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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed 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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                               |                                       |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                               |                                       |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) |                                       |
| <b>B</b> This return/report is                                                                           | <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan                                                                                                                                                                       |                                       |
|                                                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                                                             |                                       |
|                                                                                                          | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                              |                                       |
| <b>C</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension                                                                                                                                                                    | <input type="checkbox"/> DFVC program |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                                                                                                                                                                                |                                       |

|                                                                                                                                                                                                                                 |                                                                  |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                           |                                                                  |                     |
| <b>1a</b> Name of plan<br><u>OSRAM SYLVANIA PUERTO RICO CORPORATION PENSION PLAN FOR SALARIED EES</u>                                                                                                                           | <b>1b</b> Three-digit plan number (PN) ►                         | <u>021</u>          |
|                                                                                                                                                                                                                                 | <b>1c</b> Effective date of plan                                 | <u>01/29/1993</u>   |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>OSRAM SYLVANIA PUERTO RICO CORPORATION INC.</u><br><br><u>P.O. BOX 509</u><br><u>LUQUILLO, PR 00773</u> | <b>2b</b> Employer Identification Number (EIN) <u>66-0490498</u> |                     |
|                                                                                                                                                                                                                                 | <b>2c</b> Sponsor's telephone number                             | <u>732-321-3100</u> |
|                                                                                                                                                                                                                                 | <b>2d</b> Business code (see instructions)                       | <u>551112</u>       |
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.<br><br><u>BENEFITS ADMIN COMMITTEE AND INVEST COMMITTEE OF OSRAM SYLVANIA INC.</u><br><u>ATTN HR SERVICE CENTER</u>              | <b>3b</b> Administrator's EIN <u>04-3349012</u>                  |                     |
| <u>100 ENDICOTT STREET</u><br><u>DANVERS, MA 01923</u>                                                                                                                                                                          | <b>3c</b> Administrator's telephone number                       | <u>800-347-5875</u> |
| <b>4</b> 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.                                         | <b>4b</b> EIN                                                    |                     |
| <b>a</b> Sponsor's name                                                                                                                                                                                                         | <b>4c</b> PN                                                     |                     |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                                  | <b>5a</b>                                                        | <u>70</u>           |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                                         | <b>5b</b>                                                        | <u>70</u>           |
| <b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....                                                                                    | <b>5c</b>                                                        | <u>0</u>            |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                         | <b>5d(1)</b>                                                     | <u>23</u>           |
| <b>d(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                               | <b>5d(2)</b>                                                     | <u>21</u>           |
| <b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                     | <b>5e</b>                                                        | <u>1</u>            |

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

|                                                                                                             |                                                   |                   |                                                              |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                            | Filed with authorized/valid electronic signature. | <u>10/05/2015</u> | <u>NICOLE VIENT</u>                                          |
|                                                                                                             | Signature of plan administrator                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                            | Filed with authorized/valid electronic signature. | <u>10/05/2015</u> | <u>PAMELA TRACEY</u>                                         |
|                                                                                                             | Signature of employer/plan sponsor                | Date              | Enter name of individual signing as employer or plan sponsor |
| Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) |                                                   |                   | Preparer's telephone number (optional)                       |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 Financial Information**

| 7 Plan Assets and Liabilities                                                                        |              | (a) Beginning of Year | (b) End of Year |
|------------------------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>a</b> Total plan assets .....                                                                     | <b>7a</b>    | 5091681               | 5352095         |
| <b>b</b> Total plan liabilities .....                                                                | <b>7b</b>    | 31257                 | 10815           |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 5060424               | 5341280         |
| 8 Income, Expenses, and Transfers for this Plan Year                                                 |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable from:                                                  |              |                       |                 |
| <b>(1)</b> Employers .....                                                                           | <b>8a(1)</b> | 0                     |                 |
| <b>(2)</b> Participants .....                                                                        | <b>8a(2)</b> | 0                     |                 |
| <b>(3)</b> Others (including rollovers) .....                                                        | <b>8a(3)</b> | 0                     |                 |
| <b>b</b> Other income (loss) .....                                                                   | <b>8b</b>    | 508585                |                 |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                       | 508585          |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 166902                |                 |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) .....                     | <b>8e</b>    | 0                     |                 |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 60827                 |                 |
| <b>g</b> Other expenses .....                                                                        | <b>8g</b>    | 0                     |                 |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | <b>8h</b>    |                       | 227729          |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                       | 280856          |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    | 0                     |                 |

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1A 3C 3F 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

| 10 During the plan year:                                                                                                                                                                                                                  |            | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                       | <b>10a</b> |     | X  |         |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | <b>10b</b> |     | X  |         |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | <b>10c</b> | X   |    | 5000000 |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | <b>10d</b> |     | X  |         |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... | <b>10e</b> |     | X  |         |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | <b>10f</b> |     | X  |         |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                          | <b>10g</b> |     | X  |         |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | <b>10h</b> |     |    |         |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                       | <b>10i</b> |     |    |         |

**Part VI Pension Funding Compliance**

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ..... ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

|                                                                                                                                                   |                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|
| <b>b</b> Enter the minimum required contribution for this plan year.....                                                                          | <b>12b</b>                                                                            |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                        | <b>12c</b>                                                                            |  |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>12d</b>                                                                            |  |
| <b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |

|                                                                                                                                                                                                            |                              |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|
| <b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....                                                                                                                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No                              |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year .....                                                                                                                | <b>13a</b>                   |                                                                     |
| <b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                               |                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) |                              |                                                                     |

|                          |                                     |
|--------------------------|-------------------------------------|
| <b>Part VIII</b>         | <b>Trust Information (optional)</b> |
| <b>14a</b> Name of trust | <b>14b</b> Trust's EIN              |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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.

|                                                                                                                              |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>OSRAM SYLVANIA PUERTO RICO CORPORATION PENSION PLAN FOR SALARIED EES</div>                           | <div>B Three-digit plan number (PN) 021</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>OSRAM SYLVANIA PUERTO RICO CORPORATION INC.</div> | <div>D Employer Identification Number (EIN)<br/>66-0490498</div> |

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

|                                                                                                                                                                                                    |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month 01 Day 01 Year 2014                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 5075553                   |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 5075553                   |                          |
| 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                                                                                                                                     | 24                         | 1711793                   | 1711793                  |
| b For terminated vested participants                                                                                                                                                               | 25                         | 573505                    | 573505                   |
| c For active participants                                                                                                                                                                          | 21                         | 1717679                   | 1746879                  |
| d Total                                                                                                                                                                                            | 70                         | 4002977                   | 4032177                  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| 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                          | 6.49%                     |                          |
| 6 Target normal cost                                                                                                                                                                               | 6                          | 170888                    |                          |

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.

|                                                                    |                                                   |
|--------------------------------------------------------------------|---------------------------------------------------|
| <div>SIGN HERE</div>                                               | <div>08/19/2015</div>                             |
| <div>Signature of actuary</div>                                    | <div>Date</div>                                   |
| <div>KEITH T. SARTAIN</div>                                        | <div>14-05002</div>                               |
| <div>Type or print name of actuary</div>                           | <div>Most recent enrollment number</div>          |
| <div>HEWITT ASSOCIATES LLC</div>                                   | <div>202-223-0673</div>                           |
| <div>Firm name</div>                                               | <div>Telephone number (including area code)</div> |
| <div>1120 20TH STREET NW, SUITE 600<br/>WASHINGTON, DC 20036</div> |                                                   |
| <div>Address of the firm</div>                                     |                                                   |

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 ☐

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 615680                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 615680                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>4.90</u> % .....                                                                                 | 0                     | 30168                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 357540                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.33</u> % ..... |                       | 22632                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 380172                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 380172                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 1026020                |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.43 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 125.87 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 100.21 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                       |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                       | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                         | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                    | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                              |                   |                    |  |                     |             |                                                      |   |   |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|--|---------------------|-------------|------------------------------------------------------|---|---|------------------------------------------------|---|---|
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>                                                                                                                                                                                                                                                                                                                   | 170888            |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                   | 17356             |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                   |                    |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment..... | 0 | 0 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                          | Installment       |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                            | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                            | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>33</b> 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 ..... | <b>33</b>                                                                                                                                                                                                                                                                                                                    |                   |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>                                                                                                                                                                                                                                                                                                                    | 153532            |                    |  |                     |             |                                                      |   |   |                                                |   |   |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              | Carryover balance | Prefunding balance |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                                                                                                                                                                                                                                                                                                                            | 153532            | 153532             |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>                                                                                                                                                                                                                                                                                                                    | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>                                                                                                                                                                                                                                                                                                                    | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                   |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                                                   | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                   | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                                    | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>                                                                                                                                                                                                                                                                                                                    | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
OSRAM Sylvania Puerto Rico Corporation Pension Plan for Salaried  
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the salary increase assumption from 3.50% to 3.00%.

This change was made to better reflect the anticipated plan experience. This assumption change did not result in a decrease in the funding shortfall of the plan in excess of \$50,000,000 or both 5% of the funding target of the plan and \$5,000,000; as such, approval of commissioner is not required.

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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 mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 2.00%       | 1.0000        | 1.11                              |
| 56.5             | 2.00%       | 0.9800        | 1.11                              |
| 57.5             | 2.00%       | 0.9604        | 1.10                              |
| 58.5             | 2.00%       | 0.9412        | 1.10                              |
| 59.5             | 2.00%       | 0.9224        | 1.10                              |
| 60.5             | 5.00%       | 0.9039        | 2.73                              |
| 61.5             | 5.00%       | 0.8587        | 2.64                              |
| 62.5             | 30.00%      | 0.8158        | 15.30                             |
| 63.5             | 25.00%      | 0.5711        | 9.07                              |
| 64.5             | 25.00%      | 0.4283        | 6.91                              |
| 65               | 100.00%     | 0.3212        | 20.88                             |
| Weighted Average |             |               | 63.05                             |

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

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

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

|                                             |                                                                                                                                                              |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with no lookback (as of January 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA. |
| 1st Segment Rate                            | 4.99%                                                                                                                                                        |
| 2nd Segment Rate                            | 6.32%                                                                                                                                                        |
| 3rd Segment Rate                            | 6.99%                                                                                                                                                        |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with no lookback (as of January 2014), without regard to interest rate stabilization.                                                 |
| 1st Segment Rate                            | 1.25%                                                                                                                                                        |
| 2nd Segment Rate                            | 4.06%                                                                                                                                                        |
| 3rd Segment Rate                            | 5.08%                                                                                                                                                        |
| Salary Increases                            |                                                                                                                                                              |
| Minimum Funding Target Normal Cost          | 3.00%                                                                                                                                                        |
| Maximum Tax Expected Benefit Increase       | 3.00%                                                                                                                                                        |
| Social Security Wage Base Increases         | Future wage indices are based on a national wage increase of 2.50% per year.                                                                                 |
| Optional Payment Form Election Percentage   | 100% Life Annuity.                                                                                                                                           |
| Retirement Age                              |                                                                                                                                                              |
| Active Participants                         | See Table 1.                                                                                                                                                 |
| Terminated Vested Participants              | Age 65.                                                                                                                                                      |

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|                                               |                                                                                                                                                                             |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality Rates<br>Healthy and Disabled       | Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d).                                                                                       |
| Withdrawal Rates                              | See Table 2.                                                                                                                                                                |
| Disability Rates                              | None.                                                                                                                                                                       |
| Decrement Timing                              | Middle of year decrements, with 100% retirement occurring at the beginning of the year.                                                                                     |
| Surviving Spouse Benefit                      | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.                                        |
| Valuation Compensation                        | 2013 Pensionable earnings rolled forward one year with the salary increase assumption.                                                                                      |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000. |
| Valuation of Plan Assets                      | Fair market value.                                                                                                                                                          |
| Trust Expenses Included in Target Normal Cost | \$84,320. Based on prior year's administrative expenses.                                                                                                                    |
| Actuarial Method                              | Standard unit credit cost method.                                                                                                                                           |
| Valuation Date                                | January 1, 2014.                                                                                                                                                            |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
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Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 2.00%              |
| 56                | 2.00%              |
| 57                | 2.00%              |
| 58                | 2.00%              |
| 59                | 2.00%              |
| 60                | 5.00%              |
| 61                | 5.00%              |
| 62                | 30.00%             |
| 63                | 25.00%             |
| 64                | 25.00%             |
| 65+               | 100.00%            |

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**Withdrawal Rates—Male**

| Age | Years of Service |        |        |        |       |       |
|-----|------------------|--------|--------|--------|-------|-------|
|     | 0                | 1      | 2      | 3      | 4     | 5+    |
| 20  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 21  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 22  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 23  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 24  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 25  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 26  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 27  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 28  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 29  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 30  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 31  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 32  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 33  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 34  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 35  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 36  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 37  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 38  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.70% |
| 39  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.10% |
| 40  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.70% |
| 41  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.30% |
| 42  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.00% |
| 43  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.70% |
| 44  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.40% |
| 45  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.10% |
| 46  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 5.80% |
| 47  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 5.50% |
| 48  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 5.20% |
| 49  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 4.90% |

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**Withdrawal Rates—Male**

| <b>Age</b> | <b>Years of Service</b> |          |          |          |          |           |
|------------|-------------------------|----------|----------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5+</b> |
| 50         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 4.60%     |
| 51         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 4.20%     |
| 52         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 3.80%     |
| 53         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 3.30%     |
| 54         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 2.90%     |
| 55         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 2.40%     |
| 56         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 1.90%     |
| 57         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 1.40%     |
| 58         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 1.00%     |
| 59+        | 0.00%                   | 0.00%    | 0.00%    | 0.00%    | 0.00%    | 0.00%     |

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**Withdrawal Rates—Female**

| Age | Years of Service |        |        |        |       |       |
|-----|------------------|--------|--------|--------|-------|-------|
|     | 0                | 1      | 2      | 3      | 4     | 5+    |
| 20  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 21  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 22  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 23  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 24  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 25  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 26  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 27  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 28  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 29  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 30  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 31  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 32  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 33  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 34  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 35  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 36  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 37  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 38  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 39  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 40  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 41  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.70% |
| 42  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.40% |
| 43  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.10% |
| 44  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.80% |
| 45  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.50% |
| 46  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.20% |
| 47  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.90% |
| 48  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.60% |
| 49  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.30% |

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**Withdrawal Rates—Female**

| <b>Age</b> | <b>Years of Service</b> |          |          |          |          |           |
|------------|-------------------------|----------|----------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5+</b> |
| 50         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 6.00%     |
| 51         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 5.60%     |
| 52         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 5.10%     |
| 53         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 4.70%     |
| 54         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 4.20%     |
| 55         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 3.60%     |
| 56         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 3.10%     |
| 57         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 2.60%     |
| 58         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 2.00%     |
| 59+        | 0.00%                   | 0.00%    | 0.00%    | 0.00%    | 0.00%    | 0.00%     |

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Schedule SB, Part V—Summary of Plan Provisions

|                                  |                                                                                                                                                                                                                                                                                |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                   | Originally effective January 29, 1993. Amended and restated June 1, 2010.                                                                                                                                                                                                      |
| Eligibility                      | Hire date if a participant on December 31, 1999, or retroactive to hire date (or plan year following date of hire) upon completion of 1,000 hours of service in the 12 month period following the date of hire (or any successive plan year) if hired after December 31, 1999. |
| Normal Retirement<br>Eligibility | Age 65 with five years of participation.                                                                                                                                                                                                                                       |
| Benefit                          | The annual pension is 0.9% of average annual compensation (AAC) up to covered compensation plus 1.2% of AAC in excess of covered compensation times credited service.                                                                                                          |
| Early Retirement<br>Eligibility  | Age 55 with 15 years of credited service.                                                                                                                                                                                                                                      |
| Benefit                          | The annual pension is the accrued benefit payable at age 65, but reduced 3% per year if payments commence before age 65.                                                                                                                                                       |
| Disability<br>Eligibility        | Fifteen years of credited service.                                                                                                                                                                                                                                             |
| Benefit                          | The accrued benefit is payable at normal retirement date, with an actuarially reduced amount available immediately.                                                                                                                                                            |
| Termination<br>Eligibility       | Five years of vesting service.                                                                                                                                                                                                                                                 |
| Benefit                          | The annual pension is accrued benefit payable at age 65.                                                                                                                                                                                                                       |

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Death Benefits

Before Retirement

If the member dies after he has a vested right, the spouse receives a pension for life equal to  $\frac{1}{2}$  of the joint and 50% survivor benefit that would have been payable at normal retirement if the member had terminated employment on the date of his death. The spouse's pension is payable at the member's normal retirement date.

After Retirement

The normal form of payment is a life annuity. If the member has a spouse, this normal form is automatically converted to a joint and 50% survivor option unless such conversion is waived.

Employee Contributions

None required or permitted. All prior employee contributions will be refunded.

Definitions

Average Annual Compensation

Highest average annual compensation in any five consecutive years.

Covered Compensation

The average of the maximum Social Security taxable wage bases for an employee attaining age 65 in the year in which the participant terminates or retires.

Actuarial Equivalence

Applicable factors specified under the plan's tables (Early Commencement Factors, Factors for Small Pensions, Disability Joint and Survivor Option Factors, Certain and Life Option Factors, and Joint and Survivor Option Factors). For lump sum calculations, the 1994 Group Annuity Reserving Table as specified by IRS Notice 2001-62 and the annual interest rate on 30-year Treasury securities for the month of August preceding the plan year in which the distribution occurs will be used to determine the present value.

Forms of Payment

Single life annuity, optional joint and survivor annuity (33 $\frac{1}{3}$ %, 50%, and 100%), and five-year certain and life option.

Payment of Small Amounts

Non-elective lump sum payment if the present value does not exceed \$5,000.

Plan Year

Calendar year.

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|                           |                                                                                                                                                                                                             |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited Service          | One year credited for 2,080 hours (or minimum standard hours worked according to employer policy). Partial years credited based on the ratio of hours of service to 2,080 (or minimum standard work hours). |
| Vesting Service           | One year credited for 1,000 hours of service. Partial years credited based on the ratio of hours of service to 2,080 (or minimum standard hours).                                                           |
| Recent Plan Changes       |                                                                                                                                                                                                             |
| Reflected January 1, 2014 | As of January 1, 2014, the qualified plan 415 pension limit and 401(a)(17) pay limit were increased to \$210,000 and \$260,000 respectively.                                                                |
| Reflected January 1, 2013 | As of January 1, 2013, the qualified plan 415 pension limit and 401(a)(17) pay limit were increased to \$205,000 and \$255,000 respectively.                                                                |
| Reflected January 1, 2012 | As of January 1, 2012, the qualified plan 415 pension limit and 401(a)(17) pay limit were increased to \$200,000 and \$250,000 respectively.                                                                |
| Reflected January 1, 2011 | None.                                                                                                                                                                                                       |
| Reflected January 1, 2010 | None.                                                                                                                                                                                                       |

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.

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

► **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.

|                                                                                                                                                         |                                                                        |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><br><u>OSRAM Sylvania Puerto Rico Corporation Pension Plan for Sal. Employees</u>                                              | <b>B</b> Three-digit plan number (PN) ►                                | <u>021</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br><u>OSRAM SYLVANIA, Inc.</u>                                             | <b>D</b> Employer Identification Number (EIN)<br><br><u>66-0490498</u> |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                        |            |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                        |            |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>                                                                                                                                 |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | <u>5,075,553</u>          |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>5,075,553</u>          |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <u>24</u>                  | <u>1,711,793</u>          | <u>1,711,793</u>         |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>25</u>                  | <u>573,505</u>            | <u>573,505</u>           |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>21</u>                  | <u>1,717,679</u>          | <u>1,746,879</u>         |
| <b>d</b> Total.....                                                                                                                                                                                             | <u>70</u>                  | <u>4,002,977</u>          | <u>4,032,177</u>         |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.49%</u>      |                           |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>170,888</u>    |                           |                          |

**Statement by Enrolled Actuary**

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

|                                                                                                                                                                                                                    |                                                                                                              |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                   | <u>Keith T. Sartain</u><br><div style="text-align: center;"> <br/>         Signature of actuary       </div> | <u>08/19/2015</u><br>Date<br><br><u>14-05002</u><br>Most recent enrollment number<br><br><u>(202) 223-0673</u><br>Telephone number (including area code) |
| <u>Keith T. Sartain</u><br>Type or print name of actuary<br><br><u>Hewitt Associates LLC</u><br>Firm name<br><br><u>1120 20th Street NW, Suite 600</u><br><u>Washington</u> <u>DC 20036</u><br>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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                           | 0                     | 615,680                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                        | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                              | 0                     | 615,680                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>4.90%</u> .....                                                                                | 0                     | 30168                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                    |                       | 357540                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.3%</u> ..... |                       | 22632                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                               |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                      |                       | 380172                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                    |                       | 380172                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 0                     | 1026020                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.43 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 125.87 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 100.21 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

**20** Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |  |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                            |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   |  | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                     |                   |                     |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                           |                   | <b>31a</b>          | 170,888       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                          |                   | <b>31b</b>          | 17,356        |
| <b>32</b> Amortization installments:                                                                                                                                                |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                               |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> 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..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                           |                   | <b>34</b>           | 153,532       |
|                                                                                                                                                                                     | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                               | 0                 | 153,532             | 153,532       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                 |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  |                   | <b>37</b>           | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                     |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                 |                   | <b>40</b>           | 0             |

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

|                                                                                                |  |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b>                                                                                                               |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b>                                                                                                               |  |

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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 mid-year, except for the 100% retirement age.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 2.00%       | 1.0000        | 1.11                              |
| 56.5             | 2.00%       | 0.9800        | 1.11                              |
| 57.5             | 2.00%       | 0.9604        | 1.10                              |
| 58.5             | 2.00%       | 0.9412        | 1.10                              |
| 59.5             | 2.00%       | 0.9224        | 1.10                              |
| 60.5             | 5.00%       | 0.9039        | 2.73                              |
| 61.5             | 5.00%       | 0.8587        | 2.64                              |
| 62.5             | 30.00%      | 0.8158        | 15.30                             |
| 63.5             | 25.00%      | 0.5711        | 9.07                              |
| 64.5             | 25.00%      | 0.4283        | 6.91                              |
| 65               | 100.00%     | 0.3212        | 20.88                             |
| Weighted Average |             |               | 63.05                             |

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

|                                             |                                                                                                                                                              |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with no lookback (as of January 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA. |
| 1st Segment Rate                            | 4.99%                                                                                                                                                        |
| 2nd Segment Rate                            | 6.32%                                                                                                                                                        |
| 3rd Segment Rate                            | 6.99%                                                                                                                                                        |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with no lookback (as of January 2014), without regard to interest rate stabilization.                                                 |
| 1st Segment Rate                            | 1.25%                                                                                                                                                        |
| 2nd Segment Rate                            | 4.06%                                                                                                                                                        |
| 3rd Segment Rate                            | 5.08%                                                                                                                                                        |
| Salary Increases                            |                                                                                                                                                              |
| Minimum Funding Target Normal Cost          | 3.00%                                                                                                                                                        |
| Maximum Tax Expected Benefit Increase       | 3.00%                                                                                                                                                        |
| Social Security Wage Base Increases         | Future wage indices are based on a national wage increase of 2.50% per year.                                                                                 |
| Optional Payment Form Election Percentage   | 100% Life Annuity.                                                                                                                                           |
| Retirement Age                              |                                                                                                                                                              |
| Active Participants                         | See Table 1.                                                                                                                                                 |
| Terminated Vested Participants              | Age 65.                                                                                                                                                      |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
OSRAM Sylvania Puerto Rico Corporation Pension Plan for Salaried  
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|                                               |                                                                                                                                                                             |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality Rates<br>Healthy and Disabled       | Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d).                                                                                       |
| Withdrawal Rates                              | See Table 2.                                                                                                                                                                |
| Disability Rates                              | None.                                                                                                                                                                       |
| Decrement Timing                              | Middle of year decrements, with 100% retirement occurring at the beginning of the year.                                                                                     |
| Surviving Spouse Benefit                      | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.                                        |
| Valuation Compensation                        | 2013 Pensionable earnings rolled forward one year with the salary increase assumption.                                                                                      |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000. |
| Valuation of Plan Assets                      | Fair market value.                                                                                                                                                          |
| Trust Expenses Included in Target Normal Cost | \$84,320. Based on prior year's administrative expenses.                                                                                                                    |
| Actuarial Method                              | Standard unit credit cost method.                                                                                                                                           |
| Valuation Date                                | January 1, 2014.                                                                                                                                                            |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
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Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 2.00%              |
| 56                | 2.00%              |
| 57                | 2.00%              |
| 58                | 2.00%              |
| 59                | 2.00%              |
| 60                | 5.00%              |
| 61                | 5.00%              |
| 62                | 30.00%             |
| 63                | 25.00%             |
| 64                | 25.00%             |
| 65+               | 100.00%            |

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Table 2—Page 1 of 4

**Withdrawal Rates—Male**

| Age | Years of Service |        |        |        |       |       |
|-----|------------------|--------|--------|--------|-------|-------|
|     | 0                | 1      | 2      | 3      | 4     | 5+    |
| 20  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 21  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 22  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 23  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 24  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 25  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 26  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 27  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 28  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 29  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 30  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 31  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 32  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 33  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 34  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 35  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 36  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 37  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 38  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.70% |
| 39  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.10% |
| 40  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.70% |
| 41  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.30% |
| 42  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.00% |
| 43  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.70% |
| 44  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.40% |
| 45  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.10% |
| 46  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 5.80% |
| 47  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 5.50% |
| 48  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 5.20% |
| 49  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 4.90% |

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**Withdrawal Rates—Male**

| <b>Age</b> | <b>Years of Service</b> |          |          |          |          |           |
|------------|-------------------------|----------|----------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5+</b> |
| 50         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 4.60%     |
| 51         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 4.20%     |
| 52         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 3.80%     |
| 53         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 3.30%     |
| 54         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 2.90%     |
| 55         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 2.40%     |
| 56         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 1.90%     |
| 57         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 1.40%     |
| 58         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 1.00%     |
| 59+        | 0.00%                   | 0.00%    | 0.00%    | 0.00%    | 0.00%    | 0.00%     |

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**Withdrawal Rates—Female**

| Age | Years of Service |        |        |        |       |       |
|-----|------------------|--------|--------|--------|-------|-------|
|     | 0                | 1      | 2      | 3      | 4     | 5+    |
| 20  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 21  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 22  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 23  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 24  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 25  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 26  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 27  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 28  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 29  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 30  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 31  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 32  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 33  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 34  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 35  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 36  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 37  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 38  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 39  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 40  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 9.00% |
| 41  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.70% |
| 42  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.40% |
| 43  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 8.10% |
| 44  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.80% |
| 45  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.50% |
| 46  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 7.20% |
| 47  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.90% |
| 48  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.60% |
| 49  | 13.00%           | 12.00% | 11.00% | 10.00% | 9.00% | 6.30% |

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**Withdrawal Rates—Female**

| <b>Age</b> | <b>Years of Service</b> |          |          |          |          |           |
|------------|-------------------------|----------|----------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5+</b> |
| 50         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 6.00%     |
| 51         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 5.60%     |
| 52         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 5.10%     |
| 53         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 4.70%     |
| 54         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 4.20%     |
| 55         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 3.60%     |
| 56         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 3.10%     |
| 57         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 2.60%     |
| 58         | 13.00%                  | 12.00%   | 11.00%   | 10.00%   | 9.00%    | 2.00%     |
| 59+        | 0.00%                   | 0.00%    | 0.00%    | 0.00%    | 0.00%    | 0.00%     |

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Schedule SB, Part V—Summary of Plan Provisions

|                                  |                                                                                                                                                                                                                                                                                |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                   | Originally effective January 29, 1993. Amended and restated June 1, 2010.                                                                                                                                                                                                      |
| Eligibility                      | Hire date if a participant on December 31, 1999, or retroactive to hire date (or plan year following date of hire) upon completion of 1,000 hours of service in the 12 month period following the date of hire (or any successive plan year) if hired after December 31, 1999. |
| Normal Retirement<br>Eligibility | Age 65 with five years of participation.                                                                                                                                                                                                                                       |
| Benefit                          | The annual pension is 0.9% of average annual compensation (AAC) up to covered compensation plus 1.2% of AAC in excess of covered compensation times credited service.                                                                                                          |
| Early Retirement<br>Eligibility  | Age 55 with 15 years of credited service.                                                                                                                                                                                                                                      |
| Benefit                          | The annual pension is the accrued benefit payable at age 65, but reduced 3% per year if payments commence before age 65.                                                                                                                                                       |
| Disability<br>Eligibility        | Fifteen years of credited service.                                                                                                                                                                                                                                             |
| Benefit                          | The accrued benefit is payable at normal retirement date, with an actuarially reduced amount available immediately.                                                                                                                                                            |
| Termination<br>Eligibility       | Five years of vesting service.                                                                                                                                                                                                                                                 |
| Benefit                          | The annual pension is accrued benefit payable at age 65.                                                                                                                                                                                                                       |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
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Death Benefits

Before Retirement

If the member dies after he has a vested right, the spouse receives a pension for life equal to  $\frac{1}{2}$  of the joint and 50% survivor benefit that would have been payable at normal retirement if the member had terminated employment on the date of his death. The spouse's pension is payable at the member's normal retirement date.

After Retirement

The normal form of payment is a life annuity. If the member has a spouse, this normal form is automatically converted to a joint and 50% survivor option unless such conversion is waived.

Employee Contributions

None required or permitted. All prior employee contributions will be refunded.

Definitions

Average Annual Compensation

Highest average annual compensation in any five consecutive years.

Covered Compensation

The average of the maximum Social Security taxable wage bases for an employee attaining age 65 in the year in which the participant terminates or retires.

Actuarial Equivalence

Applicable factors specified under the plan's tables (Early Commencement Factors, Factors for Small Pensions, Disability Joint and Survivor Option Factors, Certain and Life Option Factors, and Joint and Survivor Option Factors). For lump sum calculations, the 1994 Group Annuity Reserving Table as specified by IRS Notice 2001-62 and the annual interest rate on 30-year Treasury securities for the month of August preceding the plan year in which the distribution occurs will be used to determine the present value.

Forms of Payment

Single life annuity, optional joint and survivor annuity (33 $\frac{1}{3}$ %, 50%, and 100%), and five-year certain and life option.

Payment of Small Amounts

Non-elective lump sum payment if the present value does not exceed \$5,000.

Plan Year

Calendar year.

Schedule SB Attachment (Form 5500)—2014 Plan Year  
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|                           |                                                                                                                                                                                                             |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited Service          | One year credited for 2,080 hours (or minimum standard hours worked according to employer policy). Partial years credited based on the ratio of hours of service to 2,080 (or minimum standard work hours). |
| Vesting Service           | One year credited for 1,000 hours of service. Partial years credited based on the ratio of hours of service to 2,080 (or minimum standard hours).                                                           |
| Recent Plan Changes       |                                                                                                                                                                                                             |
| Reflected January 1, 2014 | As of January 1, 2014, the qualified plan 415 pension limit and 401(a)(17) pay limit were increased to \$210,000 and \$260,000 respectively.                                                                |
| Reflected January 1, 2013 | As of January 1, 2013, the qualified plan 415 pension limit and 401(a)(17) pay limit were increased to \$205,000 and \$255,000 respectively.                                                                |
| Reflected January 1, 2012 | As of January 1, 2012, the qualified plan 415 pension limit and 401(a)(17) pay limit were increased to \$200,000 and \$250,000 respectively.                                                                |
| Reflected January 1, 2011 | None.                                                                                                                                                                                                       |
| Reflected January 1, 2010 | None.                                                                                                                                                                                                       |

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.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the salary increase assumption from 3.50% to 3.00%.

This change was made to better reflect the anticipated plan experience. This assumption change did not result in a decrease in the funding shortfall of the plan in excess of \$50,000,000 or both 5% of the funding target of the plan and \$5,000,000; as such, approval of commissioner is not required.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

| Attained<br>Age | Number of Participants<br>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           |                                                     | 1   | 1   |       |       |       |       |       |       |     |
| 35-39           |                                                     |     |     |       |       |       |       |       |       |     |
| 40-44           |                                                     |     | 1   |       | 1     |       |       |       |       |     |
| 45-49           |                                                     |     |     | 1     | 1     | 1     |       |       |       |     |
| 50-54           |                                                     |     | 2   |       | 1     | 1     |       |       |       |     |
| 55-59           |                                                     |     | 1   | 2     |       |       |       | 2     |       |     |
| 60-64           |                                                     |     |     |       |       | 1     | 1     | 2     | 1     |     |
| 65-69           |                                                     |     |     |       |       |       |       |       |       |     |
| 70+             |                                                     |     |     |       |       |       |       |       |       |     |

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