Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTEL MINIMUM PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1988

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

1900 PRAIRIE CITY RD
FM1-140
FOLSOM, CA 95630

2b Employer Identification Number (EIN) 94-1672743

2c Plan Sponsor's telephone number +18002380486

2d Business code (see instructions) 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.	09/28/2026	IRINA SILIC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

INTEL RETIREMENT PLANS ADMINISTRATIVE COMMITTEE

1900 PRAIRIE CITY RD, FM1-140
FOLSOM, CA 95630-9501

3b Administrator's EIN: 20-5001544

3c Administrator's telephone number: +18002380486

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	25738
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	13179
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	11073
b	Retired or separated participants receiving benefits	**6b**	3583
c	Other retired or separated participants entitled to future benefits	**6c**	8008
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	22664
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	326
f	Total. Add lines **6d** and **6e**.	**6f**	22990
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1D 3F 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
INTEL MINIMUM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-1672743

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	814712578
b Actuarial value	**2b**	840116368

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3498	323357918	323357918
b For terminated vested participants	9359	428536740	428536740
c For active participants	12765	46926395	47656649
d Total	25622	798821053	799551307

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	4900000
c Target normal cost	**6c**	4900000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

03/23/2026
Date

JAMES CHAKAN, FSA, EA
Type or print name of actuary

23-07696
Most recent enrollment number

MERCER
Firm name

213-346-2317
Telephone number (including area code)

633 WEST 5TH STREET, SUITE 1200
LOS ANGELES, CA 90071

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -3.19 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.07 %
15	Adjusted funding target attainment percentage	15	105.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] Yes [ ] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	4900000
b Excess assets, if applicable, but not greater than line 31a	**31b**	4900000

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

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

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

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

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
INTEL MINIMUM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-1672743

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

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

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

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

FID INVEST INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 64 15 12 38 13 50	RECORDKEEPER	932217	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLOBAL TRUST COMPANY

12 GILL STREET
SUITE 2600
WOBURN, MA 01801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	431404	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PRUDENTIAL TRUST CO.

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	317021	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

AON INVESTMENTS USA INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 50	NONE	235398	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER US LLC

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	167300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST COMPA

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	64307	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDIT	51600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	23312	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MORGAN,LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15849	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CHRISTOPHER C GECZY

108 SPRINGHOUSE LANE
NEWTON SQUARE, PA 19073

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	9000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
INTEL MINIMUM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-1672743

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INTERMEDIATE GOVERNMENT B

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3118548-001	C	525

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA LONG CREDIT CIF

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
88-6547562-003	C	285219287

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S. STRIPS 20+ YEAR INDE

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3227381-001	C	110045244

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL LONG DURATION CREDIT FUN

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-6994310-222	C	286153731

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI IMI INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
33-6371938-001	C	82183305

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
INTEL MINIMUM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-1672743

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	804862459	763602092
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9850119	10468980
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	814712578	774071072
Liabilities			
1g Benefit claims payable	1g	10917758	5698242
1h Operating payables	1h	274346	229514
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	11192104	5927756
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	803520474	768143316

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	102772	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		102772
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	518512	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		518512
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		61063337
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		61684621
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	94470055	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		94470055
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	932217	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	51600	
(5) Investment advisory and investment management fees	2i(5)	1057130	
(6) Bank or trust company trustee/custodial fees	2i(6)	23312	
(7) Actuarial fees	2i(7)	167300	
(8) Legal fees	2i(8)	15849	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1539120	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3786528
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		98256583
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-36571962
l Transfers of assets:			
(1) To this plan	2l(1)		1194804
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583242.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
INTEL MINIMUM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-1672743

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3275867

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** 968

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 10.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 90.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements and Supplemental Schedules
Intel Minimum Pension Plan
As of and for the Years Ended
December 31, 2025 and 2024
With Independent Auditor's Report

Intel Minimum Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Plan Participants and Plan Administrator of the
Intel Minimum Pension Plan

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

We have performed audits of the financial statements of the Intel Minimum Pension 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 statements of changes in net assets available for benefits for the years then ended, 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 years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the 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 from 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

(Continued)

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Crowe LLP

Crowe LLP

Oakbrook Terrace, Illinois
June 11, 2026

Intel Minimum Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets		
Investments, at fair value	$ 774,071,072	$ 814,712,578
Liabilities		
Administrative expenses	229,514	274,346
Net assets available for benefits	$ 773,841,558	$ 814,438,232

See accompanying notes.

Intel Minimum Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2025	**2024**
Additions to (deductions from) net assets attributed to:		
Net realized and unrealized appreciation (depreciation) in fair value of investments	$ 61,014,564	$ (29,052,407)
Interest, dividend and other income	567,285	535,439
Rollover contributions from Intel 401(k) Savings Plan	102,772	1,203,484
Benefits paid to participants	(99,689,571)	(69,369,794)
Administrative expenses	(3,786,528)	(3,668,265)
Net decrease before transfers in	(41,791,478)	(100,351,543)
Transfers from Intel Retirement Contribution Plan	1,194,804	5,383,830
Net decrease	(40,596,674)	(94,967,713)
Net assets available for benefits:		
Beginning of year	814,438,232	909,405,945
End of year	$ 773,841,558	$ 814,438,232

See accompanying notes.

1. Description of the Plan

The following description of the Intel Minimum Pension Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions. The plan document contains the definitive legal provisions governing the Plan.

General

The Plan is a noncontributory defined benefit pension plan covering eligible United States (U.S.) employees of Intel Corporation (the Company or Plan sponsor) who were employed prior to January 1, 2011. Participation for such employees began on the first day of the calendar quarter coinciding with or following the completion of one year of service as defined by the plan document.

As of January 1, 2011 (the effective date), the Company closed the Plan and the Intel Retirement Contribution Plan (Intel Contribution Plan) to employees hired on or after the effective date. The Company received a favorable private letter ruling for the Plan from the Internal Revenue Service (IRS) in October 2014. As of January 1, 2015, the Company froze future benefit accruals in the Plan to all employees at or above a specific grade level, and generally covering all highly compensated employees in the Plan. Effective December 31, 2019, the Company froze future benefit accruals for remaining active employees.

The Plan is intended to be qualified under Section 401(a) of the Internal Revenue Code of 1986, as amended (the Code), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Trustee

The Bank of New York Mellon (BNY Mellon) is the trustee for the Plan and holds the investments of the Plan.

Administration of the Plan

The Company's Chief Financial Officer appoints the members of the Retirement Plans Administrative Committee (RPAC) and the Investment Policy Committee (IPC). The RPAC is the fiduciary responsible for the general operation and administration of the Plan. The IPC is the fiduciary responsible for management and control of the Plan assets. Fidelity Workplace Services LLC (Fidelity) is the Plan's record keeper.

Funding

The Company uses an actuarial formula to determine the amount it contributes to the Plan. The Company's contributions are designed to provide the Plan with sufficient assets to pay participants' expected benefits after offset of the value of vested balances in the Intel Contribution Plan. The IPC has discretionary authority over the investment allocation of Company contributions. The Company contributions are allocated to the investments based on the long-term asset allocation policy targets.

The minimum funding amount required for the Plan was zero for the plan years 2025 and 2024. The Company did not fund any amounts to the Plan for the 2025 and 2024 plan years. The Company has satisfied the minimum funding requirements of ERISA.

Vesting

Until December 31, 2019, participants who terminated employment prior to retirement were entitled to receive their accrued benefit, commencing on the normal retirement date, subject to the following vesting schedule:

Years of Service	Vesting
Fewer than 2	0 %
2 but less than 3	20 %
3 but less than 4	40 %
4 but less than 5	60 %
5 but less than 6	80 %
6 or more	100 %

The value of each participant's accrued benefit also became 100% vested and non-forfeitable when the participant reached age 60 or upon death while actively employed, or upon total and permanent disability.

Effective January 1, 2020, any individual who was a participant on December 31, 2019 is deemed to be 100% vested in his or her accrued benefit determined as of that date, disregarding any portion of the accrued benefit that had previously been forfeited, except for certain provisions described in the plan document.

Pension Benefits

The normal retirement age for participants is 65. The normal form of payment is a single life annuity for an unmarried participant and a qualified 100% joint and survivor annuity for a married participant. Additionally, participants may elect payments in the form of a 50% joint and survivor annuity, a 10- or 15-year period certain and continuous annuity, or a lump sum. Spousal consent is required if a married participant elects any form of payment other than joint and survivor.

Each participant who retires on their normal retirement date is entitled to receive a monthly pension for the duration of the participant's lifetime according to the following formula: one-twelfth of 0.75% of the participant's highest consecutive five-year average annual compensation, as defined by the Plan, during the last ten years of employment with the Company or date of benefit accrual freeze, if earlier, up to the participant's Social Security covered compensation (as defined by the Plan), plus 1.4% of the amount by which the participant's average annual compensation exceeds the Social Security covered compensation, the total of which is multiplied by the participant's years of credited service (but not in excess of 35 years), the result of which is reduced by the participant's Intel Contribution Plan Annuity Benefit (as defined in the plan document). In addition, participants specifically identified in the Plan who are eligible for the Qualified Supplemental Employee Retirement Plan will receive a supplemental benefit, as defined in the plan document.

A participant may continue in the employment of the Company beyond the normal retirement date. No benefit payments are made until a participant actually retires or separates from service. If a participant's benefit is not paid until after the normal retirement date, the accrued benefit payable as of the participant's normal retirement date shall be increased by the greater of: (i) 0.5% or (ii) 1/12 of the applicable interest rate (as defined in the plan document) for the month of August preceding the calendar year in which the participant's annuity starting date occurs, for each whole month between the participant's normal retirement date and the commencement of benefit payments.

The Plan permits early retirement after a participant reaches age 55 and has completed 15 years of service or when the combination of a participant's completed years of service and attained age (both exclusive of fractional years) equals or exceeds 75. A participant's accrued benefit, determined as of the participant's early retirement date, shall be paid commencing at the participant's normal retirement date. A participant may elect to receive a reduced retirement benefit at any time between the participant's early retirement date and normal retirement date. The reduced retirement benefit shall be the accrued benefit payable at the normal retirement date reduced by the factors outlined in the plan document for each whole month between the participant's normal retirement date and the commencement of benefit payments.

Employees hired prior to January 1, 2019 who elect a monthly annuity payment from the Intel Contribution Plan will have the balance in their account under this plan transferred to the Plan. There were transfers under this option of $1,194,804 and $5,383,830 for the years ended December 31, 2025 and 2024, respectively.

Employees hired prior to January 1, 2019 who elect a monthly annuity payment from the Intel 401(k) Savings Plan will have the balance in their account under this plan rolled over to the Plan. Under this option there were rollover contributions of $102,772 and $1,203,484 for the years ended December 31, 2025 and 2024, respectively.

An annuity is paid to those participants based on the value of their accounts in accordance with the terms of the Plan.

Disability and Death Benefits

Participants who were not affected by the Plan freeze on January 1, 2020, or January 1, 2015 respectively, who incurred a condition prior to January 1, 2020, or January 1, 2015 respectively, that led to a finding of permanent and total disability, accrue benefits under the Plan through the earlier of the date benefits commence, the date payments cease under the Company's Long-Term Disability Benefit Plan, or the normal retirement age as though the participant's compensation at the time of disability continued unchanged and as though the participant continued as an eligible employee while disabled. A disabled person's accrued benefit under the Plan is payable to the participant upon the earlier of the date the payments cease under the Company's Long-Term Disability Benefit Plan or the normal retirement date. A participant affected by the Plan freeze who becomes totally and permanently disabled will not earn additional compensation or service credits and will be treated like a terminated participant.

Participants who die before their normal retirement age while an employee become 100% vested. If the participant is married, the surviving spouse is entitled to a resulting pension benefit equal to a 100% joint and survivor annuity as of the day before the participant's death. Payments to a surviving spouse can begin immediately following death of the participant or when the surviving spouse elects to have such payments commence. The surviving spouse may nevertheless elect to postpone commencement of the payment of the benefit to any date, but not later than the date when the participant would have attained his/her normal retirement age.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation

Investments held are stated at fair value. See Note 5, "Fair Value Measurements," for discussion on fair value measurements.

The fair value of mutual funds is valued at quoted prices in an active market.

The Plan invested in units of participation in a collective investment trust fund held within a proprietary collective investment trust, the Intel Retirement Plans Collective Investment Trust (the CIT Trust), until October 31, 2024. The Global Trust Company was the trustee and investment manager of each collective investment trust fund offered by the CIT Trust until March 31, 2024. Effective April 1, 2024, SEI Trust Company replaced Global Trust Company. On October 31, 2024, the Plan completed an in-kind withdrawal of both cash and securities from the Intel Long Credit within the CIT Trust, which were contributed to the NISA Long Credit Fund within the NISA Collective Investment Trust.

The fair value of participation units in collective trust funds are valued using net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. There are no future commitments on any of the collective trust funds.

Income Recognition

Net realized and unrealized appreciation (depreciation) in fair value of investments includes the net realized gain (loss) on investments sold during the year and the net change in unrealized appreciation (depreciation) during the year on investments held at the end of the year.

Investment transactions are recognized as of their trade dates. Interest is accrued daily; dividends are accrued on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

All administrative expenses are paid directly by the Plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services employees have rendered as of the valuation date (see Note 3, "Actuarial Present Value of Accumulated Plan Benefits"). Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan are based on the applicable amounts for each year of credited service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included in determining accumulated plan benefits to the extent they are deemed attributable to employee service rendered as of the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023 was estimated by Mercer, the Plan's actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as death, disability, withdrawal, or retirement) between the valuation date and the time of expected payments.

The significant assumptions underlying the December 31, 2024 and 2023 actuarial valuation were:

- Life expectancy of participants – Pri-2012, white collar, annuitant and non-annuitant mortality tables, projected using MP-2021 for healthy and disabled participants, and contingent survivor mortality tables for beneficiaries where the primary retiree is deceased at the valuation date for 2024 and 2023.

- Normal retirement age 65 for 2024 and 2023

- Discount rate 5.8% for 2024 ; and 5.3% for 2023

- Retirement contribution conversion rate:

	2024	2023
2024		2.6 %
2025	2.2 %	2.3 %
2026	2.0 %	2.0 %
2027	1.8 %	1.7 %
2028	1.7 %	
thereafter	1.6 %	1.6 %

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

Use of Estimates

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

3. Actuarial Present Value of Accumulated Plan Benefits

The accumulated plan benefit information as of December 31, 2024 was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants currently receiving payments	$ 321,021,947
Other vested benefits	457,476,916
Total vested benefits	778,498,863
Nonvested benefits	540,175
Total actuarial present value of accumulated plan benefits	$ 779,039,038

Changes in actuarial present value of accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2023:	$ 854,096,975
Increase (decrease) during the year attributable to:	
Actuarial (gains) losses	1,221,215
Assumption changes	(48,653,477)
Increase for interest due to decrease in the discount period	43,385,348
Benefits paid	(71,011,023)
Net decrease	(75,057,937)
Actuarial present value of accumulated plan benefits as of December 31, 2024	$ 779,039,038

The decrease due to assumption changes primarily included decreases of approximately $48 million due to a change in the discount rate and decreases of approximately $1 million due to other assumption changes.

4. Certified Investment Information

Information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, net realized and unrealized appreciation (depreciation) in fair value of investments and interest, dividend and other income for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., the qualified institution and trustee of the Plan.

5. Fair Value Measurements

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

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

- *Level 2.* Inputs to the valuation methodology include quoted prices for similar assets in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted prices that are observable for the asset; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

- *Level 3.* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Assets Measured at Fair Value on a Recurring Basis

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025.

	Assets at Fair Value Classified as Level 1	Investments Measured at Net Asset Value	Total
Assets			
Mutual fund	$ 10,468,980	$ —	$ 10,468,980
Collective trust funds	—	763,602,092	763,602,092
Total investments, at fair value	$ 10,468,980	$ 763,602,092	$ 774,071,072

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024.

	Assets at Fair Value Classified as Level 1	Investments Measured at Net Asset Value	Total
Assets			
Mutual fund	$ 9,850,119	$ —	$ 9,850,119
Collective trust funds	—	804,862,459	804,862,459
Total investments, at fair value	$ 9,850,119	$ 804,862,459	$ 814,712,578

Assets Reported at Net Asset Value

The following table summarizes investments held by the Plan measured at fair value based on net asset value per share as of December 31, 2025 and 2024.

	2025	2024	Redemption Period	Redemption Notice
Collective trust funds	$ 763,602,092	$ 804,862,459	Daily	0-2 days

6. Party-In-Interest Transactions

Until October 31, 2024, the Plan invested in a collective investment trust fund within the CIT Trust, a proprietary collective investment trust, which qualifies as party-in-interest transactions.

The Plan also holds investments managed by BlackRock Institutional Trust Company, N.A. (BlackRock), which qualify as party-in-interest transactions. As of December 31, 2025 and 2024, the Plan held $202,698,054 and $302,431,093, respectively, of investments managed by BlackRock.

In addition, administrative expenses are paid to various service providers. These transactions qualify as party-in-interest transactions under ERISA.

7. Concentration of Credit Risk

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments. Policies have been established by the IPC to limit the Plan’s risk exposure through prudent diversification and investment of the Plan’s assets.

8. Risks and Uncertainties

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

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

9. Income Tax Status

The Plan received a determination letter dated October 16, 2015 from the IRS stating that the Plan and related trust are designed in accordance with applicable sections of the Code. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan sponsor has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code and to maintain the tax qualified status of the Plan.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions.

10. Plan Termination

The Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of the Plan’s termination, participants will become 100% vested in their accrued benefits and assets will be distributed to satisfy accrued retirement benefits according to priorities outlined in the provisions of the Plan.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participant benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

11. Partial Plan Termination

During 2024, the Company experienced a partial termination of the Plan due to significant reductions in workforce. As a result, affected employees were required to become fully vested in their accrued benefits. However, the employees were already 100% vested based on existing plan provisions and thus there was no impact to the Plan.

12. Reconciliation of Financial Statements to the Form 5500

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

	December 31	
	2025	**2024**
Net assets available for benefits per the financial statements	$ 773,841,558	$ 814,438,232
Amount allocated to withdrawing participants	(5,698,242)	(10,917,758)
Net assets available for benefits per the Form 5500	$ 768,143,316	$ 803,520,474

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2025 to the Form 5500:

Benefits paid to participants per the financial statements	$ 99,689,571
Less: Amount allocated to withdrawing participants at December 31, 2024	(10,917,758)
Add: Amount allocated to withdrawing participants at December 31, 2025	5,698,242
Benefits paid to participants per the Form 5500	$ 94,470,055

Amounts allocated to participants are recorded on the Form 5500 for benefit payments that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

13. Subsequent Events

The Plan sponsor has evaluated subsequent events through June 11, 2026, the date that the financial statements were available to be issued.

Supplemental Schedules

Intel Minimum Pension Plan

EIN: 94-1672743 Plan Number: 002

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value**	**Cost**	**Current Value**
	Mutual fund:			
*	BlackRock FedFund Institutional		$ 10,468,980	$ 10,468,980
	Collective trust funds:			
*	BlackRock Intermediate Government Bond Index Fund		513	525
*	BlackRock U.S. STRIPS 20+ Year Bond RSL Fund		194,856,916	110,045,244
	Prudential Long Duration Credit Fund		289,725,348	286,153,731
*	BlackRock MSCI ACWI IMI Index Fund		45,681,603	82,183,305
	NISA Long Credit CIF - Class O		297,636,787	285,219,287
	Total collective trust funds			763,602,092
	Total investments			$ 774,071,072

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report

Intel Minimum Pension Plan

EIN: 94-1672743 Plan Number: 002

Schedule H, Line 4(j) – Schedule of Reportable Transactions

For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Single transactions in excess of 5% of Plan assets						
BlackRock	FedFund Institutional	$ 49,536,583	$ —	$ 49,536,583	$ 49,536,583	$ —
BlackRock	U.S. STRIPS 20+ Year Bond RSL Fund	—	49,000,000	88,314,197	49,000,000	(39,314,197)
Category (iii) – A series of transactions in excess of 5% of Plan assets						
BlackRock	FedFund Institutional	$126,154,591	$ —	$126,154,591	$126,154,591	$ —
BlackRock	FedFund Institutional	—	125,535,730	125,535,730	125,535,730	—
NISA	Long Credit CIF - Class O	—	21,931,404	23,394,078	21,931,404	(1,462,674)
NISA	Long Credit CIF - Class O	32,000,000	—	32,000,000	32,000,000	—
BNY	Cash Reserve	26,003,364	—	26,003,364	26,003,364	—
BNY	Cash Reserve	—	26,003,364	26,003,364	26,003,364	—
BlackRock	U.S. STRIPS 20+ Year Bond RSL Fund	—	79,500,000	139,406,314	79,500,000	(59,906,314)
BlackRock	U.S. STRIPS 20+ Year Bond RSL Fund	2,720	—	2,720	2,720	—
PGIM	Long Duration Credit Fund	—	27,817,021	29,102,975	27,817,021	(1,285,954)
PGIM	Long Duration Credit Fund	35,000,000	—	35,000,000	35,000,000	—

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2025.
Columns (e) and (f) are not applicable.
See Independent Auditor's Report

Schedule SB, line 26a — Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2025[1]

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34			1								1
35–39		8	221	62							291
40–44	1	137	751	474	193						1,556
45–49	1	95	878	1,364	787	137					3,262
50–54	2	70	536	1,141	1,397	492	87	1			3,726
55–59	3	36	227	593	894	551	183	18	1		2,506
60–64	1	23	108	236	368	280	111	39	13		1,179
65–69		4	15	39	65	38	28	16	7	2	214
70 & up			3	8	6	6	2	2	3		30
Total	8	373	2,740	3,917	3,710	1,504	411	76	24	2	12,765

In each cell, the number is the count of active participants for each age/service combination.

[1] Accrued benefit not shown because it cannot be calculated until termination, when the Retirement Contribution balance is converted to an annuity to offset the gross accrued benefit.

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections	
• Segment rates or full yield curve	Full Yield Curve
• Look-back months	Not applicable
Mortality sponsor elections	
• Healthy and disabled participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables were developed by the IRS based on PRI-2012 mortality and projected with 2024 IRS-adjusted MP-2021 projection scale with 0% improvement in years 2020-2023 in accordance with IRS regulation 1.430(h)(3)-1.
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex PPA static mortality.
Other economic assumptions	
• Salary increases	Not applicable
• Expected return on assets	4.8% per year for 2024, 5.5% per year for 2025
• Inflation	2.2% per year
• Investment return on Retirement Contribution (RC) balances	7.1% per year
• Future levels of RC Contributions	Not applicable
• Basis to convert RC balances to an annuity	2.2% for 2025, 2.0% for 2026, 1.8% for 2027, 1.7% for 2028 and 1.6% thereafter, using 1983 Group Annuity Mortality Table blended 2/3 male and 1/3 female.
• Expenses	Administrative expenses paid from the plan are assumed to be the average of the past three years. The 2025 plan year assumption is $4,900,000.
• Early retirement factors	Greater of the Actuarial Equivalent Factor using the Applicable Interest Rate for the month of August 2024, and the Applicable Mortality Table (as prescribed in Code section 417(e)(3)(B)) or the plan factors.
Demographic assumptions	
• Withdrawal	**Age** / **Percentage** 30-34 / 6.8% 35-39 / 5.8% 40-44 / 4.1% 45-49 / 3.3% 50-54 / 3.8% 55-59 / 4.3% 60-64 / 6.5% Average termination rate is approximately 4.1% per year.
• Disability incidence	Assumed to be zero.

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

• Retirement age	**Age**	**Percentage**
	45-49	3%
	50-52	4%
	53-59	4.5%
	60-61	8.5%
	62-63	9%
	64	10%
	65-69	18.5%
	70 and above	100%
	Rates before age 55 only apply to employees who meet the rule of 75. Average retirement age is approximately 64.	

• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	69%	61%
• Spouse age difference	2 years younger	2 years older

Benefit commencement age and form of payment	**Timing of commencement**	**Form of benefit**	**Deferred to age**
• Active retirements and future vested deferred	Immediate 40%	Lump Sum 90%	N/A
		Single life annuity 5%	N/A
		100% J&S Annuity 5%	N/A
	Deferred 60%	Lump Sum 75%	58
		Single life annuity 10%	65
		100% J&S Annuity 15%	65
• Future deaths	Immediate upon death	Lump sum 100%	N/A
• Current vested deferred	Deferred	Lump sum 75%	58
		Single life annuity 10%	65
		100% J&S Annuity 15%	65
Unpredictable contingent event assumptions	Not applicable.		

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each business day of the month of December preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. No actuarial liability is included for interns or any other employees of temporary status, nor are they included for employees covered by a collective-bargaining agreement. Employees working for a participating company in Puerto Rico or in any other location outside the United States while so employed are also not eligible for benefits under the plan.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

An individual's gross attributed benefit (i.e., without consideration for the RC offset) for valuation purposes related to a particular separation date is the accrued benefit described under the plan based on current service and current salary that would be used in the calculation of the benefit on the expected separation date.

An individual's accrued liability (as of a given valuation date at the beginning of a plan year) is equal to the present value of the attributed benefit. The attributed benefit equals:

- The gross attributed benefit (frozen for Active Participants), less
- The annuitized market value of the projected account balance, excluding any future contributions (see 1. and 2. below for additional detail), but not less than zero, plus
- The frozen QSERP benefit, if applicable

This calculation is performed for each participant for each exit date and decrement.

At each exit date, the market value of the RC balance is adjusted as follows:

1. RC balances are projected using an expected rate of return of 7.1%.
2. Projected RC balances are converted to an equivalent annuity based on assumed annuity conversion rate and mortality table.

Retirement Contribution (RC) balance adjustments on prior distributions, loans, etc. are based on methodologies used for the nondiscrimination testing to estimate the effect of the prior distribution; the RC balance adjustment methodology has been approved by Intel.

For this actuarial valuation, the disability benefit (for participants who became disabled before January 1, 2020) is based on service projected to age 65 offset by the account balance projected to age 65. The benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of this projected benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is

allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.

The **normal cost** for an individual is the present value of the benefit deemed to accrue in the plan year. For this purpose, an expected RC contribution is assumed to be credited at the end of the plan year.

The **accrued liability** for an individual is the sum of the component accrued liabilities associated with the various anticipated separation dates, based on credited service and average pay as of the beginning of the plan year. Such accrued liabilities reflect the attributed benefits as modified to obtain the benefits payable on those dates and the probability of the individual separating on those dates.

The plan's **target normal cost** is the sum of the individual normal costs and assumed administrative expenses, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service. Since the plan is frozen, there is no difference between the accrued liability computed using the projected unit credit method and the minimum funding target liability.

An individual's gross attributed benefit (i.e., without consideration for the RC offset) for valuation purposes related to a particular separation date is the accrued benefit described under the plan based on current service but determined using projected salary that would be used in the calculation of the benefit on the expected separation date.

Intel Minimum Pension Plan

EIN: 94-1672743 Plan Number: 002

Schedule H, Line 4(j) – Schedule of Reportable Transactions

For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Single transactions in excess of 5% of Plan assets						
BlackRock	FedFund Institutional	$ 49,536,583	$ —	$ 49,536,583	$ 49,536,583	$ —
BlackRock	U.S. STRIPS 20+ Year Bond RSL Fund	—	49,000,000	88,314,197	49,000,000	(39,314,197)
Category (iii) – A series of transactions in excess of 5% of Plan assets						
BlackRock	FedFund Institutional	$126,154,591	$ —	$126,154,591	$126,154,591	$ —
BlackRock	FedFund Institutional	—	125,535,730	125,535,730	125,535,730	—
NISA	Long Credit CIF - Class O	—	21,931,404	23,394,078	21,931,404	(1,462,674)
NISA	Long Credit CIF - Class O	32,000,000	—	32,000,000	32,000,000	—
BNY	Cash Reserve	26,003,364	—	26,003,364	26,003,364	—
BNY	Cash Reserve	—	26,003,364	26,003,364	26,003,364	—
BlackRock	U.S. STRIPS 20+ Year Bond RSL Fund	—	79,500,000	139,406,314	79,500,000	(59,906,314)
BlackRock	U.S. STRIPS 20+ Year Bond RSL Fund	2,720	—	2,720	2,720	—
PGIM	Long Duration Credit Fund	—	27,817,021	29,102,975	27,817,021	(1,285,954)
PGIM	Long Duration Credit Fund	35,000,000	—	35,000,000	35,000,000	—

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2025.
Columns (e) and (f) are not applicable.
See Independent Auditor's Report

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
INTEL MINIMUM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-1672743

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	814,712,578
b Actuarial value	**2b**	840,116,368

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,498	323,357,918	323,357,918
b For terminated vested participants	9,359	428,536,740	428,536,740
c For active participants	12,765	46,926,395	47,656,649
d Total	25,622	798,821,053	799,551,307

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	4,900,000
c Target normal cost	**6c**	4,900,000

Statement by Enrolled Actuary

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

SIGN HERE

JC
Signature of actuary

3/23/2026
Date

JAMES CHAKAN, FSA, EA
Type or print name of actuary

2307696
Most recent enrollment number

MERCER
Firm name

213-346-2317
Telephone number (including area code)

633 WEST 5TH STREET, SUITE 1200
LOS ANGELES CA 90071
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -3.19%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.07%
15	Adjusted funding target attainment percentage	15	105.07%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.46%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [ ] Yes [X] No

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... [X] Yes [ ] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	4,900,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	4,900,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

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

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

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

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The percentage of employees expected to retire at each potential retirement age is shown below, based on 1,000 employees actively employed at age 55. The average retirement age is 64.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	4.5%	1,000	45	2,475
56	4.5%	955	43	2,407
57	4.5%	912	41	2,339
58	4.5%	871	39	2,273
59	4.5%	832	37	2,208
60	8.5%	794	68	4,051
61	8.5%	727	62	3,769
62	9.0%	665	60	3,711
63	9.0%	605	54	3,431
64	10.0%	551	55	3,525
65	18.5%	496	92	5,960
66	18.5%	404	75	4,932
67	18.5%	329	61	4,081
68	18.5%	268	50	3,375
69	18.5%	219	40	2,791
70	100.0%	178	178	12,476
Total			1,000	63,806
Average				64

The table of assumed retirement rates for the Plan starts at age 45. In order for a participant to be retirement eligible prior to age 55, they must satisfy the rule of 75 (age plus service greater than or equal to 75). It is expected that a small percentage of participants will meet this requirement and therefore the pre-55 rates have not been considered in this calculation.

Plan: Intel Minimum Pension Plan
EIN/PN: 94-1672743/002
Valuation Date: 01/01/2025

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	901,278	4,341,678	28,770,593	34,013,549
2026	1,314,235	8,682,599	28,421,494	38,418,328
2027	1,807,296	11,951,786	28,035,561	41,794,643
2028	2,209,920	15,309,876	27,591,981	45,111,777
2029	2,596,060	18,372,634	27,099,795	48,068,489
2030	2,909,687	21,193,827	26,556,887	50,660,401
2031	3,184,107	23,611,943	25,942,259	52,738,309
2032	3,454,028	26,312,612	25,291,441	55,058,081
2033	3,615,639	28,547,950	24,583,097	56,746,686
2034	3,756,281	30,708,790	23,819,204	58,284,275
2035	3,861,346	32,679,539	22,985,688	59,526,573
2036	3,938,807	34,579,643	22,101,536	60,619,986
2037	3,995,409	36,078,605	21,162,365	61,236,379
2038	4,035,681	37,352,254	20,172,615	61,560,550
2039	4,035,014	38,451,641	19,111,043	61,597,698
2040	4,027,551	39,142,649	18,020,557	61,190,757
2041	3,994,753	39,674,906	16,890,639	60,560,298
2042	3,943,202	39,845,992	15,728,862	59,518,056
2043	3,884,598	39,663,331	14,544,829	58,092,758
2044	3,780,535	39,264,322	13,349,476	56,394,333
2045	3,660,812	38,564,903	12,154,717	54,380,432
2046	3,523,311	37,685,188	10,973,001	52,181,500
2047	3,394,982	36,609,727	9,816,977	49,821,686
2048	3,234,608	35,353,418	8,699,097	47,287,123
2049	3,053,630	33,953,720	7,631,278	44,638,628
2050	2,868,501	32,468,854	6,624,528	41,961,883
2051	2,675,494	30,839,112	5,688,386	39,202,992
2052	2,486,451	29,085,301	4,830,370	36,402,122
2053	2,289,655	27,277,256	4,055,647	33,622,558
2054	2,095,214	25,421,355	3,366,797	30,883,366
2055	1,906,306	23,539,325	2,763,793	28,209,424
2056	1,723,592	21,660,633	2,244,180	25,628,405
2057	1,549,283	19,804,638	1,803,360	23,157,281
2058	1,384,206	17,989,711	1,435,079	20,808,996
2059	1,229,552	16,232,647	1,131,983	18,594,182
2060	1,085,842	14,548,140	886,122	16,520,104
2061	953,339	12,948,539	689,420	14,591,298
2062	832,060	11,443,698	534,054	12,809,812
2063	721,820	10,040,932	412,734	11,175,486
2064	622,287	8,745,075	318,920	9,686,282
2065	533,007	7,558,672	246,943	8,338,622
2066	453,433	6,482,194	192,019	7,127,646
2067	382,966	5,514,274	150,219	6,047,459
2068	320,983	4,651,949	118,391	5,091,323
2069	266,855	3,890,886	94,058	4,251,799
2070	219,952	3,225,625	75,312	3,520,889
2071	179,645	2,649,811	60,719	2,890,175
2072	145,315	2,156,420	49,215	2,350,950
2073	116,352	1,737,998	40,026	1,894,376
2074	92,166	1,386,884	32,591	1,511,641

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: January 1, 1988 Restated plan: January 1, 2020 Plan year: January 1 – December 31
Status of the plan	The plan is closed to employees hired on or after January 1, 2011. Effective January 1, 2015, the plan ceased benefit accruals for Affected Participants – participants who are pay grade levels 7 and above (or equivalent) or Intel Contract employees. Effective January 1, 2020, the plan ceased benefit accruals for all other participants as of December 31, 2019 except for the participants who incurred a condition prior to January 1, 2020 that led to a finding of permanent and total disability.
Definitions	
Participation	U.S. employees become participants on the first day of the calendar quarter coincident with or next following the completion of one year of service. Effective January 1, 2011 employees whose employment commences on or after January 1, 2011 are not eligible to participate in the plan.
Employee contributions	Not applicable.
Affected Participants	Participants who are grade 7 and above (grade 7-13, 23-28, 44-49, 84-89 and all executive grades), or are an Intel Contract Employee.
Vesting service	All service with a member of the affiliated group while the employment relationship exists. Participants with ceased benefit accrual will continue to accrue vesting service.
Benefit service	In general, a year of benefit service is granted for each calendar year in which a participant receives pay from Intel's U.S. payroll, including normal periods of absence for vacations, holidays and temporary approved leaves. Effective January 1, 2015, Benefit service is frozen for Affected Participants as of December 31, 2014, or December 31 of the year they become Affected Participants if later. Effective January 1, 2020, Benefit service is frozen for all other participants as of December 31, 2019 except for the participants who incurred a condition prior to January 1, 2020 that led to a finding of permanent and total disability.
Pensionable earnings	Generally, pension eligible earnings include any salary, executive, production and anniversary bonuses, commissions, overtime, shift differentials, and contributions to the 401(k) Plan as salary deferrals and salary reduction contributions to the company's section 125 and 129 plans. Pension eligible earnings do not include any remuneration that is not considered to be part of the employee's regular earnings.

Schedule SB, Part V — Summary of Plan Provisions

Final average compensation	The average earnings from the five consecutive years during the participant's final ten years of employment which yield the highest average. Effective January 1, 2015, Final average compensation is frozen for Affected Participants as of December 31, 2014, or December 31 of the year they become Affected Participants if later. Effective January 1, 2020, Final average compensation is frozen for all other participants as of December 31, 2019.
Covered Compensation	The average of the contribution and the benefit bases in effect under section 230 of the Social Security Act for each year in the 35-year period ending with the year in which the participant attains the Social Security Retirement Age, as calculated under the applicable table issued by the Internal Revenue Service pursuant to Section 401(l) of the Code. The covered compensation is also frozen upon benefit accrual freeze for Affected Participants. For active participants who are on non-U.S. payroll as of December 31, 2014, Covered Compensation is frozen using the 2014 table. For active participants who transfer to non-U.S. payroll after December 31, 2014 and prior to December 31, 2019, Covered Compensation is frozen using the table in effect during the year of transfer. For all other participants, Covered Compensation is frozen as of December 31, 2019.
Accrued benefit	The monthly benefit is calculated as one-twelfth of the product of (a) multiplied by (b), reduced by (c), but not less than $0. This amount is then increased by (d). Benefit components determined as follows: (a) 0.75% of the Final Average Compensation up to the participant's Covered Compensation (determined as of the participant's date of termination, or date of benefit accrual freeze, if earlier) plus 1.4% of the amount by which the participant's Final Average Compensation exceeds Covered Compensation; (b) The number of the participant's whole and fractional years of benefit service, not in excess of 35; and (c) The annuity value of the participant's RC Plan benefit, if any; (d) QSERP frozen monthly benefit The annuity value of the participant's RC Plan benefit is determined by dividing the participant's RC balance at termination by a deferred to age 65 life annuity factor. This factor is determined using a blended (⅔ 1983 GAM male, ⅓ 1983 GAM female) mortality table and the PBGC immediate interest rate in effect at the beginning of the calendar quarter in which separation from service occurs. This rate shall not exceed 8.5%. Effective January 1, 2021, the interest rate is based on the methodology provided by the PBGC for determining Appendix C interest rates. For QSERP eligible employees, QSERP frozen monthly benefit is the age 65 monthly annuity for each individual as listed in the Intel Minimum Pension Plan.
Normal retirement	
Eligibility	First day of the month coincident with or next following date the employee attains age 65.
Benefit	Equal to the Accrued Benefit.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
Eligibility	A participant is eligible for Early Retirement after attaining age 55 and at least 15 years of vesting service; or rule of 75 (age plus vesting service equals to 75 – whole years of service and attained integer age are used for the rule of 75 calculation).
Benefit	The early retirement benefit is the accrued benefit reduced by the applicable factor in (a) or (b) below that produces the higher monthly annuity benefit: (a) The Actuarial Equivalent Factor using Applicable Interest Rate for the month of August preceding the calendar year in which the benefit is to commence, and the Applicable Mortality Table (as prescribed in Code section 417(e)(3)(B)). (b) The sum of the applicable percentage for each calendar month by which the early retirement date precedes the Normal Retirement Date, payable immediately. The applicable percentage is illustrated in the following table:

Benefit Commencement Age	Monthly Applicable Percentage
62-64	0.60
60-61	0.50
55-59	0.40
48-54	0.20
45-47	0.15

Late retirement	
Eligibility	A participant who retires after Normal Retirement Age
Benefit	The participant's benefit is calculated as the Accrued Benefit determined as of actual retirement date, with the gross accrued benefit ((a), (b) and (d) under Accrued Benefit before (c) RC offset) increased by the greater of 0.5% or 1/12 of the Applicable Interest Rate, for each whole month by which payment commences after the Normal Retirement Date, payable immediately.
Deferred vested	
Eligibility	A participant who terminated for reason other than death, disability (except for Affected Participant) or retirement after completing two years of vesting service.

Schedule SB, Part V — Summary of Plan Provisions

<table>
<tr><td>Benefit</td><td>Monthly pension determined as of termination date, payable at Normal Retirement Date, multiplied by the percentage from the following table:
For participants who are employees on or after December 31, 2007:
<table><tr><th>Years of Vesting Service</th><th>Percentage</th></tr><tr><td>Less than two</td><td>0%</td></tr><tr><td>2 or more, but less than 3</td><td>20</td></tr><tr><td>3 or more, but less than 4</td><td>40</td></tr><tr><td>4 or more, but less than 5</td><td>60</td></tr><tr><td>5 or more, but less than 6</td><td>80</td></tr><tr><td>6 or more</td><td>100</td></tr></table>For participants who terminated from active status before December 31, 2007:
<table><tr><th>Years of Vesting Service</th><th>Percentage</th></tr><tr><td>Less than three</td><td>0%</td></tr><tr><td>3 or more, but less than 4</td><td>20</td></tr><tr><td>4 or more, but less than 5</td><td>40</td></tr><tr><td>5 or more, but less than 6</td><td>60</td></tr><tr><td>6 or more, but less than 7</td><td>80</td></tr><tr><td>7 or more</td><td>100</td></tr></table>A participant becomes fully vested upon attainment of age 60, full disability, or death while actively employed.

Certain terminated vested participants were made 100% vested as of January 1, 2020. As of January 1, 2021, all actives are 100% vested.</td></tr>
<tr><td>Disability</td><td></td></tr>
<tr><td>Eligibility</td><td>A participant who incurred a condition prior to January 1, 2020, or Normal Retirement Age, if earlier, that led to a finding of permanent and total disability. Affected Participants are not eligible for this benefit.</td></tr>
<tr><td>Benefit</td><td>A disabled participant continues to accrue benefits under the Plan following such disability, until the earlier of (i) the date such payments commence, (ii) the date benefits under the long-term disability plan cease, or (iii) Normal Retirement Age. The monthly benefit at Normal Retirement Date is determined as though the participant’s compensation at the time of disability continued unchanged.</td></tr>
<tr><td>Pre-retirement death</td><td></td></tr>
<tr><td>Eligibility</td><td>A participant who dies with a surviving spouse while eligible for deferred vested, early or postponed retirement benefits but prior to the annuity starting date.</td></tr>
</table>

Schedule SB, Part V — Summary of Plan Provisions

Benefit	Amount equal to the monthly benefit which the spouse would have received if the participant had commenced receiving Vested Termination or Retirement benefits in the form of a 100% Joint and Survivor annuity, with the spouse as joint annuitant, as of the day before he or she died. If the surviving spouse benefit commences on or after the date the participant would have attained age 55, such benefit is reduced for early payment. If the surviving spouse benefit commences before the date the participant would have attained age 55, the benefit is actuarially equivalent to the benefit payable to the surviving spouse at age 55.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	100% Joint and Survivor annuity for commencement after January 1, 2008. 50% Joint and Survivor annuity for commencement prior to January 1, 2008.
• Optional forms	Life annuity 10-year certain and continuous annuity 15-year certain and continuous annuity 50% Joint and Survivor annuity 100% Joint and Survivor annuity Lump sum distribution
• Optional form conversion factors	Lump sum: Based on 417(e)(3) basis of the Internal Revenue Code, as amended by the Pension Protection Act of 2006. All other forms: 1983 Group Annuity Mortality Table assuming 2/3 males and 1/3 females. An interest rate is used equal to the PBGC immediate rate for valuing plan terminations at the beginning of the calendar quarter in which service separation occurs. Effective January 1, 2021, the interest rate used is based on the methodology provided by the PBGC for determining Appendix C interest rates.
Miscellaneous	
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually but only applied before the plan was frozen as of December 31, 2019.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Plan provision changes since prior valuation

- Maximum benefits were updated from 2024 to 2025.

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2021 are included in this valuation.

- **Most recent plan amendments included:** The Pension Benefit Guaranty Corporation (PBGC), the government agency established to protect pension benefits in private pension plans, announced an update to the interest rate used by the PBGC. Effective Jan. 1, 2021, the PBGC will use the IRS 417(e) interest rates. On December 14, 2020 Intel communicated to participants that Intel will amend the plan so that the PBGC change will not impact the plan, effectively, allowing the legacy PBGC methodology to continue after 2020.

  Effective January 1, 2021, certain terminated vested participants were made 100% vested as of January 1, 2020.

- **Plan amendments excluded:** None

- **IRC Section 436 benefit restrictions:** None

- **Late retirement increases:**

  – Active participants: This valuation includes increases for participants over age 65.

  – Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase on their gross benefit amount.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

- **IRC Section 415(b) and 401(a)(17) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Intel Minimum Pension Plan

EIN: 94-1672743 Plan Number: 002

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value**	**Cost**	**Current Value**
	Mutual fund:			
*	BlackRock FedFund Institutional		$ 10,468,980	$ 10,468,980
	Collective trust funds:			
*	BlackRock Intermediate Government Bond Index Fund		513	525
*	BlackRock U.S. STRIPS 20+ Year Bond RSL Fund		194,856,916	110,045,244
	Prudential Long Duration Credit Fund		289,725,348	286,153,731
*	BlackRock MSCI ACWI IMI Index Fund		45,681,603	82,183,305
	NISA Long Credit CIF - Class O		297,636,787	285,219,287
	Total collective trust funds			763,602,092
	Total investments			$ 774,071,072

* Indicates party-in-interest to the Plan.

See Independent Auditor's Report

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

Funding

- Interest discounts and mortality rates were updated from 2024 to 2025 in accordance with PPA.
- The investment return on retirement contribution balances assumption was updated from 6.7% to 7.1%.
- The expected return on plan assets assumption was updated from 4.8% to 5.5%.
- The administrative expense assumption was changed from $5,200,000 to $4,900,000.
- The interest rate for the early retirement factors was changed from the Applicable Interest Rate for the month of August 2023 to the Applicable Interest Rate for the month of August 2024, and the Applicable Mortality Table for the early retirement factor was also updated from 2024 to 2025.
- The inflation assumption decreased from 2.3% to 2.2%.
- The RC annuitization rate used to convert RC balances to an annuity was updated from a select and ultimate assumption of 2.6% for 2024, 2.3% for 2025, 2.0% for 2026, 1.7% for 2027, and 1.6% thereafter to an assumption of 2.2% for 2025, 2.0% for 2026, 1.8% for 2027, 1.7% for 2028, and 1.6% thereafter.