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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                           |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                    |
| 1a      | Name of plan<br>SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(K) PLAN                                                                                                                                                                                                                                                     |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                        |
| 1c      | Effective date of plan<br>04/01/1986                                                                                                                                                                                                                                                                                      |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SKYWORKS SOLUTIONS, INC.<br><br>20 SYLVAN ROAD<br>WOBURN, MA 01801 |
| 2b      | Employer Identification Number (EIN)<br>04-2302115                                                                                                                                                                                                                                                                        |
| 2c      | Plan Sponsor's telephone number<br>781-376-3000                                                                                                                                                                                                                                                                           |
| 2d      | Business code (see instructions)<br>334410                                                                                                                                                                                                                                                                                |

**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. | 09/15/2026 | CHRISTOPHER COVIELLO                                         |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|--------------|------|-----------|----|-----------|------|-----------|------|-----------|---|-----------|------|--------------|------|--------------|------|-----------|---|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 3691                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6a(1)</b></td> <td style="text-align: right;">2480</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">2448</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">29</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">1179</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">3656</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">1</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">3657</td> </tr> <tr> <td><b>6g(1)</b></td> <td style="text-align: right;">3639</td> </tr> <tr> <td><b>6g(2)</b></td> <td style="text-align: right;">3607</td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table> | <b>6a(1)</b> | 2480 | <b>6a(2)</b> | 2448 | <b>6b</b> | 29 | <b>6c</b> | 1179 | <b>6d</b> | 3656 | <b>6e</b> | 1 | <b>6f</b> | 3657 | <b>6g(1)</b> | 3639 | <b>6g(2)</b> | 3607 | <b>6h</b> | 0 |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2480                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2448                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3656                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3657                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3639                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3607                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |      |              |      |           |    |           |      |           |      |           |   |           |      |              |      |              |      |           |   |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 2R

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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 0
- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(K) PLAN                    | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SKYWORKS SOLUTIONS, INC.         | D Employer Identification Number (EIN)<br>04-2302115 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

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

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

STRATEGIC ADVISERS LLC

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 177770                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDUCIENT ADVISORS LLC

36-4001764

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 99438                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64<br>65 71      | RECORDKEEPER                                                                                      | -221636                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (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. |
| COHEN & STEERS RLTY - SS&C GIDS, I                                  | 2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.40%                                                                                                                                                              |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (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. |
| VAN ECK GLOBAL RESOURCES CLASS I                                    | 666 3RD AVE, 9TH FL<br>NEW YORK, NY 10017   | 0.10%                                                                                                                                                              |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (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. |
| RIVERPARK STRATEGIC INCOME FUND<br>INS                              | 615 E. MICHIGAN ST<br>MILWAUKEE, WI 53202   | 0.12%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| THORNBURG STRATEGIC INCOME FUND<br>CL 2300 NORTH RIDGETOP RD<br>SANTA FE, NM 87506 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| SMEAD VALUE INSTL SHARE CLASS 1290 BROADWAY, STE 1100<br>DENVER, CO 80203          | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PGIM JEN INTL OPPORTUNITIES CL Z 655 BROAD ST<br>NEWARK, NJ 07102                  | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PENDER REAL ESTATE CREDIT FUND I2      11766 WILSHIRE BLVD, SUITE 1460<br>LOS ANGELES, CA 90025 | 0.20%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PAYDEN EQUITY INCOME FUND INVESTOR      333 S GRAND AVE 32ND FL<br>LOS ANGELES, CA 90071        | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| INVENOMIC INSTL CL      211 CONGRESS ST 7TH FL<br>BOSTON, MA 02110                              | 0.08%                                                                                                                                                              |                                           |

**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<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (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. |
| LAZARD GLOBAL EQUITYSELECT PORT OPE                                 | 30 ROCKEFELLER PLAZA, 57TH FL.<br>NEW YORK, NY 10112 | 0.40%                                                                                                                                                              |
|                                                                     |                                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (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. |
| GUGGENHEIM MACRO OPPORTUNITIES INS                                  | 9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850     | 0.15%                                                                                                                                                              |
|                                                                     |                                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (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. |
| GOLDMAN SACHS GQG PARTNERS INTL OPP                                 | 71 S. WACKER DR, 4TH FL<br>CHICAGO, IL 60606         | 0.17%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| FIRST EAGLE OVERSEAS CLASS I 1345 AVE OF THE AMERICAS 48TH FLR<br>NEW YORK, NY 10105 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| COLUMBIA SELECT GLOBAL EQUITY CL A 225 FRANKLIN ST, BX25 10320<br>BOSTON, MA 02110   | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| COHEN & STEERS PREF SECURITIES INCO 280 PARK AVE, 10TH FL<br>NEW YORK, NY 10017      | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| CLIFFWATER CORPORATELENDING FUND<br>I 4640 ADMIRALTY WAY, 11TH FL<br>MARINA DEL REY, CA 90292 | 0.18%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| CAUSEWAY INTERNATNALVALUE INSTL<br>P. O. BOX 1100<br>OAKS, PA 19456                           | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| CARILLON CLARIVEST INTERNATIONAL ST<br>P. O. BOX 33022<br>ST PETERSBURG, FL 33733-8022        | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (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. |
| BAIRD AGGREGATE BOND FUND INSTL                                     | 777 E. WISCONSIN AVE, 18TH FL<br>MILWAUKEE, WI 53202 | 0.03%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                      | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (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. |
| CHAUTAUQUA INTL GROWTH FUND CL I                                    | 777 E. WISCONSIN AVE, 18TH FL<br>MILWAUKEE, WI 53202 | 0.06%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                      | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (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. |
| AXONIC STRATEGIC INCOME FUND INSTL                                  | 520 MADISON AVE., 42ND FL<br>NEW YORK, NY 10022      | 0.10%                                                                                                                                                              |





**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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                               |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information<br/><br/>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br/><br/>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110<br/><br/>2025<br/><br/>This Form is Open to Public Inspection.</div>            |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                        |                                                                                                                                                                                                                               |                                                                                                        |
| A Name of plan<br>SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(K) PLAN                                                                                                           |                                                                                                                                                                                                                               | B Three-digit plan number (PN) ▶ 002                                                                   |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>SKYWORKS SOLUTIONS, INC.                                                                                         |                                                                                                                                                                                                                               | D Employer Identification Number (EIN)<br>04-2302115                                                   |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                               |                                                                                                        |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1                                                                                                                                  |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY                                                                                                      |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 04-3022712-024                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0         |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2025 CP D                                                                                                                        |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                                                                                                                     |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 20-4659714-200                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33420477  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC TOTAL RETURN J                                                                                                                        |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                    |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 93-2705906-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15631595  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SP 500 INDEX PL CL C                                                                                                                      |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST                                                                                                         |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 82-6293122-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152374831 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2020 CP D                                                                                                                        |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                                                                                                                     |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 20-4659714-199                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12046613  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2045 CP D                                                                                                                        |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                                                                                                                     |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 20-4659714-204                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34360957  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2050 CP D                                                                                                                        |                                                                                                                                                                                                                               |                                                                                                        |
| b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY                                                                                                                     |                                                                                                                                                                                                                               |                                                                                                        |
| c EIN-PN 20-4659714-205                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21378749  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                               |                                                                                                        |
| Schedule D (Form 5500) 2025<br>v. 250312                                                                                                                                          |                                                                                                                                                                                                                               |                                                                                                        |

|                                                                                  |                        |                                                                                                              |
|----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO RAE US FNDRS                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC  |                        |                                                                                                              |
| <b>c</b> EIN-PN 92-2452619-001                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14335692 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2065 CP D                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-208                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2733197  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2030 CP D                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-201                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52578989 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2070 CP D                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-221                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36715    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2060 CP D                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-207                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11761687 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM RETIRE D                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-195                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1610869  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2015 CP D                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-198                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2154575  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2040 CP D                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-203                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52698508 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SP EXT MKT IDX CL C               |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST |                        |                                                                                                              |
| <b>c</b> EIN-PN 82-6293122-010                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28561335 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2010 CP D                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FIAM TRUST COMPANY             |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-197                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4205369  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2055 CP D**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY**c** EIN-PN 20-4659714-206**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

17014839

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM 2035 CP D**b** Name of sponsor of entity listed in (a): FIAM TRUST COMPANY**c** EIN-PN 20-4659714-202**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

58029269

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SP TTL INTL IDX CL C**b** Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST**c** EIN-PN 82-6293122-014**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

25095006

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SM CP GR FD**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC**c** EIN-PN 99-2890572-001**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

13322292

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 2**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY**c** EIN-PN 04-3022712-024**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

35168030

**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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(K) PLAN</div>                                                                                                                                                                                        | <div>B Three-digit plan number (PN)</div> <div>002</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SKYWORKS SOLUTIONS, INC.</div>                                                                                                                                        | <div>D Employer Identification Number (EIN)</div> <div>04-2302115</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 240564                | 3706            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 20                    | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 6257                  | 3579            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 6622576               | 6974301         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 426281                | 1052372         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 182287                | 303436          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               | 10465                 | 26564           |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 1970304               | 5601682         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 5786398               | 5739126         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 32026057              | 588519594       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 718526221             | 280939257       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 0                     | 0               |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 10470                 | 644006          |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> | 86721502              | 58019009        |
| (2) Employer real property .....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 852529402             | 947826632       |

**Liabilities**

|                                                                            |           |       |       |
|----------------------------------------------------------------------------|-----------|-------|-------|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> | 49979 | 69131 |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> | 0     | 0     |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0     | 0     |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 0     | 0     |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 49979 | 69131 |

**Net Assets**

|                                                            |           |           |           |
|------------------------------------------------------------|-----------|-----------|-----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 852479423 | 947757501 |
|------------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 16000134   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 38624171   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 4867518    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 59491823  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 303452     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 11386      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 15325      |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 250239     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 580402    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 776        | 24045528  |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 2694072    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 21350680   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 24045528  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 86522372   | -909760   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 87432132   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          | -22717000 |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -22717000  |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 87688770  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 30578561  |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 178758324 |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 83428334 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 0        |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 0        |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 83428334 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          | 826      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          | 0        |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          | 0        |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 0        |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 0        |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | -226122  |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 0        |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 177770   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 0        |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 0        |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 0        |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  | 0        |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 0        |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 99438    |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 51086    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 83480246 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 95278078 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 0        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0        |

**Part III Accountant's Opinion**

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

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

(1) ☒ 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) ☒ 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: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

**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   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> 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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.)                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> 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.                                                                                                                        |                                     | <input checked="" type="checkbox"/> |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(K) PLAN                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SKYWORKS SOLUTIONS, INC.                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>04-2302115                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**



## **INDEPENDENT AUDITOR'S REPORT**

Retirement Committee  
Skyworks Solutions Savings  
and Retirement 401(k) Plan  
20 Sylvan Road  
Woburn, Massachusetts 01801

Members of the Committee:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of Skyworks Solutions Savings and Retirement 401(k) Plan (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 5 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 financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Retirement Committee  
Skyworks Solutions Savings  
and Retirement 401(k) Plan

- The information in the supplemental schedule 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).

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Burbank, California

September 9, 2026

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                    | <u>December 31, 2025</u>     | <u>December 31, 2024</u>     |
|------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                      |                              |                              |
| INVESTMENTS, AT FAIR VALUE         | \$ 906,915,897               | \$ 814,710,669               |
| INVESTMENT, AT CONTRACT VALUE      | <u>36,278,150</u>            | <u>34,075,494</u>            |
| TOTAL INVESTMENTS                  | <u>943,194,047</u>           | <u>848,786,163</u>           |
| RECEIVABLES                        |                              |                              |
| Notes Receivable from Participants | 5,739,126                    | 5,786,398                    |
| Other Receivables                  | <u>3,579</u>                 | <u>6,277</u>                 |
| TOTAL RECEIVABLES                  | <u>5,742,705</u>             | <u>5,792,675</u>             |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u><u>\$ 948,936,752</u></u> | <u><u>\$ 854,578,838</u></u> |

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2025**

**ADDITIONS**

INVESTMENT INCOME

|                                 |                    |
|---------------------------------|--------------------|
| Interest and Dividends          | \$ 21,642,567      |
| Net Appreciation of Investments | <u>96,444,925</u>  |
| <b>TOTAL INVESTMENT INCOME</b>  | <b>118,087,492</b> |

OTHER ADDITIONS

|                                                |                           |
|------------------------------------------------|---------------------------|
| Participant Contributions                      | 38,624,171                |
| Company Contributions                          | 16,000,134                |
| Rollovers                                      | 4,867,518                 |
| Interest on Notes Receivable from Participants | <u>250,239</u>            |
| <b>TOTAL ADDITIONS</b>                         | <b><u>177,829,554</u></b> |

**DEDUCTIONS**

|                         |                          |
|-------------------------|--------------------------|
| Benefits                | 83,420,554               |
| Administrative Expenses | <u>51,086</u>            |
| <b>TOTAL DEDUCTIONS</b> | <b><u>83,471,640</u></b> |
| <b>NET INCREASE</b>     | <b>94,357,914</b>        |

NET ASSETS AVAILABLE FOR BENEFITS

|                   |                              |
|-------------------|------------------------------|
| Beginning of Year | <u>854,578,838</u>           |
| End of Year       | <b><u>\$ 948,936,752</u></b> |

## **SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**

#### **NOTE 1 - DESCRIPTION OF THE PLAN**

The Skyworks Solutions Savings and Retirement 401(k) Plan (the "Plan") was established to provide voluntary retirement benefits and tax-deferred savings opportunities to eligible employees, as defined in the Plan, of Skyworks Solutions, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Certain designated officers of the Company serve as the plan administrator. The assets of the Plan are held in a trust by Fidelity Management Trust Company.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS AND OTHER INTERESTED PARTIES SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

#### **A. Participation**

The Plan covers eligible employees of the Company and certain related employers that participate in the plan pursuant to the provisions of the Plan document, Company employees are eligible to participate in the Plan immediately upon employment and may enter the Plan at any time during the year.

#### **B. Benefits**

Benefits under the Plan begin when a participant retires, becomes disabled, dies or ceases to be an employee, whichever applies. Normal retirement age is 55. The Plan allows for in-service distributions of the participant's vested account upon reaching the age of 59½ or due to hardship. Benefits are either paid in one lump-sum distribution or in installments over a period not to extend beyond the life expectancy of the participant.

#### **C. Vesting**

A participant is fully vested immediately as to voluntary contributions, rollover contributions, matching employer contributions, nonelective employer contributions and related earnings.

#### **D. Contributions**

Participants may contribute up to 60% of their annual pre-tax and post-tax compensation, as defined in the Plan, up to the statutory annual maximum determined by the Internal Revenue Code (the "Code"). Participants are automatically enrolled in the Plan 30 days after their start date. Participants are allowed to enroll immediately by electing a deferral rate in the trustee's portal. The automatic default deferral rate is 4%, increasing 1% per year until 15% is reached.

The Company makes a matching contribution equal to 100% of the first 4% of a participant's eligible compensation contributed to the Plan. Participants who were employed by Alpha Industries, Inc. ("Alpha") prior to the June 25, 2002 merger of Alpha and Conexant Systems, Inc. to form the Company, receive an additional match if they meet certain criteria. Participants employed prior to June 25, 2002 who had at least 5 years of service and who contributed at least 6% of their eligible compensation, receive an additional match of 75% on the next 1% of eligible compensation. Company contributions are made in either cash or company common stock. Contributions of company common stock are non-participant directed; however, participants may diversify the company common stock allocated to their account into other investment options but may not purchase additional company common stock.

## **SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**

#### **NOTE 1 - DESCRIPTION OF THE PLAN (Continued)**

##### **D. Contributions (Continued)**

The Company may also contribute, at its discretion, a non-elective employer contribution. The Company did not make a nonelective employer contribution for the year ended December 31, 2025.

##### **E. Notes Receivable from Participants**

A participant is allowed to borrow a maximum of 50% of his or her vested account balance up to \$50,000. The minimum loan amount is \$1,000. Loans must be repaid through payroll deductions within 5 years (unless the loan is for the purchase of a primary residence in which case, loans must be repaid within 10 years). Loan interest rates shall be based on the prevailing interest rates at the time of loan issuance as determined by the Plan administrator. Participants may only have one outstanding loan at any given time.

##### **F. Participant Accounts**

Each participant's account is credited with the participant's contribution, the Company contribution and an allocation of plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### **G. Expenses**

A majority of administrative expenses are paid by the Plan as provided in the Plan document. During 2025, the Plan received \$470,555 in investment performance-based fee reimbursements by Fidelity Management Trust Company, covering part of the \$521,641 in administrative fees.

##### **H. Forfeitures**

Forfeitures may be used to reduce Plan expenses and Company contributions. For the year ended December 31, 2025, \$14,226 of forfeitures were contributed, while \$5,645 were used to pay Plan expenses. As of December 31, 2025 and 2024, unallocated forfeitures available for future use totaled \$13,829 and \$4,892, respectively.

#### **NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### **A. Basis of Accounting**

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The financial statements and supplementary schedule have been prepared to satisfy the reporting and disclosure requirements of ERISA.

##### **B. Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

# SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### C. Investment Valuation and Income Recognition

The participants select how their share of plan assets will be invested among those investment vehicles made available. Participants may change their investment options at any time during the Plan year.

GAAP establishes a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market:

Level 1 – Inputs are quoted prices in an active market.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables summarize the Plan's investments at December 31, 2025 and 2024 based on the inputs used to value them:

| Description                              | December 31, 2025     |                     |             |                       |
|------------------------------------------|-----------------------|---------------------|-------------|-----------------------|
|                                          | Level 1               | Level 2             | Level 3     | Total                 |
| Self-Directed Brokerage Accounts         | \$ 27,834,616         | \$ 2,473,902        | \$ -        | \$ 30,308,518         |
| Mutual Funds                             | 264,002,075           | -                   | -           | 264,002,075           |
| Money Market Fund                        | 161,943               | -                   | -           | 161,943               |
| Common Stock                             | 59,091,797            | -                   | -           | 59,091,797            |
|                                          | <u>\$ 351,090,431</u> | <u>\$ 2,473,902</u> | <u>\$ -</u> | <u>353,564,333</u>    |
| Net Asset Value <sup>A</sup>             |                       |                     |             | <u>553,351,564</u>    |
| Total Assets in the Fair Value Hierarchy |                       |                     |             | <u>\$ 906,915,897</u> |

  

| Description                              | December 31, 2024     |             |             |                       |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                          | Level 1               | Level 2     | Level 3     | Total                 |
| Self-Directed Brokerage Accounts         | \$ 16,337,917         | \$ -        | \$ -        | \$ 16,337,917         |
| Mutual Funds                             | 709,627,787           | -           | -           | 709,627,787           |
| Common Stock                             | 88,744,965            | -           | -           | 88,744,965            |
| Total Assets in the Fair Value Hierarchy | <u>\$ 814,710,669</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 814,710,669</u> |

<sup>A</sup> In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Level 1 investments consist of mutual funds, money market funds, common stock and self-directed brokerage accounts that are valued at closing market prices. Cash held within these accounts is included in the fair value of the respective investment and classified within Level 1 of the fair value hierarchy. Level 2 investments consist of certificates of deposits, corporate

## **SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**

#### **NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

##### **C. Investment Valuation and Income Recognition (Continued)**

bonds, and government bonds that are valued using observable market inputs and approximate fair value. Common/collective trusts are measured at net asset value. Shares may be redeemed any time at net asset value. There are no restrictions on redemptions and no unfunded commitments to purchase additional shares. Purchases and sales of investments are reported on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is reported on the accrual basis.

##### **D. Payments of Benefits**

Benefit payments to participants are recorded when paid.

##### **E. Other Receivables**

Other receivables represent the sale of shares in Skyworks Solutions Inc. common stock on December 31, 2025 and 2024 and the related proceeds that were not received by the Plan until subsequent to the respective year-end.

##### **F. Risks and Uncertainties**

The Plan provides for investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks such as interest rate, market fluctuations and credit risks. Due to the risk associated with investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

#### **NOTE 3 - INCOME TAX STATUS**

The Plan adopted a prototype plan, which has received tax exempt status from the Internal Revenue Service. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain 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 4 - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Plan assets would be distributed based upon the participants' account balances at that time.

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN****NOTES TO FINANCIAL STATEMENTS****DECEMBER 31, 2025 AND 2024****NOTE 5 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information regarding investments held at December 31, 2025 and 2024 and investment income for the year ended December 31, 2025 that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan.

**NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS**

The Plan has investments in the common stock of Skyworks Solutions, Inc., the Plan sponsor, valued at \$59,091,797 and \$88,744,965 as of December 31, 2025 and 2024, respectively. The Plan also has other investments managed by the trustee or an affiliate. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibitions of party-in-interest transactions under ERISA.

**NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|                                    | <u>December 31, 2025</u> | <u>December 31, 2024</u> |
|------------------------------------|--------------------------|--------------------------|
| Net Assets Available for Benefits  |                          |                          |
| Per the Financial Statements       | \$ 948,936,752           | \$ 854,578,838           |
| Add: Contract Value Adjustment for |                          |                          |
| Stable Value Fund                  | (1,110,120)              | (2,049,436)              |
| Less: Benefits Payable             | <u>(69,131)</u>          | <u>(49,979)</u>          |
| Net Assets Per the Form 5500       | <u>\$ 947,757,501</u>    | <u>\$ 852,479,423</u>    |

The following is a reconciliation of the net increase per the financial statements to net income reported in the Form 5500 for the year ended December 31, 2025:

|                                           |                      |
|-------------------------------------------|----------------------|
| Net Increase Per the Financial Statements | \$ 94,357,914        |
| Change in Contract Value Adjustment       | 939,316              |
| Change in Benefits Payable                | <u>(19,152)</u>      |
| Net Income Per the Form 5500              | <u>\$ 95,278,078</u> |

**NOTE 8 - FIDELITY MANAGED INCOME PORTFOLIO**

The Fidelity Managed Income Portfolio is a common/collective trust that invests primarily in guaranteed insurance contracts issued by insurance companies and banks. The Plan is credited earnings on underlying investments and charged for participant withdrawals and administrative expenses. Because the fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fund. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment in the fund at contract value.

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**

**NOTE 8 - FIDELITY MANAGED INCOME PORTFOLIO (Continued)**

The average yield on the Fidelity Managed Income Portfolio was 3.03% and 2.64% for the years ended December 31, 2025 and 2024, respectively. Certain restrictions may limit the Plan's ability to redeem its investment in the fund at contract value, and market value adjustments and/or redemption charges may apply. The plan administrator does not believe that any events limiting the Plan's ability to transact at contract value are probable of occurring to transact at contract value are probable of occurring.

**NOTE 9 - PLAN AMENDMENT**

Effective October 6, 2025, the Plan was amended to permit terminated participants with outstanding loan balances to continue loan repayments under the original loan terms and to amend distribution installment payment provisions.

**NOTE 10 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through September 9, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

## SUPPLEMENTAL SCHEDULE

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 04-2302115; PLAN NO. 002**  
**DECEMBER 31, 2025**

| Identity of Issuer               | Description of Investment                      | Current Value         |
|----------------------------------|------------------------------------------------|-----------------------|
|                                  | <u>Common/Collective Trusts</u>                |                       |
| Geode Capital Management:        | Spartan 500 Index Pool Class C                 | \$ 152,374,831        |
|                                  | Spartan Extended Market Index Pool Class C     | 28,561,335            |
|                                  | Spartan Total International Index Pool Class C | 25,095,006            |
| BlackRock                        | Total Return Bond Fund                         | 15,631,595            |
| Great Gray Trust Company:        | RAE US CIT                                     | 14,335,692            |
|                                  | Franklin Small Cap Growth Fund                 | 13,322,292            |
| Fidelity Investments: *          | Managed Income Portfolio                       | 36,278,150            |
|                                  | Freedom Retirement Commingled Pool             | 1,610,869             |
|                                  | Freedom 2010 Commingled Pool                   | 4,205,369             |
|                                  | Freedom 2015 Commingled Pool                   | 2,154,575             |
|                                  | Freedom 2020 Commingled Pool                   | 12,046,613            |
|                                  | Freedom 2025 Commingled Pool                   | 33,420,477            |
|                                  | Freedom 2030 Commingled Pool                   | 52,578,989            |
|                                  | Freedom 2035 Commingled Pool                   | 58,029,269            |
|                                  | Freedom 2040 Commingled Pool                   | 52,698,508            |
|                                  | Freedom 2045 Commingled Pool                   | 34,360,957            |
|                                  | Freedom 2050 Commingled Pool                   | 21,378,749            |
|                                  | Freedom 2055 Commingled Pool                   | 17,014,839            |
|                                  | Freedom 2060 Commingled Pool                   | 11,761,687            |
|                                  | Freedom 2065 Commingled Pool                   | 2,733,197             |
|                                  | Freedom 2070 Commingled Pool                   | 36,715                |
|                                  | <u>Money Market Fund</u>                       |                       |
|                                  | Government Money Market Fund                   | 161,943               |
|                                  | <u>Mutual Funds</u>                            |                       |
|                                  | Growth Company Fund                            | 152,719,389           |
|                                  | Contrafund                                     | 64,993,360            |
|                                  | US Bond Index Fund                             | 19,386,479            |
|                                  | Freedom Income Fund                            | 8,380                 |
|                                  | 500 Index Fund                                 | 1,001                 |
| American Funds                   | EuroPacific Growth Fund                        | 16,557,870            |
| Cohen & Steers                   | Realty Shares Fund                             | 5,244,136             |
| Nomura                           | Small Cap Value Fund                           | 5,091,460             |
|                                  | <u>Common Stock</u>                            |                       |
| Skyworks Solutions, Inc.*        | Corporate Common Stock                         | 59,091,797            |
| Self-Directed Brokerage Accounts | Various                                        | 30,308,518            |
| Participant Loans*               | Secured Loans, interest rate of 4.25%          | 5,739,126             |
|                                  |                                                | <u>\$ 948,933,173</u> |

\* Party in interest

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**



## **INDEPENDENT AUDITOR'S REPORT**

Retirement Committee  
Skyworks Solutions Savings  
and Retirement 401(k) Plan  
20 Sylvan Road  
Woburn, Massachusetts 01801

Members of the Committee:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of Skyworks Solutions Savings and Retirement 401(k) Plan (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 5 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 financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Retirement Committee  
Skyworks Solutions Savings  
and Retirement 401(k) Plan

- The information in the supplemental schedule 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).

*Miller Kaplan Arase LLP*

MILLER KAPLAN ARASE LLP

Burbank, California

September 9, 2026

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                    | <u>December 31, 2025</u>     | <u>December 31, 2024</u>     |
|------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                      |                              |                              |
| INVESTMENTS, AT FAIR VALUE         | \$ 906,915,897               | \$ 814,710,669               |
| INVESTMENT, AT CONTRACT VALUE      | <u>36,278,150</u>            | <u>34,075,494</u>            |
| TOTAL INVESTMENTS                  | <u>943,194,047</u>           | <u>848,786,163</u>           |
| RECEIVABLES                        |                              |                              |
| Notes Receivable from Participants | 5,739,126                    | 5,786,398                    |
| Other Receivables                  | <u>3,579</u>                 | <u>6,277</u>                 |
| TOTAL RECEIVABLES                  | <u>5,742,705</u>             | <u>5,792,675</u>             |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u><u>\$ 948,936,752</u></u> | <u><u>\$ 854,578,838</u></u> |

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2025**

**ADDITIONS**

INVESTMENT INCOME

|                                 |                   |
|---------------------------------|-------------------|
| Interest and Dividends          | \$ 21,642,567     |
| Net Appreciation of Investments | <u>96,444,925</u> |
| TOTAL INVESTMENT INCOME         | 118,087,492       |

OTHER ADDITIONS

|                                                |                    |
|------------------------------------------------|--------------------|
| Participant Contributions                      | 38,624,171         |
| Company Contributions                          | 16,000,134         |
| Rollovers                                      | 4,867,518          |
| Interest on Notes Receivable from Participants | <u>250,239</u>     |
| TOTAL ADDITIONS                                | <u>177,829,554</u> |

**DEDUCTIONS**

|                         |                   |
|-------------------------|-------------------|
| Benefits                | 83,420,554        |
| Administrative Expenses | <u>51,086</u>     |
| TOTAL DEDUCTIONS        | <u>83,471,640</u> |
| NET INCREASE            | 94,357,914        |

NET ASSETS AVAILABLE FOR BENEFITS

|                   |                              |
|-------------------|------------------------------|
| Beginning of Year | <u>854,578,838</u>           |
| End of Year       | <u><u>\$ 948,936,752</u></u> |

## **SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**

#### **NOTE 1 - DESCRIPTION OF THE PLAN**

The Skyworks Solutions Savings and Retirement 401(k) Plan (the “Plan”) was established to provide voluntary retirement benefits and tax-deferred savings opportunities to eligible employees, as defined in the Plan, of Skyworks Solutions, Inc. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Certain designated officers of the Company serve as the plan administrator. The assets of the Plan are held in a trust by Fidelity Management Trust Company.

THE PLAN DOCUMENT INCLUDES DETAILED RULES FOR EACH SITUATION. PARTICIPANTS AND OTHER INTERESTED PARTIES SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

#### **A. Participation**

The Plan covers eligible employees of the Company and certain related employers that participate in the plan pursuant to the provisions of the Plan document, Company employees are eligible to participate in the Plan immediately upon employment and may enter the Plan at any time during the year.

#### **B. Benefits**

Benefits under the Plan begin when a participant retires, becomes disabled, dies or ceases to be an employee, whichever applies. Normal retirement age is 55. The Plan allows for in-service distributions of the participant’s vested account upon reaching the age of 59½ or due to hardship. Benefits are either paid in one lump-sum distribution or in installments over a period not to extend beyond the life expectancy of the participant.

#### **C. Vesting**

A participant is fully vested immediately as to voluntary contributions, rollover contributions, matching employer contributions, nonelective employer contributions and related earnings.

#### **D. Contributions**

Participants may contribute up to 60% of their annual pre-tax and post-tax compensation, as defined in the Plan, up to the statutory annual maximum determined by the Internal Revenue Code (the “Code”). Participants are automatically enrolled in the Plan 30 days after their start date. Participants are allowed to enroll immediately by electing a deferral rate in the trustee’s portal. The automatic default deferral rate is 4%, increasing 1% per year until 15% is reached.

The Company makes a matching contribution equal to 100% of the first 4% of a participant’s eligible compensation contributed to the Plan. Participants who were employed by Alpha Industries, Inc. (“Alpha”) prior to the June 25, 2002 merger of Alpha and Conexant Systems, Inc. to form the Company, receive an additional match if they meet certain criteria. Participants employed prior to June 25, 2002 who had at least 5 years of service and who contributed at least 6% of their eligible compensation, receive an additional match of 75% on the next 1% of eligible compensation. Company contributions are made in either cash or company common stock. Contributions of company common stock are non-participant directed; however, participants may diversify the company common stock allocated to their account into other investment options but may not purchase additional company common stock.

## **SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**

#### **NOTE 1 - DESCRIPTION OF THE PLAN (Continued)**

##### **D. Contributions (Continued)**

The Company may also contribute, at its discretion, a non-elective employer contribution. The Company did not make a nonelective employer contribution for the year ended December 31, 2025.

##### **E. Notes Receivable from Participants**

A participant is allowed to borrow a maximum of 50% of his or her vested account balance up to \$50,000. The minimum loan amount is \$1,000. Loans must be repaid through payroll deductions within 5 years (unless the loan is for the purchase of a primary residence in which case, loans must be repaid within 10 years). Loan interest rates shall be based on the prevailing interest rates at the time of loan issuance as determined by the Plan administrator. Participants may only have one outstanding loan at any given time.

##### **F. Participant Accounts**

Each participant's account is credited with the participant's contribution, the Company contribution and an allocation of plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### **G. Expenses**

A majority of administrative expenses are paid by the Plan as provided in the Plan document. During 2025, the Plan received \$470,555 in investment performance-based fee reimbursements by Fidelity Management Trust Company, covering part of the \$521,641 in administrative fees.

##### **H. Forfeitures**

Forfeitures may be used to reduce Plan expenses and Company contributions. For the year ended December 31, 2025, \$14,226 of forfeitures were contributed, while \$5,645 were used to pay Plan expenses. As of December 31, 2025 and 2024, unallocated forfeitures available for future use totaled \$13,829 and \$4,892, respectively.

#### **NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### **A. Basis of Accounting**

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The financial statements and supplementary schedule have been prepared to satisfy the reporting and disclosure requirements of ERISA.

##### **B. Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

# SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### C. Investment Valuation and Income Recognition

The participants select how their share of plan assets will be invested among those investment vehicles made available. Participants may change their investment options at any time during the Plan year.

GAAP establishes a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market:

Level 1 – Inputs are quoted prices in an active market.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables summarize the Plan's investments at December 31, 2025 and 2024 based on the inputs used to value them:

| Description                              | December 31, 2025     |                     |             |                       |
|------------------------------------------|-----------------------|---------------------|-------------|-----------------------|
|                                          | Level 1               | Level 2             | Level 3     | Total                 |
| Self-Directed Brokerage Accounts         | \$ 27,834,616         | \$ 2,473,902        | \$ -        | \$ 30,308,518         |
| Mutual Funds                             | 264,002,075           | -                   | -           | 264,002,075           |
| Money Market Fund                        | 161,943               | -                   | -           | 161,943               |
| Common Stock                             | 59,091,797            | -                   | -           | 59,091,797            |
|                                          | <u>\$ 351,090,431</u> | <u>\$ 2,473,902</u> | <u>\$ -</u> | <u>353,564,333</u>    |
| Net Asset Value <sup>A</sup>             |                       |                     |             | <u>553,351,564</u>    |
| Total Assets in the Fair Value Hierarchy |                       |                     |             | <u>\$ 906,915,897</u> |

  

| Description                              | December 31, 2024     |             |             |                       |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                          | Level 1               | Level 2     | Level 3     | Total                 |
| Self-Directed Brokerage Accounts         | \$ 16,337,917         | \$ -        | \$ -        | \$ 16,337,917         |
| Mutual Funds                             | 709,627,787           | -           | -           | 709,627,787           |
| Common Stock                             | 88,744,965            | -           | -           | 88,744,965            |
| Total Assets in the Fair Value Hierarchy | <u>\$ 814,710,669</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 814,710,669</u> |

<sup>A</sup> In accordance with ASC 820, investments measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Level 1 investments consist of mutual funds, money market funds, common stock and self-directed brokerage accounts that are valued at closing market prices. Cash held within these accounts is included in the fair value of the respective investment and classified within Level 1 of the fair value hierarchy. Level 2 investments consist of certificates of deposits, corporate

## **SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**

#### **NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

##### **C. Investment Valuation and Income Recognition (Continued)**

bonds, and government bonds that are valued using observable market inputs and approximate fair value. Common/collective trusts are measured at net asset value. Shares may be redeemed any time at net asset value. There are no restrictions on redemptions and no unfunded commitments to purchase additional shares. Purchases and sales of investments are reported on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is reported on the accrual basis.

##### **D. Payments of Benefits**

Benefit payments to participants are recorded when paid.

##### **E. Other Receivables**

Other receivables represent the sale of shares in Skyworks Solutions Inc. common stock on December 31, 2025 and 2024 and the related proceeds that were not received by the Plan until subsequent to the respective year-end.

##### **F. Risks and Uncertainties**

The Plan provides for investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks such as interest rate, market fluctuations and credit risks. Due to the risk associated with investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

#### **NOTE 3 - INCOME TAX STATUS**

The Plan adopted a prototype plan, which has received tax exempt status from the Internal Revenue Service. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain 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 4 - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Plan assets would be distributed based upon the participants' account balances at that time.

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN****NOTES TO FINANCIAL STATEMENTS****DECEMBER 31, 2025 AND 2024****NOTE 5 - FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Information regarding investments held at December 31, 2025 and 2024 and investment income for the year ended December 31, 2025 that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan.

**NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS**

The Plan has investments in the common stock of Skyworks Solutions, Inc., the Plan sponsor, valued at \$59,091,797 and \$88,744,965 as of December 31, 2025 and 2024, respectively. The Plan also has other investments managed by the trustee or an affiliate. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibitions of party-in-interest transactions under ERISA.

**NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|                                    | <u>December 31, 2025</u> | <u>December 31, 2024</u> |
|------------------------------------|--------------------------|--------------------------|
| Net Assets Available for Benefits  |                          |                          |
| Per the Financial Statements       | \$ 948,936,752           | \$ 854,578,838           |
| Add: Contract Value Adjustment for |                          |                          |
| Stable Value Fund                  | (1,110,120)              | (2,049,436)              |
| Less: Benefits Payable             | <u>(69,131)</u>          | <u>(49,979)</u>          |
| Net Assets Per the Form 5500       | <u>\$ 947,757,501</u>    | <u>\$ 852,479,423</u>    |

The following is a reconciliation of the net increase per the financial statements to net income reported in the Form 5500 for the year ended December 31, 2025:

|                                           |                      |
|-------------------------------------------|----------------------|
| Net Increase Per the Financial Statements | \$ 94,357,914        |
| Change in Contract Value Adjustment       | 939,316              |
| Change in Benefits Payable                | <u>(19,152)</u>      |
| Net Income Per the Form 5500              | <u>\$ 95,278,078</u> |

**NOTE 8 - FIDELITY MANAGED INCOME PORTFOLIO**

The Fidelity Managed Income Portfolio is a common/collective trust that invests primarily in guaranteed insurance contracts issued by insurance companies and banks. The Plan is credited earnings on underlying investments and charged for participant withdrawals and administrative expenses. Because the fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fund. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals and administrative expenses. Participants may direct the withdrawal or transfer of all or a portion of their investment in the fund at contract value.

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2025 AND 2024**

**NOTE 8 - FIDELITY MANAGED INCOME PORTFOLIO (Continued)**

The average yield on the Fidelity Managed Income Portfolio was 3.03% and 2.64% for the years ended December 31, 2025 and 2024, respectively. Certain restrictions may limit the Plan's ability to redeem its investment in the fund at contract value, and market value adjustments and/or redemption charges may apply. The plan administrator does not believe that any events limiting the Plan's ability to transact at contract value are probable of occurring to transact at contract value are probable of occurring.

**NOTE 9 - PLAN AMENDMENT**

Effective October 6, 2025, the Plan was amended to permit terminated participants with outstanding loan balances to continue loan repayments under the original loan terms and to amend distribution installment payment provisions.

**NOTE 10 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through September 9, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

## SUPPLEMENTAL SCHEDULE

**SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(k) PLAN**  
**FORM 5500**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**E.I.N. 04-2302115; PLAN NO. 002**  
**DECEMBER 31, 2025**

| Identity of Issuer               | Description of Investment                      | Current Value         |
|----------------------------------|------------------------------------------------|-----------------------|
|                                  | <u>Common/Collective Trusts</u>                |                       |
| Geode Capital Management:        | Spartan 500 Index Pool Class C                 | \$ 152,374,831        |
|                                  | Spartan Extended Market Index Pool Class C     | 28,561,335            |
|                                  | Spartan Total International Index Pool Class C | 25,095,006            |
| BlackRock                        | Total Return Bond Fund                         | 15,631,595            |
| Great Gray Trust Company:        | RAE US CIT                                     | 14,335,692            |
|                                  | Franklin Small Cap Growth Fund                 | 13,322,292            |
| Fidelity Investments: *          | Managed Income Portfolio                       | 36,278,150            |
|                                  | Freedom Retirement Commingled Pool             | 1,610,869             |
|                                  | Freedom 2010 Commingled Pool                   | 4,205,369             |
|                                  | Freedom 2015 Commingled Pool                   | 2,154,575             |
|                                  | Freedom 2020 Commingled Pool                   | 12,046,613            |
|                                  | Freedom 2025 Commingled Pool                   | 33,420,477            |
|                                  | Freedom 2030 Commingled Pool                   | 52,578,989            |
|                                  | Freedom 2035 Commingled Pool                   | 58,029,269            |
|                                  | Freedom 2040 Commingled Pool                   | 52,698,508            |
|                                  | Freedom 2045 Commingled Pool                   | 34,360,957            |
|                                  | Freedom 2050 Commingled Pool                   | 21,378,749            |
|                                  | Freedom 2055 Commingled Pool                   | 17,014,839            |
|                                  | Freedom 2060 Commingled Pool                   | 11,761,687            |
|                                  | Freedom 2065 Commingled Pool                   | 2,733,197             |
|                                  | Freedom 2070 Commingled Pool                   | 36,715                |
|                                  | <u>Money Market Fund</u>                       |                       |
|                                  | Government Money Market Fund                   | 161,943               |
|                                  | <u>Mutual Funds</u>                            |                       |
|                                  | Growth Company Fund                            | 152,719,389           |
|                                  | Contrafund                                     | 64,993,360            |
|                                  | US Bond Index Fund                             | 19,386,479            |
|                                  | Freedom Income Fund                            | 8,380                 |
|                                  | 500 Index Fund                                 | 1,001                 |
| American Funds                   | EuroPacific Growth Fund                        | 16,557,870            |
| Cohen & Steers                   | Realty Shares Fund                             | 5,244,136             |
| Nomura                           | Small Cap Value Fund                           | 5,091,460             |
|                                  | <u>Common Stock</u>                            |                       |
| Skyworks Solutions, Inc.*        | Corporate Common Stock                         | 59,091,797            |
| Self-Directed Brokerage Accounts | Various                                        | 30,308,518            |
| Participant Loans*               | Secured Loans, interest rate of 4.25%          | 5,739,126             |
|                                  |                                                | <u>\$ 948,933,173</u> |

\* Party in interest