10,396,202	10,814,879	417,515	21,628,596
2065	9,649,397	9,716,965	316,895	19,683,257
2066	8,913,814	8,686,972	239,403	17,840,189
2067	8,196,596	7,728,398	180,470	16,105,464
2068	7,504,880	6,842,638	136,163	14,483,681
2069	6,841,857	6,029,586	103,192	12,974,635
2070	6,210,162	5,287,881	78,872	11,576,915
2071	5,611,375	4,615,163	61,065	10,287,603
2072	5,046,791	4,008,312	48,094	9,103,197
2073	4,517,325	3,463,775	38,673	8,019,773
2074	4,023,508	2,977,700	31,829	7,033,037

Plan Name: Employees' Retirement Plan of Bose Corporation
EIN / PN: 04-2655386/001
Plan Sponsor: Bose Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	38,368,587	15.00000	38,368,587	3,577,504
Total				38,368,587	3,577,504

Plan Name: Employees' Retirement Plan of Bose Corporation
EIN / PN: 04-2655386/001
Plan Sponsor: Bose Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.075	1,000	1.000000	0.075000	4.125000
56	0.075	925	0.925000	0.069375	3.885000
57	0.075	856	0.855625	0.064172	3.657797
58	0.075	791	0.791453	0.059359	3.442821
59	0.075	732	0.732094	0.054907	3.239517
60	0.100	677	0.677187	0.067719	4.063122
61	0.100	609	0.609468	0.060947	3.717757
62	0.150	549	0.548522	0.082278	5.101250
63	0.175	466	0.466243	0.081593	5.140332
64	0.175	385	0.384651	0.067314	4.308088
65	0.225	317	0.317337	0.071401	4.641051
66	0.225	246	0.245936	0.055336	3.652150
67	0.225	191	0.190600	0.042885	2.873302
68	0.225	148	0.147715	0.033236	2.260045
69	0.225	114	0.114479	0.025758	1.777293
70	1.000	89	0.088722	0.088722	6.210507
Average age at retirement					62.095033
Rounded for Schedule SB item 22					62 ==> SCHB_WARA

Plan Name: Employees' Retirement Plan of Bose Corporation
EIN / PN: 04-2655386/001
Plan Sponsor: Bose Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

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2028	3,591,691	8,892,638	29,424,145	41,908,474
2029	4,680,719	11,241,679	28,060,146	43,982,544
2030	5,760,680	13,495,562	26,891,034	46,147,276
2031	6,824,505	15,838,678	25,704,313	48,367,496
2032	7,869,668	17,807,758	24,440,156	50,117,582
2033	8,884,839	19,478,984	23,296,978	51,660,801
2034	9,848,464	21,224,799	22,258,434	53,331,697
2035	10,764,827	22,876,613	21,400,049	55,041,489
2036	11,578,676	24,506,190	20,662,322	56,747,188
2037	12,337,814	25,926,830	19,877,112	58,141,756
2038	13,081,941	27,081,186	19,045,480	59,208,607
2039	13,833,325	28,093,240	18,169,395	60,095,960
2040	14,626,018	28,794,983	17,251,798	60,672,799
2041	15,268,929	29,226,322	16,296,590	60,791,841
2042	15,984,829	29,458,850	15,308,774	60,752,453
2043	16,664,919	29,592,643	14,294,470	60,552,032
2044	17,110,998	29,724,804	13,260,953	60,096,755
2045	17,557,038	29,702,051	12,216,625	59,475,714
2046	17,911,129	29,516,824	11,170,784	58,598,737
2047	18,122,579	29,256,467	10,133,440	57,512,486
2048	18,219,563	28,842,598	9,115,063	56,177,224
2049	18,179,471	28,276,306	8,126,247	54,582,024
2050	18,037,198	27,535,000	7,177,246	52,749,444
2051	17,803,744	26,639,033	6,277,536	50,720,313
2052	17,496,375	25,659,325	5,435,349	48,591,049
2053	17,187,706	24,595,095	4,657,290	46,440,091
2054	16,839,534	23,440,226	3,948,158	44,227,918
2055	16,424,496	22,237,177	3,310,700	41,972,373
2056	15,933,227	21,019,023	2,745,654	39,697,904
2057	15,354,326	19,750,001	2,251,841	37,356,168
2058	14,728,433	18,420,395	1,826,340	34,975,168
2059	14,048,693	17,092,115	1,464,931	32,605,739
2060	13,349,631	15,766,823	1,162,335	30,278,789
2061	12,649,130	14,459,058	912,599	28,020,787
2062	11,911,784	13,192,165	709,432	25,813,381
2063	11,152,398	11,975,358	546,451	23,674,207
2064	10,396,202	10,814,879	417,515	21,628,596
2065	9,649,397	9,716,965	316,895	19,683,257
2066	8,913,814	8,686,972	239,403	17,840,189
2067	8,196,596	7,728,398	180,470	16,105,464
2068	7,504,880	6,842,638	136,163	14,483,681
2069	6,841,857	6,029,586	103,192	12,974,635
2070	6,210,162	5,287,881	78,872	11,576,915
2071	5,611,375	4,615,163	61,065	10,287,603
2072	5,046,791	4,008,312	48,094	9,103,197
2073	4,517,325	3,463,775	38,673	8,019,773
2074	4,023,508	2,977,700	31,829	7,033,037

Plan Name: Employees' Retirement Plan of Bose Corporation
EIN / PN: 04-2655386/001
Plan Sponsor: Bose Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective date and most recent amendment	January 1, 1977, as amended through the restated January 1, 2025 plan document.
Plan year	The 12-month period ending December 31.
Eligibility	Employees hired prior to January 1, 1985 (excluding non-exempt employees employed in Puerto Rico): as of date of hire; all other employees: on the January 1 or July 1 following the attainment of age 21 and completion of one year of service. Effective December 31, 2011, all Puerto Rico employees are not eligible. All MIT employees are not eligible for this plan.

Definitions

Vesting service	One year per calendar year in which the employee is a participant and has 1,000 or more hours of employment.
Pension service	One year per calendar year in which the employee is a participant and has 1,000 or more hours of employment.
Final average pay	The highest consecutive five year average in the last 10 years.
Normal retirement date	Age 65.
Early retirement date	Age 55 with seven years of vesting service.
Late retirement date	Retirement may be postponed past the normal retirement date.

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Age 65.
Early retirement	Age 55 with seven years of vesting service.
Postponed retirement	Retirement may be postponed past the normal retirement date.
Vested termination	Upon termination with three or more years of service.
Preretirement death benefit	Death while eligible for retirement or deferred vested benefit.

Benefits Paid Upon the Following Events

Normal retirement

The greater of

(a) 1.1% of final average pay up to covered compensation plus 1.7% of final average pay in excess of covered compensation, times years of service up to a maximum of 30; and

(b) $120.00 times years of service up to a maximum of 30.

Accrued benefits are frozen at December 31, 2011 for Puerto Rico employees.

Participants who elected to participate in the Voluntary Early Retirement Offer (VERO) in 2015 and 2017 were provided with an enhanced retirement benefit, either payable as an immediate lump sum or as an additional annuity in the same form as their regular pension benefit.

Early retirement

Calculated as for normal retirement but reduced by 0.5% for each month that benefit commencement precedes normal retirement.

Postponed retirement

Calculated as for normal retirement but based on service and compensation at late retirement or actuarially adjusted for late commencement, whichever produces the larger benefit.

SCHEDULE SB ATTACHMENTS

Vested termination

Upon termination of employment with three or more years of service a benefit is payable commencing upon what would have been the participant's normal retirement date based on credited service and compensation up to termination and the Social Security law then in effect multiplied by the appropriate percentage from the following table:

Completed Years of Service at Termination	Percent of Benefit Received
3	20
4	40
5	60
6	80
7	100

Participants who terminated employment due to the sale of Pro on April 1, 2023 were granted 100% vesting.

Preretirement death

If a vested participant dies, the contingent annuitant shall be paid 50% of the annuity payable to the participant had the participant separated from service on the date of death, survived to the earliest date the participant could have elected retirement, retired on that date, elected a 50% Joint and Survivor benefit and then died. If the monthly benefit is less than $150, the total benefit can be paid as a lump sum.

Other Plan Provisions

Forms of payment:

- Normal form of benefit — Automatic form of payment is a life annuity for single participants and an actuarially equivalent 50% joint and survivor annuity for married participants.
- Optional forms of retirement income in lieu of normal form — Available optional forms include single life annuity, joint & survivor annuity (100%, 75%, or 50%), single life annuity with 10 years certain, and fixed installments between 3-10 years. Optional form conversion factors are generally based on 7% interest and the mortality table described in Revenue Ruling 2001-62.
- Lump sum for smaller benefits — Lump sum is available for certain participants who meet specified criteria (the actuarial equivalent value of the participant's vested benefit as a lump sum is less than $50,000 or the participant has fewer than 8 years of vesting service at termination).

SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

None.

Plan Name	**Employees' Retirement Plan of Bose Corporation**
Plan Sponsor EIN	**04-2655386**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	

Employees' Retirement Plan of Bose Corporation

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

EMPLOYER ID NO: 04-2655386, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	Cash and Cash Equivalents:				
	Interest-bearing Cash			$ 1,544,012	$ 1,575,418
	Mutual Funds:				
*	First American Govt Obligation Fund Cl Z	8,170,437	shares	8,170,437	8,170,437
	Common Collective Trusts:				
	SSGA MSCI ACWI Ex USA Imi NL Fund	1,497,712	shares	39,656,441	59,853,049
	SSGA S&P Midcap 400 Index NL	20,491	shares	7,671,602	10,858,282
	SSGA US Aggre Bond Indx Sec Lend Fd	343,962	shares	10,694,138	11,920,016
	Ssga Russel Sm Cap Indx Fd Cl X	3,974,890	shares	38,849,130	38,588,227
	SSGA S&P 500 Flagship NL (CM13)	73,894	shares	82,460,068	138,954,350
					260,173,924
	Partnerships/Joint Ventures:				
	Meritech Capital Partners VII, L.P.	3,264,993	shares	2,500,000	3,264,993
	AACP Tax-Exempt Investors V, L.P.	12,056,330	shares	8,417,994	12,056,330
	AACP Tax-Exempt Investors VI, L.P.	4,130,959	shares	3,448,727	4,130,959
	LGIMA Long Duration	49,557,344	shares	15,964,458	49,557,344
	Silchester International Value Equity Growth Trust	274,188	shares	35,410,557	67,846,157
	AEA Investors Fund VI L.P.	4,434,232	shares	967,752	4,434,232
	AEA Investors SBF IV LP	7,268,543	shares	4,830,531	7,268,543
	American Securities Partners VIII LP	6,208,114	shares	2,895,655	6,208,114
	Asia Alternatives Delaware V LP	740,597	shares	402,527	740,597
	Asia Alternatives Delaware VI LP	313,962	shares	233,279	313,962
	Carnelian Energy Cap II	1,086,409	shares	11,633	1,086,409
	Carnelian Energy Capital III LP	3,395,179	shares	624,441	3,395,179
	Centre Lane Partners IV, LP	8,294,097	shares	1,921,789	8,294,097
	CVC Capital Partners VII, L.P.	8,036,991	shares	71,195	8,036,991
	CVC Capital Partners VIII (A), L.P.	6,025,990	shares	4,758,485	6,025,990
	Cvi Credit Value Fund B IV, L.P.	2,260,495	shares	337,266	2,260,495
	Elliott International LTD	14,327	shares	30,000,000	35,225,357
	Georgian Partners Growth Fund. III	3,866,409	shares	3,837,884	3,866,409
	Georgian Partners Growth Fund IV, Intl	8,134,710	shares	4,586,763	8,134,710
	Georgian Partners Growth Fund Int'l V, L.P.	3,787,172	shares	2,972,021	3,787,172
	GSO Capital Opportunities Feeder Fund III	1,011,656	shares	6,856	1,011,656
	Gem Realthy Fund VI, LP	2,764,071	shares	1,509,236	2,764,071
	Hudson Bay Internation Fund LTD	7,539	shares	7,513,469	9,470,716
	Kayne Anderson Energy Fund VII LP	700,008	shares	1,611,480	700,008
	Kayne Anderson RE Investors V	3,698,197	shares	1,545,569	3,698,197
	Marlin Equity Fund V-A, L.P.	7,529,547	shares	2,652,613	7,529,547
	Marlin Heritage Fund II - A, LP	1,078,591	shares	715,736	1,078,591
	Metlife Intermediate Cred Collect Tru	5,855,776	shares	64,764,883	64,589,210
	Veritas Capital Fund IX, LP	42,698	shares	169,650	42,698
	Mill Point Capital Partners II-A LP	5,975,040	shares	3,336,037	5,975,040
	Millennium International Ltd-CL Gg Ser	465	shares	811,310	1,122,582
	Millennium Intl Cl Gg-2C2 Ser 01A	12,971	shares	16,199,451	20,138,282
	John Hancock Street Fix In Trust Class 14	3,712,893	shares	34,401,691	39,876,469
	Blackstone Real Estate Partners X LP	6,607,184	shares	5,444,374	6,607,184
	Point72 Capital Intl Ltd	74,679	shares	12,201,043	18,417,719
	Lexington Partners Gp Holdings X	10,280,277	shares	9,170,337	10,280,277
	Verition International Multi Fund	12,090,674	shares	10,000,000	12,090,674
	Apollo Investment Fund X LP	4,504,837	shares	3,440,584	4,504,837
	Cvc Cap Prtns VIII Aiv (Del A)	51,819	shares	53,218	51,819
	Oha Credit Solutions Fund II	6,948,653	shares	5,198,279	6,948,653
	Millennium Intl Ltd Class Gg-T1A	500	shares	500,000	550,892
	Nut Tree Offshore Fund	7,293	shares	10,000,000	18,515,748
	Odyssey Investors Prt VI, L.P.	5,463,483	shares	1,949,518	5,463,483
	Orchard Landmark Limited CIA	1,493	shares	1,481,260	1,438,009
	Orchard Landmark Limited	4,479	shares	4,388,824	4,208,207
	Orion European Real Estate Fund IV	3,860,797	shares	3,860,797	3,860,797

Employees' Retirement Plan of Bose Corporation

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

December 31, 2025

EMPLOYER ID NO: 04-2655386, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	Partnerships/Joint Ventures:				
	Spark Capital VI L.P.	2,481,340	shares	$ 1,790,000	$ 2,481,340
	Spark Capital Growth Fund III, L.P.	5,508,393	shares	3,824,000	5,508,393
	Thomas Bravo Fund XIV-A LP	5,184,494	shares	4,326,277	5,184,494
	Thomas Bravo Fund XIII LP	7,098,738	shares	30,310	7,098,738
	Trive Capital Fund III LP	4,611,182	shares	-	4,611,182
	Trive Capital Fund IV-A LP	5,673,227	shares	3,955,706	5,673,227
	Unicorn Partners Fund IV LP	4,219,748	shares	3,538,941	4,219,748
	Venture Lending & Leasing IX, LLC	3,958,140	shares	2,102,331	3,958,140
	Venture Lending and Leasing VIII, LLC	3,045,428	shares	723,337	3,045,428
	Vista Equity Partners Fund V, L.P.	4,310,071	shares	83,496	4,310,071
	Vista Equity Partners Fund VI, L.P.	5,036,901	shares	-	5,036,901
	Windrose Health Investors V	8,348,089	shares	3,886,089	8,348,089
	Windrose Health Investors IV	4,029,619	shares	2,076	4,029,619
	WTI Equity Opportunity Fund I, L.P.	1,826,132	shares	2,297,691	1,826,132
	WTI Fund X, LLC	3,413,440	shares	3,274,514	3,413,440
	BlueOwl Asset spl Opp Fd	4,606,043	shares	4,028,939	4,606,043
	Ipi Partners II-A, L.P.	5,904,246	shares	4,562,107	5,904,246
	Cd&r Fund Xii, LP	5,182,098	shares	3,300,086	5,182,098
	Platinum Equity Cap Partners VI M	4,827,794	shares	6,102,751	4,827,794
	Ir+m Core bond collective Fd Cl Ms	1,895,955	shares	18,959,548	20,918,906
					597,053,435
	Common Stocks:				
	Karman Hldgs Inc Common Stock	234,308	shares	625,602	17,144,316
	Rayonier Inc	1	share	19	16
					17,144,332
	Total investments			$ 583,578,822	$ 884,117,546

* Denotes a party-in-interest to the Plan as defined by ERISA.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	38,368,587	15.00000	38,368,587	3,577,504
Total				38,368,587	3,577,504

Plan Name: Employees' Retirement Plan of Bose Corporation
EIN / PN: 04-2655386/001
Plan Sponsor: Bose Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- Retirement rates were updated based on a 2024 experience study. Prior retirement rates were 5% at ages 55-61, 15% at ages 62-63, 20% at age 64, 25% at age 65, 20% at ages 66-69, and 100% at age 70.
- Termination rates were updated based on a 2024 experience study. Prior termination rates were increased by a 115% multiplier and then new minimum rates were applied. The previous minimum rates were 20% starting at age 28 and 15% starting at age 40 for service less than 3 years, and 7% starting at age 40 for all others.
- Commencement age for deferred vesteds was updated based on 2024 experience study. Prior assumption was a single-age assumption of age 65.
- Contingent annuitant age difference was updated based on a 2024 experience study. Prior age difference was three years younger (older) for male (female) participants.
- Form of payment assumptions were updated based on a 2024 experience study. Prior assumptions were 30% single life annuity, 30% Joint & 50% Survivor, and 40% 7-year installment at benefit commencement date, and 50% election of lump sum (if eligible) at assumed termination date.