

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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:	☒ 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 <u>INFINEON RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2001</u>					
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) <u>INFINEON TECHNOLOGIES AMERICAS CORP.</u> <u>640 N. MCCARTHY BLVD.</u> <u>MILPITAS, CA 95035-5123</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-1528961</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>408-503-2635</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>334410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-1528961</u>	2c Plan Sponsor's telephone number <u>408-503-2635</u>	2d Business code (see instructions) <u>334410</u>	
2b Employer Identification Number (EIN) <u>95-1528961</u>					
2c Plan Sponsor's telephone number <u>408-503-2635</u>					
2d Business code (see instructions) <u>334410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	MONA RICHMOND
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	302
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)	22
a(2) Total number of active participants at the end of the plan year		6a(2)	20
b Retired or separated participants receiving benefits.....		6b	144
c Other retired or separated participants entitled to future benefits		6c	126
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	290
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	12
f Total. Add lines 6d and 6e		6f	302
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D 1I 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 <u>INFINEON RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INFINEON TECHNOLOGIES AMERICAS CORP.</u>	D Employer Identification Number (EIN) <u>95-1528961</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>40112692</u>
b Actuarial value	2b <u>36101423</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>151</u> (2) Vested Funding Target <u>20693057</u> (3) Total Funding Target <u>20693057</u>
b For terminated vested participants.....	<u>129</u> <u>6305641</u> <u>6305641</u>
c For active participants	<u>22</u> <u>1320103</u> <u>1329819</u>
d Total.....	<u>302</u> <u>28318801</u> <u>28328517</u>
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 <u>5.48</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>30000</u>
c Total (line 6a + line 6b)	6c <u>30000</u>

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		<u>09/20/2022</u> Date
<u>THERESA E. LONG</u> Type or print name of actuary		<u>20-05758</u> Most recent enrollment number
<u>AON CONSULTING, INC.</u> Firm name		<u>410-547-2800</u> Telephone number (including area code)
<u>111 S CALVERT STREET SUITE 2010 BALTIMORE, MD 21202</u> 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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

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	8312427
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	937923
9 Amount remaining (line 7 minus line 8)	0	7374504
10 Interest on line 9 using prior year's actual return of <u>15.00</u> %	0	1106176
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		389724
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 <u>5.26</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		58459
c Total available at beginning of current plan year to add to prefunding balance		448183
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8480680

Part III Funding Percentages

14 Funding target attainment percentage	14	97.50 %
15 Adjusted funding target attainment percentage	15	127.43 %
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	88.55 %
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
09/27/2021	78400	0			
10/21/2021	6800	0			
11/03/2021	173780	0			
11/30/2021	173780	0			
Totals ►			18(b)	432760	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	413595

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 30000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 707774 Installment 65994**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** 95994

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	95994	95994

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** 413595**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 413595**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 95994**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan INFINEON RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INFINEON TECHNOLOGIES AMERICAS CORP.	D Employer Identification Number (EIN) 95-1528961	

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	
DELAWARE INVESTMENTS	PO BOX 9876 PROVIDENCE, RI 02940-8076
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
EATON VANCE MUTUAL FUNDS	PO BOX 9653 PROVIDENCE, RI 02940-9653
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MFS INVESTMENT MANAGEMENT	11 HUNTINGTON AVENUE BOSTON, MA 02199-7632
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKSTONE	345 PARK AVENUE, 28TH FLOOR NEW YORK, NY 10154

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

HATTERAS MUTUAL FUNDS TRUST

PO BOX 701
MILWAUKEE, WI 53201-0701

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

VANGUARD

P.O. BOX 1101
VALLEY FORGE, PA 19482-1101

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

PRINCIPAL FUNDS

P.O. BOX 219971
KANSAS CITY, MO 64121-9579

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

BLACKROCK ADVISORS, LLC

100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

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

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

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

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

FIRST STATE TRUST COMPANY

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21 25 28 50	NONE	26420	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 ☐

(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 ☐

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)

(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 ☐

(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:	DIXON HUGHES GOODMAN LLP	b EIN:	56-0747981
c Position:	ACCOUNTANT		
d Address:	4350 CONGRESS STREET SUITE 900 CHARLOTTE, NC 28209	e Telephone:	704-367-7020

Explanation: FIRM MERGER RESULTING IN FORVIS, LLP BEING SUCCESSOR TO DIXON HUGHES GOODMAN LLP

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 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

A Name of plan INFINEON RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 INFINEON TECHNOLOGIES AMERICAS CORP.	D Employer Identification Number (EIN) 95-1528961		

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	211000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	75003	82175
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(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)	39441315	39428408
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	388717	441483

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	40116035	39952066

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	40116035	39952066
--	-----------	----------	----------

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)	432760	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		432760
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	482962	
(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)		482962
(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)	1976895	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1976895
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(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)		-980886
c Other income.....	2c		7815
d Total income. Add all income amounts in column (b) and enter total.....	2d		1919546
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2057095	
(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)		2057095
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	26420	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26420
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2083515
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-163969
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: FORVIS, LLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 432599.

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>INFINEON RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INFINEON TECHNOLOGIES AMERICAS CORP.</u>	D Employer Identification Number (EIN) <u>95-1528961</u>

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	<u>0</u>
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): <u>13-3124172</u>		
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	<u>0</u>

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Infineon Retirement Plan

Financial Statements and Supplementary Information

Years Ended December 31, 2021 and 2020

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Independent Auditor's Report

Investment Committee
Infineon Retirement Plan
Milpitas, CA

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Infineon Retirement 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the 2021 financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 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 audit. 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 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 2021 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 GAAP.

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 GAAP.

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 Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021 and reportable transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the 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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

FORVIS, LLP

**Richmond, VA
October 10, 2022**

Federal Employer Identification Number: 44-0160260

Infineon Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments at fair value	<u>\$ 39,869,891</u>	<u>\$ 39,830,032</u>
Receivables:		
Employer contributions	-	211,000
Accrued interest	<u>82,175</u>	<u>75,003</u>
Total receivables	<u>82,175</u>	<u>286,003</u>
Net assets available for benefits	<u><u>\$ 39,952,066</u></u>	<u><u>\$ 40,116,035</u></u>

Infineon Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	2021	2020
Additions to net assets attributed to:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (973,071)	\$ 2,566,416
Interest and dividends	<u>2,459,857</u>	<u>2,722,793</u>
	1,486,786	5,289,209
Contributions:		
Employer	<u>432,760</u>	<u>412,000</u>
Total additions	<u>1,919,546</u>	<u>5,701,209</u>
Deductions from net assets attributed to:		
Benefits paid to participants	2,057,095	1,936,556
Administrative expenses	<u>26,420</u>	<u>31,837</u>
Total deductions	<u>2,083,515</u>	<u>1,968,393</u>
Net change	(163,969)	3,732,816
Net assets available for benefits:		
Beginning of year	<u>40,116,035</u>	<u>36,383,219</u>
End of year	<u>\$ 39,952,066</u>	<u>\$ 40,116,035</u>

Notes to Financial Statements

1. Description of Plan

The following description of the Infinion Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering limited employees of Infinion Technologies Americas Corp. and participating affiliates (collectively the "Company"). The Investment Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. First State Trust Company, (the "Trustee"), a qualified institution, serves as the trustee of the Plan, and together with several investment managers, manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension benefits

The following employees are covered by the plan:

- Participants in the Siemens Retirement Plan as of the effective date of this Plan whose employment was transferred to Infinion Technologies North America Corp.
- Employees who would have become eligible for the Siemens Retirement Plan during 2001 whose employment were transferred to Infinion Technologies North America Corp.
- Selected retirees under the Siemens Retirement Plan associated with the Infinion Technologies North America Corp.

The Plan was closed to new participants on January 1, 2002. Effective December 31, 2001, highly compensated employees, whose annual base salary was \$125,000 or more as of December 31, 2001, ceased to be active members of the Plan. Such member's accrued benefit determined as of December 31, 2001 was frozen and no additional benefits were accrued under the plan. Effective January 19, 2006, benefits under the Plan are frozen, so that no increases in Final Average Compensation or Credited Service will be recognized subsequent to January 19, 2006.

Retirement benefits begin the first day of the month coincident with or next following the later of age 65 and five years of service. A participant's normal retirement benefit equals the sum of:

- a) 1.125% of the first \$12,000 of the member's average final compensation times years of benefit service.
- b) 1.5% of the portion of the member's average final compensation in excess of \$12,000 times years of benefit service.
- c) Less the actuarial equivalent annuity of the member's account balance in the Infinion Technologies Savings Plan.

A covered employee is fully vested upon the earlier of completing five years of employment or the participant's normal retirement age of 65. An employee may take early retirement when the employee has reached 55 years of age and has 10 years of credited service. Benefits are paid as determined by the Plan.

Death and disability benefits

Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled if (a) they have worker's compensation payable in connection with the disability or (b) have completed 10 years of service.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age.

2. Summary of Significant Accounting Policies

Basis of accounting

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

Estimates

The preparation of financial statement in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates and assumptions.

Investment valuation and income recognition

Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 5 for discussion of fair value measurements.

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

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

Subsequent events

The Plan evaluated subsequent events through October 10, 2022, the date the financial statements were available to be issued.

3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2021 and 2020.

Although it has not expressed any intentions to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees at the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active, retired, and terminated employees are based on various factors including final average compensation and years of service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that 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 for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2021 and 2020 were (a) life expectancy of participants (amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2020 in 2021 and Pri-2012 mortality study projected generationally from 2012 with scale MP-2019 in 2020), (b) retirement age assumptions (the assumed retirement age is 65), (c) investment return (assumed to be 4.75% in 2021 and 2020, respectively), (d) turnover assumptions are based on the Plan's historical experience, and (e) standard unit credit cost method.

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

The actuarial present value of accumulated benefits was as follows at January 1:

	<u>2021</u>	<u>2020</u>
Vested benefits:		
Participants currently receiving payments	\$ 21,483,302	\$ 20,491,981
Other participants	8,497,206	9,558,918
Nonvested benefits	<u>9,641</u>	<u>9,551</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 29,990,149</u>	<u>\$ 30,060,450</u>

Infineon Retirement Plan
Notes to Financial Statements

The actuarial present value of accumulated benefits for the year ended January 1, 2021 and 2020 increased (decreased) as follows:

	2021	2020
Actuarial present value of accumulated plan benefits at beginning of year	\$ 30,060,450	\$ 24,214,959
Increase (decrease) during the year attributable to:		
Interest	1,382,412	1,631,692
Benefits paid	(1,936,556)	(1,841,299)
Changes in assumptions	(204,247)	5,155,218
Other changes	688,090	899,880
Net (decrease) increase	(70,301)	5,845,491
Actuarial present value of accumulated plan benefits at end of year	\$ 29,990,149	\$ 30,060,450

5. Fair Value Measurements

Fair value, as defined under GAAP, is an exit price representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP established a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1: Observable inputs such as quoted prices in active markets.

Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.

Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used at December 31, 2021 and 2020. The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Limited Partnership Interest Fund

Represents investment in limited partnership interest fund with investments in private hedge funds and private equities. The net asset value ("NAV") is based on the value of its underlying investments. The net asset value is not a publicly-quoted price in an active market. The Fund has a minimum contribution of \$1,000,000 and subsequent investments must be \$100,000 or more and can be contributed monthly. Investments in the Fund are not available for distribution until after one year. The Fund is closed-end and the Plan does not have the right to redeem its units on a daily basis. The Fund intends to generally provide quarterly repurchase offers at its NAV. The repurchase offer is limited to 20% of the units outstanding in the Fund per quarter.

Infineon Retirement Plan
Notes to Financial Statements

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3
Mutual funds	<u>\$ 39,428,408</u>	<u>\$ -</u>	<u>\$ -</u>
Total assets in the fair value hierarchy	<u>\$ 39,428,408</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV (a)			<u>441,483</u>
Investments at fair value			<u>\$ 39,869,891</u>

Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3
Mutual funds	<u>\$ 39,441,315</u>	<u>\$ -</u>	<u>\$ -</u>
Total assets in the fair value hierarchy	<u>\$ 39,441,315</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV (a)			<u>388,717</u>
Investments at fair value			<u>\$ 39,830,032</u>

(a) *In accordance with GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.*

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020.

	Fair Value at December 31, 2021	Fair Value at December 31, 2020	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hatteras Core Alternatives TEI Institutional Fund, LP (a)	<u>\$ 441,483</u>	<u>\$ 388,717</u>	None	Quarterly	12 months

(a) Represents investments in private and hedged investments with an investment strategy seeking to increase portfolio performance over a full market cycle. The fund also seeks to mitigate large portfolio losses during periods of market declines.

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

6. Unaudited Information Certified by Trustee

The accompanying financial statements include the following unaudited information as of and for the years ended December 31, 2021 and 2020 that was obtained from data prepared and certified to be complete and accurate by the Plan's trustee.

	<u>2021</u>	<u>2020</u>
Investments at fair value	<u>\$ 39,869,891</u>	<u>\$ 39,830,032</u>
Accrued interest	<u>\$ 82,175</u>	<u>\$ 75,003</u>
Net (depreciation) appreciation in fair value of investments	<u>\$ (973,071)</u>	<u>\$ 2,566,416</u>
Interest and dividends	<u>\$ 2,459,857</u>	<u>\$ 2,722,793</u>

7. Exempt Party-in-interest Transactions

First State Trust Company is the trustee as defined by the Plan and, therefore, transactions with First State Trust Company qualify as party-in-interest transactions. Fees paid by the Plan for investment manager services were included as a reduction of the return earned on each fund. During 2021 and 2020, the Plan paid First State Trust Company \$26,420 and \$24,755, respectively, for trustee services. The Plan also paid \$7,082 for legal fees during 2020.

8. Plan Termination

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in order of priority, as prescribed by ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on that amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type 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 guaranty while other benefits may not be provided for at all.

9. Tax Status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated July 28, 2014, that the Plan and related trust is designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and related trust was tax-exempt as of the financial statement date.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, credit, and overall market volatility. 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 those changes could materially affect 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.

Supplementary Information

Infineon Retirement Plan
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN 95-1528961 Plan: 001
December 31, 2021

See attached schedules prepared and certified by First State Trust Company.

Schedule - 3.1.1

Asset Statement

As Of 12/31/2021

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Money Market Funds						
Money Market Funds						
235,308.9200	FDIC Bank Deposit Fund Cusip:3800FD9Q0	235,308.92	235,308.92	1.000	0.59%	0.07%
	Total Money Market Funds	235,308.92	235,308.92		0.59%	0.07%
	Total Money Market Funds	235,308.92	235,308.92		0.59%	0.07%
Equity Mutual Funds						
Mutual Fund - Equity						
31,008.1330	Eaton Vance Atlanta Capital SMID-Cap I Cusip:277902698	921,437.57	1,278,775.40	41.240	3.21%	0.00%
18,514.5500	Principal Real Estate Securities Inst'l Cusip:74253Q580	516,575.59	645,972.65	34.890	1.62%	1.79%
6,871.0560	Vanguard Instl Index-Instl Cusip:922040100	1,438,600.73	2,788,205.81	405.790	6.99%	1.28%
	Total Mutual Fund - Equity	2,876,613.89	4,712,953.86		11.82%	1.00%
Mutual Fund Intl Equity						
12,423.5350	American Funds Europacific Growth R6 Cusip:298706821	549,707.72	804,175.42	64.730	2.02%	1.83%
15,459.5400	MFS International Value R6 Cusip:552746349	588,053.50	823,220.51	53.250	2.06%	0.89%
	Total Mutual Fund Intl Equity	1,137,761.22	1,627,395.93		4.08%	1.36%
	Total Equity Mutual Funds	4,014,375.11	6,340,349.79		15.90%	1.09%
Fixed Income Mutual Funds						
Mutual Fund - Fixed Income						
23,994.9660	Blackstone Alternative Inv Fds Cusip:09257V201	259,863.74	254,346.64	10.600	0.64%	3.02%

Schedule - 3.1.1
Asset Statement
 As Of 12/31/2021

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
2,451,890.4390	Delaware Extended Duartion Bond Fund Cusip:245908835	16,031,461.48	16,354,109.23	6.670	41.02%	2.70%
1,487,572.6580	Vanguard Long Term Investment Grade Fund Cusip:922031778	14,855,755.48	16,244,293.43	10.920	40.74%	3.21%
	Total Mutual Fund - Fixed Income	31,147,080.70	32,852,749.30		82.40%	2.96%
	Total Fixed Income Mutual Funds	31,147,080.70	32,852,749.30		82.40%	2.96%
	Exchanged Traded Funds					
	Exchanged Traded Funds Equity					
2,679.8770	Hatteras Multi-Strategy Tei Inst Fd Cusip:210210217	267,277.30	441,482.94	164.740	1.11%	0.00%
	Total Exchanged Traded Funds Equity	267,277.30	441,482.94		1.11%	0.00%
	Total Exchanged Traded Funds	267,277.30	441,482.94		1.11%	0.00%
	Total Asset	35,664,042.03	39,869,890.95		100.00%	2.61%
	Ending Accrual For Period		82,174.68			
	Ending Market Value		39,952,065.63			

Infineon Retirement Plan
Schedule of Reportable Transactions
Schedule H, Line 4j
EIN 95-1528961 Plan: 001
Year Ended December 31, 2021

See attached schedules prepared and certified by First State Trust Company.

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
Delaware Extended Duartion Bond Fund						
4,972.177 Units Bought On 12/31/2020	7.23999900		35,998.56	35,998.56		0.09%
5,065.092 Units Bought On 01/31/2021	7.05000000		35,708.90	35,708.90		0.09%
4,870.743 Units Bought On 02/28/2021	6.81000000		33,169.76	33,169.76		0.08%
5,857.949 Units Bought On 03/31/2021	6.60999900		38,721.04	38,721.04		0.10%
5,236.788 Units Bought On 04/30/2021	6.71000000		35,138.85	35,138.85		0.09%
167,541.229 Units Bought On 05/20/2021	6.67000000	0.00	1,117,500.00	1,117,500.00		2.81%
5,453.567 Units Bought On 05/31/2021	6.73999900		36,757.04	36,757.04		0.09%
5,486.552 Units Bought On 06/30/2021	6.97999900		38,296.13	38,296.13		0.10%
5,403.466 Units Bought On 07/31/2021	7.12000000		38,472.68	38,472.68		0.10%
5,468.625 Units Bought On 08/31/2021	7.08999900		38,772.55	38,772.55		0.10%
5,455.705 Units Bought On 09/30/2021	6.93999900		37,862.59	37,862.59		0.10%
5,618.957 Units Bought On 10/31/2021	7.02000000		39,445.08	39,445.08		0.10%
99,493.866 Units Bought On 11/22/2021	6.63999900		660,639.27	660,639.27		1.66%
5,181.971 Units Bought On 11/22/2021	6.64000000		34,408.29	34,408.29		0.09%
5,567.087 Units Bought On 11/30/2021	6.69999900		37,299.48	37,299.48		0.09%
47,761.194 Units Bought On 12/17/2021	6.70000000	0.00	320,000.00	320,000.00		0.80%
				2,578,190.22	0.00	6.47%
FDIC Bank Deposit Fund						
2,107,792.23 Units Bought In 32 Transactions	100.00000000		2,107,792.23	2,107,792.23		5.29%
2,246,117.27 Units Sold In 26 Transactions	100.00000000		2,246,117.27	2,246,117.27	0.00	5.64%
				4,353,909.50	0.00	10.93%
Vanguard Long Term Investment Grade Fund						
3,119.464 Units Bought On 12/31/2020	11.78999900		36,778.48	36,778.48		0.09%
3,331.707 Units Bought On 02/28/2021	10.97000100		36,548.83	36,548.83		0.09%
3,450.852 Units Bought On 04/01/2021	10.53999900		36,371.98	36,371.98		0.09%

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
3,039.055 Units Bought On 01/31/2021	11.42000000		34,706.01	34,706.01		0.09%
104,634.831 Units Bought On 05/20/2021	10.68000000	0.00	1,117,500.00	1,117,500.00		2.81%
3,473.542 Units Bought On 04/30/2021	10.75000100		37,340.58	37,340.58		0.09%
3,456.095 Units Bought On 03/31/2021	10.53999900		36,427.24	36,427.24		0.09%
1,208.38 Units Bought On 04/01/2021	10.53999500		12,736.32	12,736.32		0.03%
74,142.725 Units Bought On 04/16/2021	10.78999900	0.00	800,000.00	800,000.00		2.01%
3,685.188 Units Bought On 11/30/2021	11.25000100		41,458.37	41,458.37		0.10%
20,089.286 Units Bought On 12/17/2021	11.19999900	0.00	225,000.00	225,000.00		0.56%
3,686.798 Units Bought On 10/31/2021	11.19000000		41,255.27	41,255.27		0.10%
3,727.364 Units Bought On 09/30/2021	11.06000100		41,224.65	41,224.65		0.10%
3,673.785 Units Bought On 08/31/2021	11.32000100		41,587.25	41,587.25		0.10%
3,668.364 Units Bought On 07/31/2021	11.39000100		41,782.67	41,782.67		0.10%
3,752.561 Units Bought On 06/30/2021	11.15999900		41,878.58	41,878.58		0.11%
3,687.957 Units Bought On 05/31/2021	10.79000100		39,793.06	39,793.06		0.10%
26,589.091 Units Bought On 12/30/2021	10.83000000		287,959.86	287,959.86		0.72%
				2,950,349.15	0.00	7.41%

NOTE : TURNOVER % BASED ON THE 01/01/2021 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 39,830,032.10

(5 % = 1,991,501.61)

Schedule of Reportable 5% Transactions

Reported By Broker

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
* No Broker Specified *						
Delaware Extended Duartion Bond Fund						
4,972.177 Units Bought On 12/31/2020	7.23999900		35,998.56	35,998.56		0.09%
5,065.092 Units Bought On 01/31/2021	7.05000000		35,708.90	35,708.90		0.09%
4,870.743 Units Bought On 02/28/2021	6.81000000		33,169.76	33,169.76		0.08%
5,857.949 Units Bought On 03/31/2021	6.60999900		38,721.04	38,721.04		0.10%
5,236.788 Units Bought On 04/30/2021	6.71000000		35,138.85	35,138.85		0.09%
167,541.229 Units Bought On 05/20/2021	6.67000000	0.00	1,117,500.00	1,117,500.00		2.81%
5,453.567 Units Bought On 05/31/2021	6.73999900		36,757.04	36,757.04		0.09%
5,486.552 Units Bought On 06/30/2021	6.97999900		38,296.13	38,296.13		0.10%
5,403.466 Units Bought On 07/31/2021	7.12000000		38,472.68	38,472.68		0.10%
5,468.625 Units Bought On 08/31/2021	7.08999900		38,772.55	38,772.55		0.10%
5,455.705 Units Bought On 09/30/2021	6.93999900		37,862.59	37,862.59		0.10%
5,618.957 Units Bought On 10/31/2021	7.02000000		39,445.08	39,445.08		0.10%
99,493.866 Units Bought On 11/22/2021	6.63999900		660,639.27	660,639.27		1.66%
5,181.971 Units Bought On 11/22/2021	6.64000000		34,408.29	34,408.29		0.09%
5,567.087 Units Bought On 11/30/2021	6.69999900		37,299.48	37,299.48		0.09%
47,761.194 Units Bought On 12/17/2021	6.70000000	0.00	320,000.00	320,000.00		0.80%
				2,578,190.22	0.00	6.47%
FDIC Bank Deposit Fund						
2,107,792.23 Units Bought In 32 Transactions	100.00000000		2,107,792.23	2,107,792.23		5.29%
2,246,117.27 Units Sold In 26 Transactions	100.00000000		2,246,117.27	2,246,117.27	0.00	5.64%
				4,353,909.50	0.00	10.93%
Vanguard Long Term Investment Grade Fund						
3,119.464 Units Bought On 12/31/2020	11.78999900		36,778.48	36,778.48		0.09%
3,039.055 Units Bought On 01/31/2021	11.42000000		34,706.01	34,706.01		0.09%
3,331.707 Units Bought On 02/28/2021	10.97000100		36,548.83	36,548.83		0.09%
3,450.852 Units Bought On 04/01/2021	10.53999900		36,371.98	36,371.98		0.09%
3,456.095 Units Bought On 03/31/2021	10.53999900		36,427.24	36,427.24		0.09%

Schedule of Reportable 5% Transactions

Reported By Broker

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
1,208.38 Units Bought On 04/01/2021	10.53999500		12,736.32	12,736.32		0.03%
74,142.725 Units Bought On 04/16/2021	10.78999900	0.00	800,000.00	800,000.00		2.01%
3,473.542 Units Bought On 04/30/2021	10.75000100		37,340.58	37,340.58		0.09%
104,634.831 Units Bought On 05/20/2021	10.68000000	0.00	1,117,500.00	1,117,500.00		2.81%
3,687.957 Units Bought On 05/31/2021	10.79000100		39,793.06	39,793.06		0.10%
3,752.561 Units Bought On 06/30/2021	11.15999900		41,878.58	41,878.58		0.11%
3,668.364 Units Bought On 07/31/2021	11.39000100		41,782.67	41,782.67		0.10%
3,673.785 Units Bought On 08/31/2021	11.32000100		41,587.25	41,587.25		0.10%
3,727.364 Units Bought On 09/30/2021	11.06000100		41,224.65	41,224.65		0.10%
3,686.798 Units Bought On 10/31/2021	11.19000000		41,255.27	41,255.27		0.10%
3,685.188 Units Bought On 11/30/2021	11.25000100		41,458.37	41,458.37		0.10%
20,089.286 Units Bought On 12/17/2021	11.19999900	0.00	225,000.00	225,000.00		0.56%
26,589.091 Units Bought On 12/30/2021	10.83000000		287,959.86	287,959.86		0.72%
				2,950,349.15	0.00	7.41%
				9,882,448.87	0.00	24.81%

NOTE : TURNOVER % BASED ON THE 01/01/2021 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 39,830,032.10

(5 % = 1,991,501.61)

END OF REPORT

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Infineon Retirement Plan
 EIN: 95-1528961 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

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

N-22

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization
1st Segment Rate	2.22%
2nd Segment Rate	3.38%
3rd Segment Rate	3.92%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2019 Plan Year	7.00%, limited to 6.11%
2020 Plan Year	4.75%
2021 Plan Year	4.75%

Trust Expenses Included in Target Normal Cost

\$30,000 (prior year administrative expenses, net of investment expenses and rounded up to the nearest 10 thousand dollars).

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2021

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates with a four-month lookback (as of September 2019) to segment rates with a four-month lookback (as of September 2020), each adjusted as to fall within the 25-year interest rate stabilization corridor.
- A change in the mortality assumption from the 2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26 to the 2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Table 1

Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	30.00%
63	25.00%
64	25.00%
65 and over	100.00%

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	0.00%	0.00%	45	6.10%	7.50%
16	0.00%	0.00%	46	5.80%	7.20%
17	0.00%	0.00%	47	5.50%	6.90%
18	0.00%	0.00%	48	5.20%	6.60%
19	0.00%	0.00%	49	4.90%	6.30%
20	25.60%	29.00%	50	4.60%	6.00%
21	23.70%	28.70%	51	4.20%	5.60%
22	21.90%	28.50%	52	3.80%	5.10%
23	19.90%	28.20%	53	3.30%	4.70%
24	18.20%	27.90%	54	2.90%	4.20%
25	17.00%	27.70%	55	2.40%	3.60%
26	15.90%	26.30%	56	1.90%	3.10%
27	15.30%	24.90%	57	1.40%	2.60%
28	14.70%	23.20%	58	1.00%	2.00%
29	14.10%	21.40%	59	0.60%	1.20%
30	13.50%	19.80%	60+	0.60%	1.20%
31	12.90%	18.40%			
32	12.30%	17.00%			
33	11.70%	15.60%			
34	11.10%	14.20%			
35	10.50%	12.80%			
36	9.90%	11.80%			
37	9.30%	10.80%			
38	8.70%	9.90%			
39	8.10%	9.30%			
40	7.70%	9.00%			
41	7.30%	8.70%			
42	7.00%	8.40%			
43	6.70%	8.10%			
44	6.40%	7.80%			

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ 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: ☒ 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 INFINEON RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2001
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) INFINEON TECHNOLOGIES AMERICAS CORP. 640 N. McCARTHY BLVD. MILPITAS CA 95035-5123	2b Employer Identification Number (EIN) 95-1528961 2c Plan Sponsor's telephone number 408-503-2635 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	<i>Mona Richmond</i>	10/10/2022	Mona Richmond
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 302
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) 22
a(2) Total number of active participants at the end of the plan year	6a(2) 20
b Retired or separated participants receiving benefits.....	6b 144
c Other retired or separated participants entitled to future benefits	6c 126
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 290
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 12
f Total. Add lines 6d and 6e	6f 302
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

Plan Name	Infineon Retirement Plan
Plan Sponsor EIN	95-1528961
ERISA Plan No.	001
Plan Year End	12/31/2021

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **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 INFINEON RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Infineon Technologies Americas Corp.	D Employer Identification Number (EIN) 95-1528961	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	40,112,692	
b Actuarial value	2b	36,101,423	
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	151	20,693,057	20,693,057
b For terminated vested participants	129	6,305,641	6,305,641
c For active participants	22	1,320,103	1,329,819
d Total	302	28,318,801	28,328,517
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	5.48%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	30,000	
c Total (line 6a + line 6b)	6c	30,000	

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	Theresa E. Long Signature of actuary	09/20/2022 Date
Theresa E. Long Type or print name of actuary		2005758 Most recent enrollment number
Aon Consulting, Inc. Firm name		410-547-2800 Telephone number (including area code)
111 S Calvert Street Suite 2010 Baltimore MD 21202 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	8,312,427
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	937,923
9 Amount remaining (line 7 minus line 8)	0	7,374,504
10 Interest on line 9 using prior year's actual return of <u>15.00</u> %	0	1,106,176
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		389,724
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 <u>5.26</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		58,459
c Total available at beginning of current plan year to add to prefunding balance		448,183
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8,480,680

Part III Funding Percentages

14 Funding target attainment percentage	14	97.50%
15 Adjusted funding target attainment percentage	15	127.43%
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	88.55%
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
09/27/2021	78,400	0			
10/21/2021	6,800	0			
11/03/2021	173,780	0			
11/30/2021	173,780	0			
Totals ▶			18(b)	432,760	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	413,595

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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	30,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	707,774	65,994
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** 95,994

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	95,994	95,994
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	413,595	

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

a Total (excess, if any, of line 37 over line 36)	38a	413,595
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	95,994

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date	Amount	Days to Discount to 1/1/2021 at 5.48%	Interest Adjusted Contribution
September 27, 2021	\$ 78,400	269	\$ 75,377
October 21, 2021	6,800	293	6,515
November 3, 2021	173,780	306	166,179
November 30, 2021	173,780	333	165,524
Total Contribution	\$ 432,760		\$ 413,595

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Infineon Retirement Plan
 EIN: 95-1528961 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.00%	1.0000	1.10
56	2.00%	0.9800	1.10
57	2.00%	0.9604	1.09
58	2.00%	0.9412	1.09
59	2.00%	0.9224	1.09
60	5.00%	0.9039	2.71
61	5.00%	0.8587	2.62
62	30.00%	0.8158	15.17
63	25.00%	0.5711	8.99
64	25.00%	0.4283	6.85
65	100.00%	0.3212	20.88
Weighted Average			62.69

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization
1st Segment Rate	2.22%
2nd Segment Rate	3.38%
3rd Segment Rate	3.92%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2019 Plan Year	7.00%, limited to 6.11%
2020 Plan Year	4.75%
2021 Plan Year	4.75%

Trust Expenses Included in Target Normal Cost

\$30,000 (prior year administrative expenses, net of investment expenses and rounded up to the nearest 10 thousand dollars).

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2021

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates with a four-month lookback (as of September 2019) to segment rates with a four-month lookback (as of September 2020), each adjusted as to fall within the 25-year interest rate stabilization corridor.
- A change in the mortality assumption from the 2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26 to the 2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Table 1
Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	30.00%
63	25.00%
64	25.00%
65 and over	100.00%

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Infineon Retirement Plan
 EIN: 95-1528961 PN: 001

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	0.00%	0.00%	45	6.10%	7.50%
16	0.00%	0.00%	46	5.80%	7.20%
17	0.00%	0.00%	47	5.50%	6.90%
18	0.00%	0.00%	48	5.20%	6.60%
19	0.00%	0.00%	49	4.90%	6.30%
20	25.60%	29.00%	50	4.60%	6.00%
21	23.70%	28.70%	51	4.20%	5.60%
22	21.90%	28.50%	52	3.80%	5.10%
23	19.90%	28.20%	53	3.30%	4.70%
24	18.20%	27.90%	54	2.90%	4.20%
25	17.00%	27.70%	55	2.40%	3.60%
26	15.90%	26.30%	56	1.90%	3.10%
27	15.30%	24.90%	57	1.40%	2.60%
28	14.70%	23.20%	58	1.00%	2.00%
29	14.10%	21.40%	59	0.60%	1.20%
30	13.50%	19.80%	60+	0.60%	1.20%
31	12.90%	18.40%			
32	12.30%	17.00%			
33	11.70%	15.60%			
34	11.10%	14.20%			
35	10.50%	12.80%			
36	9.90%	11.80%			
37	9.30%	10.80%			
38	8.70%	9.90%			
39	8.10%	9.30%			
40	7.70%	9.00%			
41	7.30%	8.70%			
42	7.00%	8.40%			
43	6.70%	8.10%			
44	6.40%	7.80%			

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 2001. Plan was last amended and restated effective January 1, 2008.
Eligibility	No new members will be eligible to join the plan on or after January 1, 2002.
Normal Retirement Benefit	Begins the first day of the month coincident with or next following the later of age 65 and five years of service. A participant's normal retirement benefit equals $a + b - c$ (subject to the minimum benefit provisions of Appendix 4 of the plan). (a) 1.125% of the first \$12,000 of the member's average final compensation times years of benefit service. (b) 1.5% of the portion of the member's average final compensation in excess of \$12,000 times years of benefit service. (c) The actuarial equivalent annuity of the member's account balance in the Infineon Technologies' Savings Plan. Effective January 19, 2006, benefits under the plan are frozen, so that no increases in final average compensation or credited service will be recognized subsequent to January 19, 2006.
Accrued Retirement Benefit	A participant's accrued benefit is calculated by applying the normal retirement benefit formula using average final compensation and completed years of service as of date of calculation. Effective January 19, 2006, benefits under the plan are frozen, so that no increases in final average compensation or credited service will be recognized subsequent to January 19, 2006.
Early Retirement Benefit	Age 55 and 10 years of service required. A participant's early retirement benefit is equal to his or her accrued benefit as of early retirement date payable at normal retirement without reduction or at the first of any month between the early and normal retirement dates reduced 5/12% for each of the first 24 months and ½% for each

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

of the next 60 months by which their early retirement date precedes age 62.

Deferred Retirement Benefit

Retirement after age 65. A participant's deferred retirement benefit is calculated as the normal retirement benefit using service and average final compensation at the deferred retirement date.

Effective January 19, 2006, benefits under the plan are frozen, so that no increases in final average compensation or credited service will be recognized subsequent to January 19, 2006.

Surviving Spouse's Benefit

If a participant who is vested dies before he or she is eligible to retire, his or her spouse will receive a surviving spouse's benefit. The amount of the benefit is the larger of (a) the amount that the spouse would have received if the participant had separated from service rather than died, survived to the earliest date on which he or she could have retired and retired with an immediate 50% joint and survivor benefit, or (b) the minimum monthly benefit of \$50 per month provided the spouse is no more than 15 years younger than the participant.

Effective January 19, 2006, benefits under the plan are frozen, so that no increases in final average compensation or credited service will be recognized subsequent to January 19, 2006.

Disability Benefit

Payable to a member who incurs total and permanent disability while still employed with the employer and who either: (1) has worker's compensation payable in connection with the disability or (2) has completed 10 years of service. The member shall be credited with service during the period of disability.

Effective January 19, 2006, benefits under the plan are frozen, so that no increases in final average compensation or credited service will be recognized subsequent to January 19, 2006.

Vesting

Participants become 100% vested in their accrued benefits after five years of service.

Average Final Compensation

Average of total earnings for the four consecutive plan years out of the last 10 consecutive plan years, which produces the highest average.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Effective January 19, 2006, benefits under the plan are frozen, so that no increases in final average compensation or credited service will be recognized subsequent to January 19, 2006.

Years of Service

Members receive credit for all service from date of membership to date of severance (elapsed time method).

Effective January 19, 2006, benefits under the plan are frozen, so that no increases in final average compensation or credited service will be recognized subsequent to January 19, 2006.

Form of Payment

Payable for life. Unless a married participant elects otherwise, he or she receives an actuarially reduced 50% joint and survivor annuity with his or her spouse designated as contingent annuitant. 100%, 66⅔% and 50% joint and survivor options, and a 10-year certain and life option are also available on an actuarially equivalent basis.

Contributions

The full cost of the plan is to be paid by the employer.

Funding Vehicle

Corporate trust with First State.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

Number of Participants and Average Compensation

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

N-22

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 707,774	January 1, 2021	15	\$ 65,994

ARPA shortfall relief was first applied for 2021 Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief would have applied starting with the 2022 plan year. This Schedule SB reflects the ARPA shortfall relief effective with the 2021 plan year. Via this filing, Infineon Technologies North America Corporation will make that deemed election for the Infineon Retirement Plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date	Amount	Days to Discount to 1/1/2021 at 5.48%	Interest Adjusted Contribution
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65	100.00%	0.3212	20.88
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Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
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of the next 60 months by which their early retirement date precedes age 62.

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Infineon Retirement Plan
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Plan Name	Infineon Retirement Plan
Plan Sponsor EIN	95-1528961
ERISA Plan No.	001
Plan Year End	12/31/2021

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2021 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

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