

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan 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). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan
B This return/report is	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information			
1a Name of plan <u>LEDVANCE LLC PUERTO RICO CORPORATION PENSION PLAN FOR SALARIED EES</u>	1b Three-digit plan number (PN) ►	<u>021</u>	
	1c Effective date of plan	<u>01/29/1993</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LEDVANCE LLC</u> <u>PO BOX 364384</u> <u>SAN JUAN, PR 00936-4384</u>	2b Employer Identification Number (EIN) <u>81-0887998</u>	2c Sponsor's telephone number <u>978-753-5000</u>	2d Business code (see instructions) <u>551112</u>
3a Plan administrator's name and address ☐ Same as Plan Sponsor. <u>LEDVANCE LLC</u> <u>200 BALLARDVALE ST</u> <u>WILMINGTON, MA 01887-1074</u>	3b Administrator's EIN <u>81-0887998</u>	3c Administrator's telephone number <u>978-753-5000</u>	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name <u>OSRAM SYLVANIA PUERTO RICO CORPORATION INC.</u>	4b EIN <u>66-0490498</u>	4c PN <u>021</u>	
5a Total number of participants at the beginning of the plan year	5a	<u>70</u>	
b Total number of participants at the end of the plan year	5b		
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c		
d(1) Total number of active participants at the beginning of the plan year	5d(1)		
d(2) Total number of active participants at the end of the plan year	5d(2)		
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e		
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.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	ANDREW MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2017	NICOLE VIENT
	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)			Preparer's telephone number

- 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
a Total plan assets	7a	5860166	6224399
b Total plan liabilities	7b	12677	15729
c Net plan assets (subtract line 7b from line 7a)	7c	5847489	6208670
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	140000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	522851	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		662851
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	238580	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f	63090	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		301670
i Net income (loss) (subtract line 8h from line 8c)	8i		361181
j Transfers to (from) the plan (see instructions)	8j		

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	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e 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.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i 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	10i				

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 contributions for all years from Schedule SB (Form 5500) line 40	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 _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d 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)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information

14a Name of trust LEDVANCE LLC PENSION PLAN FOR PUERTO RICO SALARIED EMPLOYEES	14b Trust's EIN 660613582
14c Name of trustee or custodian BANCO POPULAR	14d Trustee's or custodian's telephone number 787-765-9800

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes	☐ No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor	☐ "Prior year" ADP test
	☐ "Current year" ADP test	☐ N/A
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.		
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	☐ Yes	☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes	☐ No

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan <u>LEDVANCE LLC PUERTO RICO CORPORATION PENSION PLAN FOR SALARIED EES</u>	B Three-digit plan number (PN) ▶ <u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LEDVANCE LLC</u>	D Employer Identification Number (EIN) <u>81-0887998</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>5835596</u>
b Actuarial value	2b <u>5835596</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>29</u> (2) Vested Funding Target <u>2337277</u> (3) Total Funding Target <u>2337277</u>
b For terminated vested participants.....	<u>32</u> <u>974613</u> <u>974613</u>
c For active participants.....	<u>9</u> <u>1342611</u> <u>1358933</u>
d Total.....	<u>70</u> <u>4654501</u> <u>4670823</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.08 %</u>
6 Target normal cost.....	6 <u>107973</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/15/2017</u>
	Signature of actuary	Date
<u>KEITH T. SARTAIN</u>	Type or print name of actuary	<u>17-05002</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>1120 20TH STREET NW, SUITE 600</u> <u>WASHINGTON, DC 20036</u>	Address of the firm	<u>202-223-0673</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	966978
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	966978
10	Interest on line 9 using prior year's actual return of <u>-3.37</u> %	0	-32587
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		746457
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.28</u> %		46877
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		793334
d	Portion of (c) to be added to prefunding balance		230000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1164391

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00%
15	Adjusted funding target attainment percentage	15	124.93%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.58%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2016	40000	0			
05/18/2016	100000	0			
Totals ►			18(b)	140000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	137172
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
0	0	0
		0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	0
22	Weighted average retirement age	22	63
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	107973
b	Excess assets, if applicable, but not greater than line 31a	31b	382
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	107591
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	107591
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	137172
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	29581
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
EIN: 81-0887998 PN: 021

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.08%	Interest Adjusted Contribution
April 8, 2016	\$ 40,000	98	\$ 39,373
May 18, 2016	100,000	138	97,799
Total Contribution	\$ 140,000		\$ 137,172

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
EIN: 81-0887998 PN: 021

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) Age	(b) Rate	(c) Weight	(d) Product (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

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
EIN: 81-0887998 PN: 021

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Attained Age	Number of Participants and Average Compensation									
	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							
35-39										
40-44										
45-49			1		1		1			
50-54					1		1			
55-59								1		
60-64								1	1	
65-69										
70+										

N-9

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
EIN: 81-0887998 PN: 021

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 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under HATFA.
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2016), without regard to interest rate stabilization.
1st Segment Rate	1.41%
2nd Segment Rate	3.96%
3rd Segment Rate	4.97%
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.
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d).
Withdrawal Rates	See Table 2

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
EIN: 81-0887998 PN: 021

Disability Rates	None.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
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	2015 Pensionable earnings rolled forward one year with 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 \$265,000.
Valuation of Plan Assets	Fair market value.
Trust Expenses Included in Target Normal Cost	\$61,769. Based on prior year's administrative expenses.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2016.

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
EIN: 81-0887998 PN: 021

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
EIN: 81-0887998 PN: 021

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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
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Table 2—Page 2 of 4

Withdrawal Rates—Male

Age	Years of Service					
	0	1	2	3	4	5+
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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
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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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Withdrawal Rates—Female

Age	Years of Service					
	0	1	2	3	4	5+
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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
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Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

Effective Date	Originally effective January 29, 1993. Amended and restated January 1, 2013. Most recently amended effective as of January 1, 2013 (Third Amendment).
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 Eligibility	Age 65 and fifth anniversary 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 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 Eligibility	Fifteen years of credited service.
Benefit	The accrued benefit is payable at normal retirement date, with an actuarially reduced amount available immediately.
Termination Eligibility	Five years of vesting service.
Benefit	The annual pension is accrued benefit payable at age 65.
Death Benefits Before Retirement	If the member dies after he has a vested right, the spouse receives a pension for life equal to ½ 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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
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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 60 consecutive months.
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 and optional joint and survivor annuity (33⅓%, 50%, 75%, or 100%).
Payment of Small Amounts	Non-elective lump sum payment if the present value does not exceed \$5,000.
Plan Year	Calendar year.
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 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).

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
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Changes in Plan Provisions for the January 1, 2016 Valuation

The January 1, 2016 funding valuation does not reflect any plan changes.

Changes in Plan Provisions for the January 1, 2015 Valuation

The January 1, 2015 funding valuation reflects the following plan changes:

- As of January 1, 2015, the qualified plan 401(a)(17) pay limit was increased to \$265,000.

Changes in Plan Provisions for the January 1, 2014 Valuation

The January 1, 2014 funding valuation reflects the following plan changes:

- 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.

Changes in Plan Provisions for the January 1, 2013 Valuation

The January 1, 2013 funding valuation reflects the following plan changes:

- 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.

Changes in Plan Provisions for the January 1, 2012 Valuation

The January 1, 2012 funding valuation reflects the following plan changes:

- 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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
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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.

As the result of a spinoff, the Plan Sponsor has changed from OSRAM SYLVANIA Puerto Rico Corporation Inc. to LEDVANCE LLC and the EIN has change from 66-0490498 to 81-0887998.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2016**This Form is Open to Public
Inspection**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LEDVANCE LLC PENSION PLAN FOR PUERTO RICO SALARIED EMPLOYEES	B Three-digit plan number (PN) ▶ 021
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LEDVANCE LLC	D Employer Identification Number (EIN) 81-0887998
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	5,835,596	
b Actuarial value	2b	5,835,596	
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	29	2,337,277	2,337,277
b For terminated vested participants	32	974,613	974,613
c For active participants	9	1,342,611	1,358,933
d Total	70	4,654,501	4,670,823
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.08%	
6 Target normal cost	6	107,973	

Statement by Enrolled Actuary

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

SIGN HERE	KEITH T. SARTAIN	09/15/2017
Signature of actuary		Date
KEITH T. SARTAIN		1705002
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		202-223-0673
Firm name		Telephone number (including area code)
1120 20TH STREET NW, SUITE 600		
WASHINGTON DC 20036		
Address of the firm		

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	966,978
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	966,978
10 Interest on line 9 using prior year's actual return of <u>-3.37%</u>	0	-32,587
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		746,457
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.28%</u>		46,877
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		793,334
d Portion of (c) to be added to prefunding balance.....		230,000
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	1,164,391

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00%
15 Adjusted funding target attainment percentage.....	15	124.93%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.58%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2016	40,000	0			
05/18/2016	100,000	0			
Totals ▶			18(b)	140,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	137,172

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.43 %2nd segment:
5.91 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 107,973**b** Excess assets, if applicable, but not greater than line 31a **31b** 382**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment 0 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 107,591

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35) **36** 107,591**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 137,172**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 29,581**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.08%	Interest Adjusted Contribution
April 8, 2016	\$ 40,000	98	\$ 39,373
May 18, 2016	100,000	138	97,799
Total Contribution	\$ 140,000		\$ 137,172

Schedule SB Attachment (Form 5500)—2016 Plan Year
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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) Age	(b) Rate	(c) Weight	(d) Product (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

Schedule SB Attachment (Form 5500)—2016 Plan Year
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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 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under HATFA.
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2016), without regard to interest rate stabilization.
1st Segment Rate	1.41%
2nd Segment Rate	3.96%
3rd Segment Rate	4.97%
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.
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(d).
Withdrawal Rates	See Table 2

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Disability Rates	None.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
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	2015 Pensionable earnings rolled forward one year with 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 \$265,000.
Valuation of Plan Assets	Fair market value.
Trust Expenses Included in Target Normal Cost	\$61,769. Based on prior year's administrative expenses.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2016.

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
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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

Age	Years of Service					
	0	1	2	3	4	5+
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

Age	Years of Service					
	0	1	2	3	4	5+
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%

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

Effective Date	Originally effective January 29, 1993. Amended and restated January 1, 2013. Most recently amended effective as of January 1, 2013 (Third Amendment).
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 Eligibility	Age 65 and fifth anniversary 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 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 Eligibility	Fifteen years of credited service.
Benefit	The accrued benefit is payable at normal retirement date, with an actuarially reduced amount available immediately.
Termination Eligibility	Five years of vesting service.
Benefit	The annual pension is accrued benefit payable at age 65.
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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
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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 60 consecutive months.
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 and optional joint and survivor annuity (33⅓%, 50%, 75%, or 100%).
Payment of Small Amounts	Non-elective lump sum payment if the present value does not exceed \$5,000.
Plan Year	Calendar year.
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 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).

Schedule SB Attachment (Form 5500)—2016 Plan Year
LEDVANCE LLC Pension Plan for Puerto Rico Salaried Employees.
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Changes in Plan Provisions for the January 1, 2016 Valuation

The January 1, 2016 funding valuation does not reflect any plan changes.

Changes in Plan Provisions for the January 1, 2015 Valuation

The January 1, 2015 funding valuation reflects the following plan changes:

- As of January 1, 2015, the qualified plan 401(a)(17) pay limit was increased to \$265,000.

Changes in Plan Provisions for the January 1, 2014 Valuation

The January 1, 2014 funding valuation reflects the following plan changes:

- 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.

Changes in Plan Provisions for the January 1, 2013 Valuation

The January 1, 2013 funding valuation reflects the following plan changes:

- 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.

Changes in Plan Provisions for the January 1, 2012 Valuation

The January 1, 2012 funding valuation reflects the following plan changes:

- 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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
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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.

As the result of a spinoff, the Plan Sponsor has changed from OSRAM SYLVANIA Puerto Rico Corporation Inc. to LEDVANCE LLC and the EIN has change from 66-0490498 to 81-0887998.

Schedule SB Attachment (Form 5500)—2016 Plan Year
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2016

Attained Age	Number of Participants and Average Compensation									
	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							
35-39										
40-44										
45-49			1		1		1			
50-54					1		1			
55-59								1		
60-64								1	1	
65-69										
70+										

N-9