Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INFINEON RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

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.

195 - 198 CHAMPION COURT
SAN JOSE, CA 95134

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	Filed with authorized/valid electronic signature.	10/13/2026	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	256
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)**	10
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10
b	Retired or separated participants receiving benefits	**6b**	165
c	Other retired or separated participants entitled to future benefits	**6c**	61
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	236
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	17
f	Total. Add lines **6d** and **6e**.	**6f**	253
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	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 Characteristic 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 Characteristic Codes in the instructions:

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
INFINEON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	25338781
b Actuarial value	**2b**	26247116

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	181	20390746	20390746
b For terminated vested participants	65	3552787	3552787
c For active participants	10	337175	343900
d Total	256	24280708	24287433

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	30000
c Target normal cost	**6c**	30000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/23/2026
Date

THERESA E. LONG
Type or print name of actuary

26-05758
Most recent enrollment number

AON CONSULTING, INC.
Firm name

410-547-2993
Telephone number (including area code)

MSC# 17834
PO BOX 7505
FORT WASHINGTON, PA 19034
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	6833313
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	6833313
10	Interest on line 9 using prior year's actual return of -1.16 %	0	-79266
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		610041
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		30990
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		641031
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	6754047

Part III Funding Percentages

14	Funding target attainment percentage	14	80.25 %
15	Adjusted funding target attainment percentage	15	108.06 %
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	92.02 %
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
03/31/2025	450000	0			
			Totals ► 18(b)	450000	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	444348

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ 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 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	30000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4794364	447029
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**	477029

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	32681	32681

36 Additional cash requirement (line 34 minus line 35)	**36**	444348
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	444348
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)

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

2025

This Form is Open to Public Inspection.

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

A Name of plan
INFINEON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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).. . . . . [X] Yes [ ] No

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

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

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

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

FIDELITY INSTITUTIONAL ASSET MGMT
900 SALEM STREET
SMITHFIELD, RI 02917

(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

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

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

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

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(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	CUSTODIAN	21468	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:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
INFINEON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INFINEON TECHNOLOGIES AMERICAS CORP.

D Employer Identification Number (EIN)
95-1528961

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERMEDIATE CREDIT COMMINGLED

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-223	C	4271047

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
INFINEON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4806	389
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)	0	0
(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)	0	4271047
(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)	25591201	20781671
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1045	1045

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	25597052	25054152
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	25597052	25054152

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)	450000	
(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)		450000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20531	
(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)		20531
(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)	646734	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		646734
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3491662	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3490462	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1200
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	238384	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		238384

		(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)		750589
c Other income	2c		39026
d Total income. Add all **income** amounts in column (b) and enter total	2d		2146464
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2667318	
(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)		2667318
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	21468	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	578	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		22046
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2689364
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-542900
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 582803.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
INFINEON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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 Distributions

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

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

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

EIN(s): 13-3124172

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Infineon Retirement Plan

EIN 95-1528961 PN 004

Independent Auditor's Report, Financial Statements, and Supplemental Schedules

December 31, 2025 and 2024

Infineon Retirement Plan
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December 31, 2025 and 2024

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Independent Auditor's Report

Investment Committee
Infineon Retirement Plan
San Jose, California

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

We have performed audits 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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be

independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Forvis Mazars, LLP

Richmond, Virginia
October 13, 2026

Federal Identification Number 44-0160260

Infineon Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Investments at fair value	$ 25,053,763	$ 25,592,246
Receivables		
Accrued interest	389	4,806
Net Assets Available for Benefits	$ 25,054,152	$ 25,597,052

Infineon Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment Income		
Net appreciation (depreciation) in fair value of investments	$ 1,029,199	$ (59,629)
Interest and dividends	667,265	598,715
Total Investment Income	1,696,464	539,086
Contributions		
Employer	450,000	656,076
Rollovers	-	631,553
Total Contributions	450,000	1,287,629
Total Additions	2,146,464	1,826,715
Deductions		
Benefits paid to participants	2,667,318	4,864,459
Administrative expenses	22,046	22,895
Total Deductions	2,689,364	4,887,354
Net Change	(542,900)	(3,060,639)
Net Assets Available for Benefits, Beginning of Year	25,597,052	28,657,691
Net Assets Available for Benefits, End of Year	$ 25,054,152	$ 25,597,052

Note 1. Description of Plan

The following description of the Infineon 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 Infineon 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 Infineon Technologies North America Corp.
- Employees who would have become eligible for the Siemens Retirement Plan during 2001 whose employment was transferred to Infineon Technologies North America Corp.
- Selected retirees under the Siemens Retirement Plan associated with the Infineon 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 were 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 Infineon 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.

Eligible participants may elect to receive a lump-sum distribution of their nonforfeitable accrued benefit in lieu of the standard annuity forms of payment offered under the Plan. To qualify, individuals must meet one of the following criteria as of July 31, 2024: (i) be actively employed on that date and attain age 59½ by December 1,

2024; (ii) have terminated employment on or before July 31, 2024, with a vested benefit; (iii) be the surviving spouse of a participant who passed away on or before July 31, 2024; or (iv) be an alternate payee awarded a deferred vested benefit on or before July 31, 2024. Additional eligibility conditions include that the participant must not have received any prior benefit payments, must provide written consent to the lump-sum election during the designated election period (September 9 through October 25, 2024), and must be living at the time of consent. For lump-sum amounts exceeding $7,000, participants under age 55 may elect an immediate annuity, while those age 55 or older may elect any form of payment available under Plan Provisions. Spouses and alternate payees may also elect other forms of payment as permitted under the Plan or a Qualified Domestic Relations Order (QDRO). If eligible individuals do not receive the required election materials through no fault of their own, they will be granted an additional 30-day period to make their election.

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.

Note 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 statements 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 13, 2026, the date the financial statements were available to be issued.

Note 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, 2025 and 2024.

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.

Note 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, 2025 and 2024 were (a) life expectancy of participants (amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 in 2025 and 2024), (b) retirement age assumptions (the assumed retirement age is 65), (c) investment return (assumed to be 5.50% in 2025 and 5.00% in 2024), (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:

	2025	2024
Vested benefits		
Participants currently receiving payments	$ 20,294,496	$ 20,575,051
Other participants	3,878,722	7,397,969
Nonvested benefits	6,695	6,542
Total actuarial present value of accumulated plan benefits	$ 24,179,913	$ 27,979,562

The actuarial present value of accumulated benefits for the years ended January 1, decreased as follows:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 27,979,562	$ 28,717,574
Increase (decrease) during the year attributable to		
Interest	1,294,446	1,375,091
Benefits paid	(4,232,906)	(2,461,517)
Changes in assumptions	(926,617)	-
Other changes	65,428	348,414
Net decrease	(3,799,649)	(738,012)
Actuarial present value of accumulated plan benefits at end of year	$ 24,179,913	$ 27,979,562

Note 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, 2025 and 2024. The following is a description of the valuation methodologies used for assets measured at fair value.

Cash and Cash Equivalents
Cash and cash equivalents consist primarily of cash in checking accounts, money market accounts and overnight investments.

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.

Common Collective Trust Funds
These funds are valued at the net asset value ("NAV") of units of the collective funds. The NAV is used as a practical expedient to estimate fair value. The practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. The collective trust funds are not required to be classified within a level on the fair value hierarchy.

Limited Partnership Interest Fund
Represents investment in limited partnership interest fund with investments in private hedge funds and private equities. The 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.

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, 2025 and 2024:

	December 31, 2025			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 185,296	$ 185,296	$ -	$ -
Mutual funds	20,596,375	20,596,375	-	-
Total assets in the fair value hierarchy	20,781,671	$ 20,781,671	$ -	$ -
Investments measured at NAV [(A)]	4,272,092			
Investments at fair value	$ 25,053,763			

	December 31, 2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 1,529,593	$ 1,529,593	$ -	$ -
Mutual funds	24,061,608	24,061,608	-	-
Total assets in the fair value hierarchy	25,591,201	$ 25,591,201	$ -	$ -
Investments measured at NAV (A)	1,045			
Investments at fair value	$ 25,592,246			

(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, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value at December 31, 2025	Fair Value at December 31, 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hatteras Core Alternatives TEI Institutional Fund, LP (A)	$ 1,045	$ 1,045	None	Quarterly	12 months
Common collective trust funds	4,271,047	-	None	Daily	None
	$ 4,272,092	$ 1,045			

(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.

Note 6. Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, First State Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024

- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024
- Investment information included in the accompanying schedule of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2025

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Note 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 2025 and 2024, the Plan paid First State Trust Company $22,046 and $22,895, respectively, for trustee services.

Note 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.

Note 9. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 6, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("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 the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 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.

Supplemental Schedules

Infineon Retirement Plan
EIN 95-1528961 PN 004
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issue	Description of Investment	Cost	Current Value
	Mutual Funds			
	FIAM	8-10 Year Corporate Bond Fund	$ 6,526,925	$ 7,594,384
	Fidelity	Long-Term Treasury Bond Index Fund	7,218,167	6,305,311
	Fidelity	Intermediate Treasury Bond Index Fund	3,267,188	3,275,049
	Vanguard	Institutional Index Fund	817,160	1,653,337
	MFS	International Intrinsic Equity Fund	865,507	909,446
	Eaton Vance	Atlanta Capital SMID-Cap Fund	575,545	626,227
	Principal	Real Estate Securities Fund	224,715	232,621
	Common Collective Trust Funds			
	FIAM	Intermediate Credit Commingled Pool	3,977,040	4,271,047
	Limited Partnership Funds			
	Hatteras	Core Alternatives Fund	267,277	1,045
	Cash Equivalents			
*	First State Trust Company	FDIC Bank Deposit Fund	185,295	185,296
			$ 23,924,819	$ 25,053,763

* Party-in-interest.

Infineon Retirement Plan
EIN 95-1528961 PN 004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

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
FDIC Bank Deposit Fund FST						
2,121,322.34 Units Bought In 60 Transactions	100.00000000		2,121,322.34	2,121,322.34		8.29%
3,465,619.9 Units Sold In 28 Transactions	100.00000000		3,465,619.90	3,465,619.90	0.00	13.54%
				5,586,942.24	**0.00**	**21.83%**
FIAM 810 CORP BD COMMPOOL						
9,766.196 Units Bought On 12/18/2024	12.04000000	0.00	117,585.00	117,585.00		0.46%
145,190.76 Units Bought On 01/31/2025	12.06999900	0.00	1,752,452.47	1,752,452.47		6.85%
1,857.923 Units Sold On 09/15/2025	13.07000300	0.00	21,296.73	24,283.06	2,986.33	0.09%
				1,894,320.53	**2,986.33**	**7.40%**
FIAM Intermediate Credit Commingled Pool						
399,754.194 Units Bought On 01/31/2025	10.00999900	0.00	4,001,539.48	4,001,539.48		15.64%
				4,001,539.48	**0.00**	**15.64%**
Fidelity Salem Street Tr Treas Bd Index Inter						
697.278 Units Bought On 03/31/2025	9.71999600	0.00	6,777.54	6,777.54		0.03%
18,579.725 Units Bought On 12/18/2024	9.47000000	0.00	175,950.00	175,950.00		0.69%
4,919.817 Units Bought On 12/18/2024	9.47000000	0.00	46,590.67	46,590.67		0.18%
2,189.955 Units Bought On 12/31/2024	9.44999700	0.00	20,695.07	20,695.07		0.08%
2,215.508 Units Bought On 01/31/2025	9.48999900	0.00	21,025.17	21,025.17		0.08%
707.268 Units Bought On 02/28/2025	9.70000000	0.00	6,860.50	6,860.50		0.03%
67,841.419 Units Bought On 09/15/2025	9.93999900	0.00	674,343.70	674,343.70		2.63%
731.897 Units Bought On 08/29/2025	9.85000600	0.00	7,209.19	7,209.19		0.03%
825.723 Units Bought On 09/30/2025	9.86999200	0.00	8,149.88	8,149.88		0.03%
675.13 Units Bought On 04/30/2025	9.81000600	0.00	6,623.03	6,623.03		0.03%
718.789 Units Bought On 05/30/2025	9.68000300	0.00	6,957.88	6,957.88		0.03%
703.561 Units Bought On 06/30/2025	9.79998800	0.00	6,894.89	6,894.89		0.03%
740.114 Units Bought On 07/31/2025	9.72000200	0.00	7,193.91	7,193.91		0.03%

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
953.25 Units Bought On 10/31/2025	9.90000500	0.00	9,437.18	9,437.18		0.04%
919.601 Units Bought On 11/28/2025	9.96000400	0.00	9,159.23	9,159.23		0.04%
996.939 Units Bought On 12/31/2025	9.85000000	0.00	9,819.85	9,819.85		0.04%
770.686 Units Bought On 12/17/2025	9.86999800	0.00	7,606.67	7,606.67		0.03%
575,981.706 Units Sold On 01/31/2025	9.49000000	0.00	5,640,442.70	5,466,066.39	-174,376.31	21.36%
2,461.444 Units Sold On 02/18/2025	8.62999900	0.00	24,131.58	21,242.26	-2,889.32	0.08%
				6,518,603.01	**-177,265.63**	**25.47%**
Fidelity Salem Street Tr Treas Bd Index Long						
2,461.444 Units Bought On 02/18/2025	8.62999900	0.00	21,242.26	21,242.26		0.08%
2,120.315 Units Bought On 12/31/2024	9.17000000	0.00	19,443.29	19,443.29		0.08%
2,023.802 Units Bought On 02/28/2025	9.63999900	0.00	19,509.45	19,509.45		0.08%
2,146.13 Units Bought On 01/31/2025	9.19000200	0.00	19,722.94	19,722.94		0.08%
14,802.251 Units Bought On 12/18/2024	9.32999900	0.00	138,105.00	138,105.00		0.54%
2,317.523 Units Bought On 03/31/2025	9.52000000	0.00	22,062.82	22,062.82		0.09%
58,880.777 Units Bought On 01/31/2025	9.18999900	0.00	541,114.34	541,114.34		2.11%
2,219.006 Units Bought On 09/30/2025	9.41999700	0.00	20,903.03	20,903.03		0.08%
2,455.001 Units Bought On 08/29/2025	9.17000000	0.00	22,512.36	22,512.36		0.09%
2,444.832 Units Bought On 07/31/2025	9.17000000	0.00	22,419.11	22,419.11		0.09%
2,331.558 Units Bought On 06/30/2025	9.28000000	0.00	21,636.86	21,636.86		0.08%
2,445.539 Units Bought On 05/30/2025	9.09000000	0.00	22,229.95	22,229.95		0.09%
2,281.916 Units Bought On 04/30/2025	9.37999900	0.00	21,404.37	21,404.37		0.08%
2,273.701 Units Bought On 12/31/2025	9.28999800	0.00	21,122.68	21,122.68		0.08%
2,122.661 Units Bought On 11/28/2025	9.51999800	0.00	20,207.73	20,207.73		0.08%
2,168.891 Units Bought On 10/31/2025	9.50999800	0.00	20,626.15	20,626.15		0.08%
65,548.205 Units Sold On 09/15/2025	9.51999900	0.00	700,317.34	624,018.91	-76,298.43	2.44%

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 *						
FDIC Bank Deposit Fund FST						
2,121,322.34 Units Bought In 60 Transactions	100.00000000		2,121,322.34	2,121,322.34		8.29%
3,465,619.9 Units Sold In 28 Transactions	100.00000000		3,465,619.90	3,465,619.90	0.00	13.54%
				5,586,942.24	**0.00**	**21.83%**
FIAM 810 CORP BD COMMPOOL						
9,766.196 Units Bought On 12/18/2024	12.04000000	0.00	117,585.00	117,585.00		0.46%
145,190.76 Units Bought On 01/31/2025	12.06999900	0.00	1,752,452.47	1,752,452.47		6.85%
1,857.923 Units Sold On 09/15/2025	13.07000300	0.00	21,296.73	24,283.06	2,986.33	0.09%
				1,894,320.53	**2,986.33**	**7.40%**
FIAM Intermediate Credit Commingled Pool						
399,754.194 Units Bought On 01/31/2025	10.00999900	0.00	4,001,539.48	4,001,539.48		15.64%
				4,001,539.48	**0.00**	**15.64%**
Fidelity Salem Street Tr Treas Bd Index Inter						
697.278 Units Bought On 03/31/2025	9.71999600	0.00	6,777.54	6,777.54		0.03%
675.13 Units Bought On 04/30/2025	9.81000600	0.00	6,623.03	6,623.03		0.03%
718.789 Units Bought On 05/30/2025	9.68000300	0.00	6,957.88	6,957.88		0.03%
703.561 Units Bought On 06/30/2025	9.79998800	0.00	6,894.89	6,894.89		0.03%
740.114 Units Bought On 07/31/2025	9.72000200	0.00	7,193.91	7,193.91		0.03%
731.897 Units Bought On 08/29/2025	9.85000600	0.00	7,209.19	7,209.19		0.03%
825.723 Units Bought On 09/30/2025	9.86999200	0.00	8,149.88	8,149.88		0.03%
67,841.419 Units Bought On 09/15/2025	9.93999900	0.00	674,343.70	674,343.70		2.63%
953.25 Units Bought On 10/31/2025	9.90000500	0.00	9,437.18	9,437.18		0.04%
919.601 Units Bought On 11/28/2025	9.96000400	0.00	9,159.23	9,159.23		0.04%
996.939 Units Bought On 12/31/2025	9.85000000	0.00	9,819.85	9,819.85		0.04%
770.686 Units Bought On 12/17/2025	9.86999800	0.00	7,606.67	7,606.67		0.03%
2,189.955 Units Bought On 12/31/2024	9.44999700	0.00	20,695.07	20,695.07		0.08%
2,215.508 Units Bought On 01/31/2025	9.48999900	0.00	21,025.17	21,025.17		0.08%
707.268 Units Bought On 02/28/2025	9.70000000	0.00	6,860.50	6,860.50		0.03%

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
4,919.817 Units Bought On 12/18/2024	9.47000000	0.00	46,590.67	46,590.67		0.18%
18,579.725 Units Bought On 12/18/2024	9.47000000	0.00	175,950.00	175,950.00		0.69%
575,981.706 Units Sold On 01/31/2025	9.49000000	0.00	5,640,442.70	5,466,066.39	-174,376.31	21.36%
2,461.444 Units Sold On 02/18/2025	8.62999900	0.00	24,131.58	21,242.26	-2,889.32	0.08%
				6,518,603.01	**-177,265.63**	**25.47%**
Fidelity Salem Street Tr Treas Bd Index Long						
2,168.891 Units Bought On 10/31/2025	9.50999800	0.00	20,626.15	20,626.15		0.08%
2,122.661 Units Bought On 11/28/2025	9.51999800	0.00	20,207.73	20,207.73		0.08%
2,273.701 Units Bought On 12/31/2025	9.28999800	0.00	21,122.68	21,122.68		0.08%
2,461.444 Units Bought On 02/18/2025	8.62999900	0.00	21,242.26	21,242.26		0.08%
2,120.315 Units Bought On 12/31/2024	9.17000000	0.00	19,443.29	19,443.29		0.08%
2,146.13 Units Bought On 01/31/2025	9.19000200	0.00	19,722.94	19,722.94		0.08%
2,023.802 Units Bought On 02/28/2025	9.63999900	0.00	19,509.45	19,509.45		0.08%
14,802.251 Units Bought On 12/18/2024	9.32999900	0.00	138,105.00	138,105.00		0.54%
58,880.777 Units Bought On 01/31/2025	9.18999900	0.00	541,114.34	541,114.34		2.11%
2,317.523 Units Bought On 03/31/2025	9.52000000	0.00	22,062.82	22,062.82		0.09%
2,281.916 Units Bought On 04/30/2025	9.37999900	0.00	21,404.37	21,404.37		0.08%
2,445.539 Units Bought On 05/30/2025	9.09000000	0.00	22,229.95	22,229.95		0.09%
2,331.558 Units Bought On 06/30/2025	9.28000000	0.00	21,636.86	21,636.86		0.08%
2,444.832 Units Bought On 07/31/2025	9.17000000	0.00	22,419.11	22,419.11		0.09%
2,455.001 Units Bought On 08/29/2025	9.17000000	0.00	22,512.36	22,512.36		0.09%
2,219.006 Units Bought On 09/30/2025	9.41999700	0.00	20,903.03	20,903.03		0.08%
65,548.205 Units Sold On 09/15/2025	9.51999900	0.00	700,317.34	624,018.91	-76,298.43	2.44%
				1,598,281.25	**-76,298.43**	**6.24%**
				19,599,686.51	**-250,577.73**	**76.58%**

NOTE : TURNOVER % BASED ON THE 01/01/2025 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 25,592,246.47

(5 % = 1,279,612.32)

END OF REPORT

Schedule SB Attachment (Form 5500) —2025 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 004

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

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										
45-49						1				
50-54						1	1			
55-59						2	2	1		
60-64										
65-69							2			
70+										

N-10

Schedule SB Attachment (Form 5500) —2025 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 004

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

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	
2023 Plan Year	5.00%
2024 Plan Year	5.00%
2025 Plan Year	5.50%
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, 2025

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 expected rate of return on assets from 5.00% to 5.50%.
- A change in the interest rate assumption from segment rates with a four-month lookback (as of September 2023) to segment rates with a four-month lookback (as of September 2024), each adjusted as to fall within the 25-year interest rate stabilization corridor under ARPA.

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	15.00%
62	15.00%
63	15.00%
64	20.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70 and over	100.00%

Table 2

Withdrawal Rates

Age	Unisex
Less than 40	0.00%
40	5.00%
41	5.00%
42	5.00%
43	5.00%
44	5.00%
45	4.00%
46	4.00%
47	4.00%
48	4.00%
49	4.00%
50	3.00%
51	3.00%
52	3.00%
53	3.00%
54	3.00%
55 +	0.00%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INFINEON RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

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.

195 - 198 Champion Court

San Jose CA 95134

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	Mona Richmond	10/13/26	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	256
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)**	10
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10
b Retired or separated participants receiving benefits	**6b**	165
c Other retired or separated participants entitled to future benefits	**6c**	61
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	17
f Total. Add lines **6d** and **6e**.	**6f**	253
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	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 Characteristic 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 Characteristic Codes in the instructions:

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) [ ] **DCG** (Individual Plan Information) – Number Attached _____

(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information) – Number Attached _____

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Infineon Retirement Plan
EIN 95-1528961 PN 004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

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
FDIC Bank Deposit Fund FST						
2,121,322.34 Units Bought In 60 Transactions	100.00000000		2,121,322.34	2,121,322.34		8.29%
3,465,619.9 Units Sold In 28 Transactions	100.00000000		3,465,619.90	3,465,619.90	0.00	13.54%
				5,586,942.24	**0.00**	**21.83%**
FIAM 810 CORP BD COMMPOOL						
9,766.196 Units Bought On 12/18/2024	12.04000000	0.00	117,585.00	117,585.00		0.46%
145,190.76 Units Bought On 01/31/2025	12.06999900	0.00	1,752,452.47	1,752,452.47		6.85%
1,857.923 Units Sold On 09/15/2025	13.07000300	0.00	21,296.73	24,283.06	2,986.33	0.09%
				1,894,320.53	**2,986.33**	**7.40%**
FIAM Intermediate Credit Commingled Pool						
399,754.194 Units Bought On 01/31/2025	10.00999900	0.00	4,001,539.48	4,001,539.48		15.64%
				4,001,539.48	**0.00**	**15.64%**
Fidelity Salem Street Tr Treas Bd Index Inter						
697.278 Units Bought On 03/31/2025	9.71999600	0.00	6,777.54	6,777.54		0.03%
18,579.725 Units Bought On 12/18/2024	9.47000000	0.00	175,950.00	175,950.00		0.69%
4,919.817 Units Bought On 12/18/2024	9.47000000	0.00	46,590.67	46,590.67		0.18%
2,189.955 Units Bought On 12/31/2024	9.44999700	0.00	20,695.07	20,695.07		0.08%
2,215.508 Units Bought On 01/31/2025	9.48999900	0.00	21,025.17	21,025.17		0.08%
707.268 Units Bought On 02/28/2025	9.70000000	0.00	6,860.50	6,860.50		0.03%
67,841.419 Units Bought On 09/15/2025	9.93999900	0.00	674,343.70	674,343.70		2.63%
731.897 Units Bought On 08/29/2025	9.85000600	0.00	7,209.19	7,209.19		0.03%
825.723 Units Bought On 09/30/2025	9.86999200	0.00	8,149.88	8,149.88		0.03%
675.13 Units Bought On 04/30/2025	9.81000600	0.00	6,623.03	6,623.03		0.03%
718.789 Units Bought On 05/30/2025	9.68000300	0.00	6,957.88	6,957.88		0.03%
703.561 Units Bought On 06/30/2025	9.79998800	0.00	6,894.89	6,894.89		0.03%
740.114 Units Bought On 07/31/2025	9.72000200	0.00	7,193.91	7,193.91		0.03%

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
953.25 Units Bought On 10/31/2025	9.90000500	0.00	9,437.18	9,437.18		0.04%
919.601 Units Bought On 11/28/2025	9.96000400	0.00	9,159.23	9,159.23		0.04%
996.939 Units Bought On 12/31/2025	9.85000000	0.00	9,819.85	9,819.85		0.04%
770.686 Units Bought On 12/17/2025	9.86999800	0.00	7,606.67	7,606.67		0.03%
575,981.706 Units Sold On 01/31/2025	9.49000000	0.00	5,640,442.70	5,466,066.39	-174,376.31	21.36%
2,461.444 Units Sold On 02/18/2025	8.62999900	0.00	24,131.58	21,242.26	-2,889.32	0.08%
				6,518,603.01	**-177,265.63**	**25.47%**
Fidelity Salem Street Tr Treas Bd Index Long						
2,461.444 Units Bought On 02/18/2025	8.62999900	0.00	21,242.26	21,242.26		0.08%
2,120.315 Units Bought On 12/31/2024	9.17000000	0.00	19,443.29	19,443.29		0.08%
2,023.802 Units Bought On 02/28/2025	9.63999900	0.00	19,509.45	19,509.45		0.08%
2,146.13 Units Bought On 01/31/2025	9.19000200	0.00	19,722.94	19,722.94		0.08%
14,802.251 Units Bought On 12/18/2024	9.32999900	0.00	138,105.00	138,105.00		0.54%
2,317.523 Units Bought On 03/31/2025	9.52000000	0.00	22,062.82	22,062.82		0.09%
58,880.777 Units Bought On 01/31/2025	9.18999900	0.00	541,114.34	541,114.34		2.11%
2,219.006 Units Bought On 09/30/2025	9.41999700	0.00	20,903.03	20,903.03		0.08%
2,455.001 Units Bought On 08/29/2025	9.17000000	0.00	22,512.36	22,512.36		0.09%
2,444.832 Units Bought On 07/31/2025	9.17000000	0.00	22,419.11	22,419.11		0.09%
2,331.558 Units Bought On 06/30/2025	9.28000000	0.00	21,636.86	21,636.86		0.08%
2,445.539 Units Bought On 05/30/2025	9.09000000	0.00	22,229.95	22,229.95		0.09%
2,281.916 Units Bought On 04/30/2025	9.37999900	0.00	21,404.37	21,404.37		0.08%
2,273.701 Units Bought On 12/31/2025	9.28999800	0.00	21,122.68	21,122.68		0.08%
2,122.661 Units Bought On 11/28/2025	9.51999800	0.00	20,207.73	20,207.73		0.08%
2,168.891 Units Bought On 10/31/2025	9.50999800	0.00	20,626.15	20,626.15		0.08%
65,548.205 Units Sold On 09/15/2025	9.51999900	0.00	700,317.34	624,018.91	-76,298.43	2.44%

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 *						
FDIC Bank Deposit Fund FST						
2,121,322.34 Units Bought In 60 Transactions	100.00000000		2,121,322.34	2,121,322.34		8.29%
3,465,619.9 Units Sold In 28 Transactions	100.00000000		3,465,619.90	3,465,619.90	0.00	13.54%
				5,586,942.24	**0.00**	**21.83%**
FIAM 810 CORP BD COMMPOOL						
9,766.196 Units Bought On 12/18/2024	12.04000000	0.00	117,585.00	117,585.00		0.46%
145,190.76 Units Bought On 01/31/2025	12.06999900	0.00	1,752,452.47	1,752,452.47		6.85%
1,857.923 Units Sold On 09/15/2025	13.07000300	0.00	21,296.73	24,283.06	2,986.33	0.09%
				1,894,320.53	**2,986.33**	**7.40%**
FIAM Intermediate Credit Commingled Pool						
399,754.194 Units Bought On 01/31/2025	10.00999900	0.00	4,001,539.48	4,001,539.48		15.64%
				4,001,539.48	**0.00**	**15.64%**
Fidelity Salem Street Tr Treas Bd Index Inter						
697.278 Units Bought On 03/31/2025	9.71999600	0.00	6,777.54	6,777.54		0.03%
675.13 Units Bought On 04/30/2025	9.81000600	0.00	6,623.03	6,623.03		0.03%
718.789 Units Bought On 05/30/2025	9.68000300	0.00	6,957.88	6,957.88		0.03%
703.561 Units Bought On 06/30/2025	9.79998800	0.00	6,894.89	6,894.89		0.03%
740.114 Units Bought On 07/31/2025	9.72000200	0.00	7,193.91	7,193.91		0.03%
731.897 Units Bought On 08/29/2025	9.85000600	0.00	7,209.19	7,209.19		0.03%
825.723 Units Bought On 09/30/2025	9.86999200	0.00	8,149.88	8,149.88		0.03%
67,841.419 Units Bought On 09/15/2025	9.93999900	0.00	674,343.70	674,343.70		2.63%
953.25 Units Bought On 10/31/2025	9.90000500	0.00	9,437.18	9,437.18		0.04%
919.601 Units Bought On 11/28/2025	9.96000400	0.00	9,159.23	9,159.23		0.04%
996.939 Units Bought On 12/31/2025	9.85000000	0.00	9,819.85	9,819.85		0.04%
770.686 Units Bought On 12/17/2025	9.86999800	0.00	7,606.67	7,606.67		0.03%
2,189.955 Units Bought On 12/31/2024	9.44999700	0.00	20,695.07	20,695.07		0.08%
2,215.508 Units Bought On 01/31/2025	9.48999900	0.00	21,025.17	21,025.17		0.08%
707.268 Units Bought On 02/28/2025	9.70000000	0.00	6,860.50	6,860.50		0.03%

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
4,919.817 Units Bought On 12/18/2024	9.47000000	0.00	46,590.67	46,590.67		0.18%
18,579.725 Units Bought On 12/18/2024	9.47000000	0.00	175,950.00	175,950.00		0.69%
575,981.706 Units Sold On 01/31/2025	9.49000000	0.00	5,640,442.70	5,466,066.39	-174,376.31	21.36%
2,461.444 Units Sold On 02/18/2025	8.62999900	0.00	24,131.58	21,242.26	-2,889.32	0.08%
				6,518,603.01	**-177,265.63**	**25.47%**
Fidelity Salem Street Tr Treas Bd Index Long						
2,168.891 Units Bought On 10/31/2025	9.50999800	0.00	20,626.15	20,626.15		0.08%
2,122.661 Units Bought On 11/28/2025	9.51999800	0.00	20,207.73	20,207.73		0.08%
2,273.701 Units Bought On 12/31/2025	9.28999800	0.00	21,122.68	21,122.68		0.08%
2,461.444 Units Bought On 02/18/2025	8.62999900	0.00	21,242.26	21,242.26		0.08%
2,120.315 Units Bought On 12/31/2024	9.17000000	0.00	19,443.29	19,443.29		0.08%
2,146.13 Units Bought On 01/31/2025	9.19000200	0.00	19,722.94	19,722.94		0.08%
2,023.802 Units Bought On 02/28/2025	9.63999900	0.00	19,509.45	19,509.45		0.08%
14,802.251 Units Bought On 12/18/2024	9.32999900	0.00	138,105.00	138,105.00		0.54%
58,880.777 Units Bought On 01/31/2025	9.18999900	0.00	541,114.34	541,114.34		2.11%
2,317.523 Units Bought On 03/31/2025	9.52000000	0.00	22,062.82	22,062.82		0.09%
2,281.916 Units Bought On 04/30/2025	9.37999900	0.00	21,404.37	21,404.37		0.08%
2,445.539 Units Bought On 05/30/2025	9.09000000	0.00	22,229.95	22,229.95		0.09%
2,331.558 Units Bought On 06/30/2025	9.28000000	0.00	21,636.86	21,636.86		0.08%
2,444.832 Units Bought On 07/31/2025	9.17000000	0.00	22,419.11	22,419.11		0.09%
2,455.001 Units Bought On 08/29/2025	9.17000000	0.00	22,512.36	22,512.36		0.09%
2,219.006 Units Bought On 09/30/2025	9.41999700	0.00	20,903.03	20,903.03		0.08%
65,548.205 Units Sold On 09/15/2025	9.51999900	0.00	700,317.34	624,018.91	-76,298.43	2.44%
				1,598,281.25	**-76,298.43**	**6.24%**
				19,599,686.51	**-250,577.73**	**76.58%**

NOTE : TURNOVER % BASED ON THE 01/01/2025 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 25,592,246.47

(5 % = 1,279,612.32)

END OF REPORT

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
INFINEON RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	25,338,781
b Actuarial value	**2b**	26,247,116

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	181	20,390,746	20,390,746
b For terminated vested participants	65	3,552,787	3,552,787
c For active participants	10	337,175	343,900
d Total	256	24,280,708	24,287,433

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**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	30,000
c Target normal cost	**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 TEL
Signature of actuary

09/23/2026
Date

Theresa E. Long
Type or print name of actuary

2605758
Most recent enrollment number

Aon Consulting, Inc.
Firm name

410-547-2993
Telephone number (including area code)

MSC# 17834
PO Box 7505
Fort Washington PA 19034
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	6,833,313
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	6,833,313
10	Interest on line 9 using prior year's actual return of -1.16%	0	-79,266
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		610,041
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08%		30,990
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		641,031
	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	6,754,047

Part III Funding Percentages

14	Funding target attainment percentage	14	80.25%
15	Adjusted funding target attainment percentage	15	108.06%
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	92.02%
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
03/31/2025	450,000	0			
			Totals ► 18(b)	450,000	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	444,348

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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

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 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	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	4,794,364	447,029
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	477,029

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	32,681	32,681

36 Additional cash requirement (line 34 minus line 35)	36	444,348
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	444,348
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Infineon Retirement Plan
EIN: 95-1528961 PN: 004

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.32%	Interest Adjusted Contribution
March 31, 2025	$ 450,000	89	$ 444,348
Total Contribution	$ 450,000		$ 444,348

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	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	15.00%	0.6964	6.37
62	15.00%	0.5919	5.51
63	15.00%	0.5032	4.75
64	20.00%	0.4277	5.47
65	20.00%	0.3421	4.45
66	20.00%	0.2737	3.61
67	20.00%	0.2190	2.93
68	20.00%	0.1752	2.38
69	20.00%	0.1401	1.93
70	100.00%	0.1121	7.85
	Weighted Average		62.76

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 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. 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 valuation does 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.

Infineon Retirement Plan
EIN 95-1528961 PN 004
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issue	Description of Investment	Cost	Current Value
	Mutual Funds			
	FIAM	8-10 Year Corporate Bond Fund	$ 6,526,925	$ 7,594,384
	Fidelity	Long-Term Treasury Bond Index Fund	7,218,167	6,305,311
	Fidelity	Intermediate Treasury Bond Index Fund	3,267,188	3,275,049
	Vanguard	Institutional Index Fund	817,160	1,653,337
	MFS	International Intrinsic Equity Fund	865,507	909,446
	Eaton Vance	Atlanta Capital SMID-Cap Fund	575,545	626,227
	Principal	Real Estate Securities Fund	224,715	232,621
	Common Collective Trust Funds			
	FIAM	Intermediate Credit Commingled Pool	3,977,040	4,271,047
	Limited Partnership Funds			
	Hatteras	Core Alternatives Fund	267,277	1,045
	Cash Equivalents			
*	First State Trust Company	FDIC Bank Deposit Fund	185,295	185,296
			$ 23,924,819	$ 25,053,763

* Party-in-interest.

Schedule SB Attachment (Form 5500) —2025 Plan Year

Infineon Retirement Plan

EIN: 95-1528961 PN: 004

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 4,794,364	January 1, 2025	15	$ 447,029

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected rate of return on assets from 5.00% to 5.50%.

This changes was made to better reflect the anticipated plan experience. This assumption change didn't reduced the funding shortfall; as such, approval of the Commissioner is not required.