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 6047(e), 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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
OSRAM SYLVANIA PUERTO RICO CORP SAVINGS PLAN FOR PUERTO RICO EES

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 10/01/2011

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

OSRAM SYLVANIA PUERTO RICO CORPORATION INC.

P.O. BOX 599
LUQUILLO, PR 00773

2b Employer Identification Number (EIN)
66-0490498

2c Sponsor's telephone number
732-321-3100

2d Business code (see instructions)
551112

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.	10/13/2014	NICOLE VIENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2014	PAMELA TRACEY
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

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

BENEFITS ADMIN COMMITTEE AND INVEST COMMITTEE OF OSRAM SYLVANIA, INC.
ATTN HR SERVICE CENTER
100 ENDICOTT STREET
DANVERS, MA 01923

3b Administrator's EIN: 04-3349012

3c Administrator's telephone number: 800-347-5875

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	63
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	42
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	51
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	51
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	48
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2J 2R 2S 2T 3F 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
OSRAM SYLVANIA PUERTO RICO CORP SAVINGS PLAN FOR PUERTO RICO EES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
OSRAM SYLVANIA PUERTO RICO CORPORATION INC.

D Employer Identification Number (EIN)
66-0490498

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	1a	2086652	2108256
b	Total plan liabilities	1b	13480	3863
c	Net plan assets (subtract line 1b from line 1a)	1c	2073172	2104393
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	2a(1)	51418	
	(2) Participants	2a(2)	136986	
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
c	Other income	2c	84297	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		272701
e	Benefits paid (including direct rollovers)	2e	236577	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h	4903	
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		241480
k	Net income (loss) (subtract line 2j from line 2d)	2k		31221
l	Transfers to (from) the plan (see instructions)	2l		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
a	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
c	Real estate (other than employer real property)	3c		X	
d	Employer securities	3d		X	
e	Participant loans	3e		X	

		Yes	No	Amount
3f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

4 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		5000000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part III Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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 section 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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
OSRAM SYLVANIA PUERTO RICO CORP SAVINGS PLAN FOR PUERTO RICO EES

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
OSRAM SYLVANIA PUERTO RICO CORPORATION INC.

D Employer Identification Number (EIN)
66-0490498

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): 66-0561870

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

OSRAM SYLVANIA PUERTO RICO CORPORATION
SAVINGS PLAN FOR PUERTO RICO EMPLOYEES
Year Ended December 31, 2013

OSRAM SYLVANIA PUERTO RICO CORPORATION
SAVINGS PLAN FOR PUERTO RICO EMPLOYEES

Financial Statements and Supplemental Schedule

Year Ended December 31, 2013

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Financial Statements

Statements of Net Assets Available For Benefits 1
Statement of Changes in Net Assets Available for Benefits 2
Notes to Financial Statements 3

Supplemental Schedule

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OSRAM SYLVANIA PUERTO RICO CORPORATION
SAVINGS PLAN FOR PUERTO RICO EMPLOYEES

Statements of Net Assets Available For Benefits

	December 31	
	2013	**2012**
Assets		
Investments, at fair value:		
Cash and cash equivalents	**$ 1,444,526**	$ 1,367,463
Mutual funds	**495,289**	511,140
Total investments, at fair value	**1,939,815**	1,878,603
Receivables:		
Dividend receivable	**-**	11,280
Notes receivable from participants	**168,441**	203,488
Total receivables	**168,441**	214,768
Total assets	**2,108,256**	2,093,371
Liabilities		
Accrued expenses	**3,299**	13,306
Net assets available for benefits	**$ 2,104,957**	$ 2,080,065

See accompanying notes.

OSRAM SYLVANIA PUERTO RICO CORPORATION
SAVINGS PLAN FOR PUERTO RICO EMPLOYEES

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions		
Investment income:		
Net appreciation in fair value of mutual fund investments	$	60,114
Interest and dividend income		19,473
Total investment income		79,587
Interest income on notes receivable from participants		4,710
Contributions:		
Employee		136,986
Employer		51,418
Total contributions		188,404
Total additions		272,701
Deductions		
Benefits paid to participants		242,906
Administrative and other expenses		4,903
Total deductions		247,809
Net increase		24,892
Net assets available for benefits		
Beginning of year		2,080,065
End of year	$	2,104,957

See accompanying notes.

OSRAM SYLVANIA PUERTO RICO CORPORATION
SAVINGS PLAN FOR PUERTO RICO EMPLOYEES

Notes to Financial Statements

December 31, 2013

1. Description of the Plan

The following description of the OSRAM SYLVANIA Puerto Rico Corporation Savings Plan for Puerto Rico Employees (the Plan) provides general information about the Plan's provisions. OSRAM SYLVANIA Puerto Rico Corporation Inc. (the Company) is the plan sponsor. Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan is a defined contribution plan established through a spin-off from the Siemens Corporation Savings Plan for Puerto Rico Employees. Employees of the Company who were participants of the Siemens Corporation Savings Plan for Puerto Rico Employees as of September 30, 2011, automatically became participants in the Plan. After September 30, 2011, permanent employees are eligible to join starting with their first date of employment. Temporary employees become eligible for the Plan at the end of their first anniversary, or in the calendar year in which 1,000 hours were earned, whichever is later.

Administration

The Benefits Administrative Committee is responsible for the general administration of the Plan. The Investment Committee is responsible for selection and oversight of investments held by the Plan. Banco Popular de Puerto Rico is the Trustee of the Plan. Aon Hewitt serves as recordkeeper for the Plan. The Plan is subject to certain provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Except as noted in the next paragraph, eligible employees can contribute on a before-tax basis up to the limit established for each Plan Year by the Puerto Rico Treasury Department. Eligible employees can contribute from 1% to 10% of their annual compensation on an after-tax basis.

The Company matches 50% of the participant's contributions on the first 6% of the participant's compensation contributed to the Plan.

The Puerto Rico Treasury Department limits the maximum allowable tax-deferred contribution that a participant can make to the Plan each calendar year. For 2013, the limit was $15,000.

Investment Options

A participant may direct his or her contributions to any of the available investment options, in increments of at least 1%, within the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution, employer contributions, and applicable earnings or losses thereon (net of Plan expenses). The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants' contributions and earnings thereon are fully vested at all times. Employer matching contributions and earnings thereon become 40% vested after two years of continuous employment and increase at an annual rate of 20% to 100% after five years of continuous employment with the Company.

In addition, participants become 100% vested in employer contributions and earnings thereon upon normal retirement, death, total or permanent disability, complete or partial termination of the Plan, complete discontinuance of contributions, permanent layoff, or transfer (without intervening employment) to an affiliated company located outside of Puerto Rico which does not participate in the Plan.

Participant Loans

The Plan allows participants to borrow amounts equal to or less than 50% of their vested account balance, up to a maximum of $50,000. The term of the loan shall not exceed five years (thirty years in cases where loan proceeds are used to purchase the participant's principal residence). The loans are secured by the balance in the participant's account and bear interest at a

1. Description of the Plan (continued)

"reasonable rate" as established periodically by the Benefits Administrative Committee. Loans outstanding at the time participants leave the Plan are deemed "loan cancellations" and are treated as disbursements from the Plan if not repaid within 90 days. Principal and interest are paid to the Plan ratably during the year through payroll deductions.

Payment of Benefits

The Plan disburses funds for certain participant in-service withdrawals and upon the termination of Plan participants as a result of the following: retirement, death, total or permanent disability, permanent layoff, termination of employment, or transfer to an affiliated company located outside of Puerto Rico and for hardship. Vested benefits of $5,000 or less at the time of termination will automatically be paid out as a lump sum.

Withdrawals During Employment

In-service withdrawals are available in certain limited circumstances, as defined by the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are strictly regulated by the Internal Revenue Code for a New Puerto Rico and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions. Administrative expenses include, but are not limited to, charges and disbursements of the trustee, actuary, legal counsel, accountant, investment adviser, and broker and shall be paid by the Plan unless paid by the Company.

Risks and Uncertainties

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

Recent Accounting Pronouncement

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update ("ASU") 2011-11, "Disclosures about Offsetting Assets and Liabilities". This ASU establishes new disclosure requirements regarding the effect or potential effect of offsetting arrangements on a company's financial position. It is the result of a joint project with the IASB

2. Summary of Significant Accounting Policies (continued)

designed to enhance and provide converged disclosures about financial and derivative instruments that are either offset on the balance sheet, or are subject to an enforceable master netting arrangement (or other similar arrangement). The ASU is effective for fiscal years, and interim periods beginning on or after January 1, 2013. Retrospective application of the disclosures is required for all periods presented within the financial statements.
In January 2013, the FASB issued ASU 2013-01, "Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities". The ASU limits the scope of the new balance sheet offsetting disclosures to derivatives, repurchase agreements, and securities lending transactions to the extent that they are (1) offset in the financial statements or (2) subject to an enforceable master netting arrangement or similar agreement. The disclosure requirements are effective for annual reporting periods beginning on or after January 1, 2013, and interim periods within those annual periods.

The adoption of this guidance had no effect on the Plan's financial statements.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price). See Note 7 for further discussion and disclosures related to fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Forfeitures

Upon termination of employment, participants forfeit their nonvested balances. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Company contributions. There were no unallocated forfeited balances as of December 31, 2013 and 2012. There were no forfeitures used to reduce Company contributions during 2013.

3. Related Party Transactions

Certain plan investments are managed by the Trustee. The Trustee is defined by the Plan as a party-in-interest and, therefore, these transactions qualify as party-in-interest transactions. However, such transactions are exempt from the prohibited transaction rules under ERISA.

4. Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to applicable law.

5. Tax Status

The Plan is a defined contribution plan containing a cash or deferred arrangement intended to be qualified under Sections 1081.01(a) and (d) of the Internal Revenue Code for a New Puerto Rico, as amended (the PR-Code) and the trust forming a part thereof (the Trust) is exempt from taxation under Section 1081(a) of the PR-Code and, pursuant to Section 1022(i)(1) of the ERISA, as amended ,under Section 501(a) of the United States Internal Revenue Code of 1986, as amended (the US-Code). It is not intended for the Plan to be a qualified plan pursuant to the provisions of the US-Code.

On May 22, 2013 a request for a favorable determination letter was filed with the PR-Treasury. However, pending receipt of the PR-Treasury's determination, the Plan administrator believes that the Plan has been designed to comply with and is operating in accordance with the applicable requirements of the PR-Code and therefore believes the Plan is qualified and the Trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the PR-Treasury. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken. The Plan has not incurred any interest or penalties related to uncertain tax positions. There are currently no audits for any tax periods in progress.

6. Investments

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31	
	2013	**2012**
BlackRock Treasury Trust Institutional	$ 1,436,516	$ 1,353,405
AIM Invesco Moderate Allocation Fund	-	270,750
Vanguard 500 Index Fund	-	240,390
BlackRock Lifepath Index 2020	197,107	-

7. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- quoted prices for similar assets and liabilities in active markets
- quoted prices for identical or similar assets or liabilities in markets that are not active
- observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- inputs that are derived principally from or corroborated by observable market data by correlation or other means

7. Fair Value Measurements (continued)

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based upon the lowest level input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value by the Plan:

Cash equivalents – Classified as Level 1, as investments are primarily composed of money market funds and commercial paper with initial maturities of three months or less. Such amounts are recorded at cost, plus accrued interest, which approximates fair value.

Mutual funds – Classified as Level 1, as shares of mutual funds are valued at quoted market prices of shares held by the Plan at year end.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments carried at fair value:

	Investments at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 1,444,526	$ -	$ -	$1,444,526
Mutual funds:				
Target date	495,289	-	-	495,289
Total mutual funds	495,289	-	-	495,289
Total	$ 1,939,815	$ -	$ -	$1,939,815

7. Fair Value Measurements (continued)

	Investments at Fair Value as of December 31, 2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 1,367,463	$ -	$ -	$1,367,463
Mutual funds:				
Large cap Stock	240,390	-	-	240,390
Moderate allocation	270,750	-	-	270,750
Total mutual funds	511,140	-	-	511,140
Total	$ 1,878,603	$ -	$ -	$1,878,603

8. Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 and 2012, to the Form 5500:

	December 31	
	2013	**2012**
Net assets available for benefits per the financial statements	**$ 2,104,957**	$ 2,080,065
Less – deemed distributed loans	**-**	(6,719)
Less – amount allocated to withdrawing participants	**(564)**	(174)
Net assets available for benefits per the Form 5500	**$ 2,104,393**	$ 2,073,172

The following is a reconciliation of benefit payments paid to participants per the financial statements to benefits paid per the Form 5500 for the year ended December 31, 2013:

Benefits paid to participants per the financial statements	$ 242,906
Add – amount allocated to withdrawing participants for the year ended December 31, 2013	564
Less – amount allocated to withdrawing participants for the year ended December 31, 2012	(6,893)
Benefits paid to participants per the Form 5500	$ 236,577

9. Subsequent Events

Management evaluated subsequent events for the Plan through October 10, 2014, the date the financial statements were available to be issued.

The Company experienced certain reductions in force during late 2013 and 2014. In this regard, the Company has determined that such events give rise to a partial plan termination under ERISA and the Plan, and affected participants whose employment terminates during the applicable period will be 100% vested in their employer contributions under the Plan.

Supplemental Schedule

OSRAM SYLVANIA PUERTO RICO CORPORATION
SAVINGS PLAN FOR PUERTO RICO EMPLOYEES

EIN #04-3349012 Plan #003

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

December 31, 2013

Identity of Issue	Description of Investment	Cost	Current Value
	Cash and cash equivalents:		
	Cash		$ -
BlackRock	Blackrock Treasury Trust Institutional	**	1,436,516
Banco Popular de	*Bppr Time Deposit Open Account		
Puerto Rico	Variable Rate - Actual .10%	$ 8,010	8,010
	Total cash and cash equivalents		1,444,526
	Mutual funds:		
Blackrock	Blackrock Lifepath Index 2050	**	51,941
Blackrock	Blackrock Life Index Retirement	**	85,198
Blackrock	Blackrock Lifepath Index 2040	**	78,532
Blackrock	Blackrock Lifepath Index 2030	**	82,511
Blackrock	Blackrock Lifepath Index 2020	**	197,107
	Total mutual funds		495,289
	Total investments		$ 1,939,815
	*Participant loans:		
	Varying maturities with rate at 3.25%		$ 168,441

* Denotes party-in-interest

** Cost information is not required for participant-directed investments and, therefore, is not included.