

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>OSRAM SYLVANIA PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/2011</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/2011</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/2011</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>OSRAM SYLVANIA INC.</u> <u>200 BALLARDVALE STREET</u> <u>WILMINGTON, MA 01887</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-3349012</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>844-862-2813</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>551112</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-3349012</u>	2c Plan Sponsor's telephone number <u>844-862-2813</u>	2d Business code (see instructions) <u>551112</u>	
2b Employer Identification Number (EIN) <u>04-3349012</u>					
2c Plan Sponsor's telephone number <u>844-862-2813</u>					
2d Business code (see instructions) <u>551112</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	DANA ARBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	PAMELA TRACEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3062
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 467 6a(2) 411 6b 299 6c 2059 6d 2769 6e 67 6f 2836 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan 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>2020</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
▶ 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 OSRAM SYLVANIA PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OSRAM SYLVANIA INC.		D Employer Identification Number (EIN) 04-3349012	
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 2020			
2 Assets:			
a Market value	2a	290211312	
b Actuarial value	2b	290211312	
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.....	430	31664497	31664497
b For terminated vested participants.....	2167	106897603	106897603
c For active participants	467	55555957	60588714
d Total.....	3064	194118057	199150814
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate	5	5.48 %	
6 Target normal cost.....	6	2087147	

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>	Signature of actuary		Date	
MARGARET C. SONDUCK		09/17/2021		
Type or print name of actuary		Most recent enrollment number		
AON CONSULTING, INC.		20-07439		
Firm name		Telephone number (including area code)		
2001 K STREET, NW SUITE 625 WASHINGTON, DC 20006		202-429-8554		
Address of the firm				

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	91530015
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8704425
9 Amount remaining (line 7 minus line 8)	0	82825590
10 Interest on line 9 using prior year's actual return of <u>25.05</u> %	0	20747810
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.65</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	103573400

Part III Funding Percentages		
14 Funding target attainment percentage	14	93.71 %
15 Adjusted funding target attainment percentage	15	145.72 %
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	80.00 %
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
Totals ►			18(b)	0	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	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
0	0	0
(4) 4th		
0		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

59

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** 2087147**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 12512902 Installment 2769327**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** 4856474

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4856474	4856474

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan OSRAM SYLVANIA PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 OSRAM SYLVANIA INC.	D Employer Identification Number (EIN) 04-3349012	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

AON HEWITT

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 50	NONE	415362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT INVESTMENT CONSULTING

27-2436452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	279272	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC CLIFTON

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	86386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SSBT

ONE LINCOLN STREET
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 28	NONE	41560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SSGA

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	29117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	NONE	7350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>OSRAM SYLVANIA PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OSRAM SYLVANIA INC.</u>	D Employer Identification Number (EIN) <u>04-3349012</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON US EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25413728</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL SMID</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>45-2966462-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12959957</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA U.S. 20+ YEAR TREASURY</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>45-2966462-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28503660</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA LONG CREDIT BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>45-2966462-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>83777166</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGT US LARGE CAP PASSIVE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11812948</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan OSRAM SYLVANIA PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OSRAM SYLVANIA INC.	D Employer Identification Number (EIN) 04-3349012	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	2000211	2043937
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	146984	33686
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7705414	17533863
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	157371421	162467459
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	123165462	138656244
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	402154	1505482

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	290791646	322240671

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5775471	588911
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5775471	588911

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	285016175	321651760
---	-----------	-----------	-----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	44576	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		44576
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	10217321	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10217321
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	68670984	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	64685759	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3985225
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		24442164
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6107719
c Other income	2c		3321546
d Total income. Add all income amounts in column (b) and enter total.....	2d		48118551

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10007926	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	356007	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10363933
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	724258	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	394775	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1119033
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11482966

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36635585
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 429253 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan OSRAM SYLVANIA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 OSRAM SYLVANIA INC.	D Employer Identification Number (EIN) 04-3349012

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5160382 90-0337987		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	25

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

14a	
14b	
14c	

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

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

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

15a	
15b	

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

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

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

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 16.0 % Investment-Grade Debt: 78.8 % High-Yield Debt: 1.8 % Real Estate: 0.0 % Other: 3.4 %

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

OSRAM SYLVANIA PENSION PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2020 AND 2019

WITH REPORT OF INDEPENDENT AUDITORS

**OSRAM SYLVANIA PENSION PLAN
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2020 AND 2019**

REPORT OF INDEPENDENT AUDITORS	1
---	----------

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS.....	4
NOTES TO FINANCIAL STATEMENTS	5

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)	18
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS.....	19

Report of Independent Auditors

OSRAM SYLVANIA Pension Plan and
The OSRAM SYLVANIA Benefits Administrative Committee
and OSRAM SYLVANIA Investment Committee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of OSRAM SYLVANIA Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 7, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2020 and 2019, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2020 and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 14, 2021

**OSRAM SYLVANIA PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019**

ASSETS	<u>2020</u>	<u>2019</u>
CASH	\$ 2,043,937	\$ 2,000,211
INVESTMENTS (at Fair Value)	318,657,566	288,242,297
CASH DUE FROM BROKER	1,505,482	402,154
RECEIVABLES		
Variation Margin Interest Receivable	33,229	136,845
Other Receivables	457	10,139
Total Receivables	<u>33,686</u>	<u>146,984</u>
Total Assets	322,240,671	290,791,646
LIABILITIES		
ACCRUED ADMINISTRATIVE EXPENSES	196,645	217,198
ACCRUED PREMIUM EXPENSES	-	4,983,117
VARIATION MARGIN INTEREST PAYABLE	<u>392,266</u>	<u>575,156</u>
Total Liabilities	<u>588,911</u>	<u>5,775,471</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 321,651,760</u></u>	<u><u>\$ 285,016,175</u></u>

See Accompanying Notes to Financial Statements

OSRAM SYLVANIA PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 37,856,554	\$ 52,244,537
Interest and Dividends	<u>10,261,997</u>	<u>6,051,698</u>
Total Investment Income	48,118,551	58,296,235
EMPLOYER CONTRIBUTIONS	<u>-</u>	<u>114,315</u>
Total Additions	48,118,551	58,410,550
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	10,007,926	12,810,900
ADMINISTRATIVE EXPENSES	1,119,033	1,224,312
NET PREMIUM PAYMENTS	<u>356,007</u>	<u>3,708,147</u>
Total Deductions	<u>11,482,966</u>	<u>17,743,359</u>
NET INCREASE	36,635,585	40,667,191
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>285,016,175</u>	<u>244,348,984</u>
End of Year	<u><u>\$ 321,651,760</u></u>	<u><u>\$ 285,016,175</u></u>

See Accompanying Notes to Financial Statements

**OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019**

NOTE 1 - DESCRIPTION OF PLAN

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

General

The Plan is a defined benefit plan established through spinoffs from the Siemens Pension Plan and the Siemens Pension Plan for Union Employees (the Siemens Plans). Participants of the Siemens Plans who were employees of the Company as of September 30, 2011 automatically became participants in the Plan.

The Benefits Administrative Committee is responsible for the general administration of the Plan. The Investment Committee is responsible for selection and oversight of investments held by the Plan. State Street Bank & Trust is the Trustee of the Plan as of December 31, 2020 and 2019. Aon Hewitt is the actuary for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was last amended on July 1, 2018.

Effective in April 2020, the Plan adopted the following provisions under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act): special withdrawals and a suspension of the required minimum distribution. The CARES Act allows for utilization of these provisions immediately, but requires formal adoption of the amendment no later than the last day of the plan year beginning on or after January 1, 2022. The Plan has not yet been formally amended to adopt these provisions.

Pension Benefits

Salaried employees who were participants in the OSRAM SYLVANIA Pension Plan for Salaried Employees on September 30, 2007, and whose age and service equaled 55 (Rule of 55) were permitted to remain in the plan or elect to freeze their pension benefits. Participants who did not meet the Rule of 55 did not have an option and their pension benefits were frozen as of September 30, 2007. The OSRAM SYLVANIA Pension Plan for Salaried Employees merged into the Siemens Pension Plan (OSI Salaried Pension Plan Formula) on September 30, 2008. Effective December 31, 2010, pension benefits were frozen for all participants in the Siemens Pension Plan (OSI Salaried Pension Plan Formula) who elected to remain in the plan beyond September 30, 2007. Salaried participants in the Siemens Pension Plan (OSI Salaried Pension Plan Formula) had their benefits calculated based on a final average pay formula; additional service is counted for early or normal retirement eligibility. All other participants, including hourly and union hourly participants, continue to have their pension benefits calculated based on their years of credited service and final average pay.

**OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019**

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Pension Benefits (continued)

The Plan generally permits early retirement at a reduced benefit, provided the participant has reached age 55 and has completed at least 15 years of credited service. In most cases, early retirement benefits are reduced by $\frac{1}{4}$ of 1% for each month by which the participant's pension commencement date precedes either his or her 60th or 58th birthday, depending on his/her years of credited service. There is no reduction in benefits for early retirement for eligible participants with at least 15 years of credited service that are age 60 and older when payments commence.

Participants vest in their accrued pension benefits upon attaining five years of employment in which they work a minimum of 1,000 hours each, after attainment of age 21. Once vested, the participant may receive his or her accrued benefits as an annuity at the time of retirement. Certain salaried employees, who were hired before January 29, 1993, can elect to receive a portion of their pension benefits as a lump sum.

The Plan provides a lump-sum option for the payment of pension benefits for salaried and non-union hourly participants who retire on or after January 1, 2018 and meet the requirements for early retirement or normal retirement.

Death and Disability Benefits

If an active participant dies with more than five years of service, a death benefit equal to a 50% survivor annuity with respect to the participant's accrued pension benefit is paid to the participant's surviving spouse.

Any participant who sustains a total and permanent disability and whose credited service is 15 years or more is entitled to a disability pension.

Active participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefit they have accumulated as of the time they became disabled.

Premium Payments

During September 2018, the Plan entered into an agreement with Athene Annuity & Life (Athene) to purchase a group annuity contract to pay the accrued benefit for the majority of its retirees and beneficiaries that were in payment status. Athene assumed an irrevocable commitment to pay the outstanding pension benefits of the Plan for such designated Plan members. Net premiums paid during 2020 and 2019 in connection with this contract were \$0.4 million and \$3.7 million, respectively.

**OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are recorded at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). See Note 8 for further discussion and disclosures related to fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan which include, but are not limited to, Pension Benefit Guaranty Corporation (PBGC) fees, charges and disbursements of the Trustee, and fees and other expenses and charges of any actuary, legal counsel, or accountant. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. All other administrative expenses are paid by the Company on behalf of the Plan. Expenses that are paid directly by the Company are excluded from these financial statements.

Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

**OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New Accounting Pronouncements

In July 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2018-09, *Codification Improvements*, which, among other things, amends an illustrative example of a fair value hierarchy disclosure to indicate that a certain type of investment should not always be considered to be eligible to use the net asset value per share practical expedient. Also, it further clarifies that an entity should evaluate whether a readily determinable fair value exists or whether its investments qualify for net asset value per share practical expedient in accordance with ASC 820, *Fair Value Measurement*. Adoption of the amended guidance, which is to be applied prospectively, affects the fair value disclosures, but does not change the fair value measurement of the investments. In connection with the adoption of ASU 2018-09, the Plan has prospectively included certain investments in the fair value hierarchy table that were previously excluded. Prior to adoption, these investments used the net asset value per share practical expedient.

NOTE 3 - FUNDING POLICY

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and to satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2020 and 2019.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. For salaried participants, benefits are calculated based on employees' highest compensation over five consecutive years of credited service and, for hourly and union participants, benefits generally are calculated based on employees' highest compensation over five consecutive years out of the last ten years of credited service. The accumulated plan benefits for active employees are based on their highest compensation over five consecutive years out of the last ten years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

**OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019**

**NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)**

The significant actuarial assumptions used in the December 31, 2019 valuation were:

Mortality Basis	Pri-2012 Mortality Tables for Annuitants and Non-Annuitants Generationally Projected Using Scale MP-2019 with Collar Adjustment
Discount Rate/Expected Rate of Return	4.12%
Salary Scale	2.50%
Retirement Rates	Varying retirement ages between 45 - 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuary estimated the accumulated plan benefits as of January 1, 2020. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2019.

The actuarial present value of accumulated plan benefits information as of December 31, 2019 and for the year then ended is as follows:

	<u>December 31, 2019</u>
Vested Benefits:	
Participants and Beneficiaries Currently Receiving Benefits	\$ 35,001,634
Other Participants	201,934,631
Total Vested Benefits	<u>236,936,265</u>
Nonvested Benefits	6,573,465
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 243,509,730</u></u>
	<u>Year Ended</u> <u>December 31, 2019</u>
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 220,686,667
Increase (Decrease) During the Year Attributable to:	
Interest Accumulation	10,503,533
Benefits Paid	(12,810,900)
Changes in Actuarial Assumptions	24,954,073
Benefits Accumulated and Other Changes	176,357
Net Increase	<u>22,823,063</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u><u>\$ 243,509,730</u></u>

**OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019**

**NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)**

The benefits accumulated and other changes represent the normal operation of the Plan, and consist primarily of the increase due to ongoing benefit accruals and those items of Plan experience that are not associated with asset performance.

The change in actuarial assumptions of \$24,954,073 reflects: (1) a decrease in the discount rate from 4.90% to 4.12% (2) a change in the mortality basis from RP-2014 to Pri-2012 and projection scale from MP-2018 to MP-2019 (3) the effect of an update to the mortality and interest rates for determining lump-sum payments under Internal Revenue Code (Code) section 417(e)(3) for 2020 and, (4) a change in the salary increase assumption from 3.0% to 2.5%

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the Plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC, as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

NOTE 6 - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 11, 2014, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to the receipt of the determination letter, the Plan has been amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations in compliance with the Code.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions.

**OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019**

NOTE 7 - INVESTMENTS

Certain investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustee of the Plan.

NOTE 8 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2020 and 2019.

OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

Common Collective Trusts: These assets are valued as reported by the issuer using net asset value (NAV).

Mutual Fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Cash Equivalents: Investments in cash equivalents are valued based on cost, which approximates fair value in a non-inflationary economy and are protected by the FDIC.

Futures: Traded in active markets on national and international securities exchanges are valued at closing prices on the last business day of each period presented. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies and assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2020			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual Fund	\$ 138,656,244	\$ -	\$ -	\$ 138,656,244
Cash Equivalents	17,533,863	-	-	17,533,863
Common/Collective Trusts	162,467,459	-	-	162,467,459
Futures Contracts ^(b)	(359,037)	-	-	(359,037)
Total Assets and Liabilities at Fair Value	<u>\$ 318,298,529</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 318,298,529</u>

OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

	2019			Total
	Level 1	Level 2	Level 3	
Assets:				
Mutual Fund	\$ 123,165,462	\$ -	\$ -	\$ 123,165,462
Cash Equivalents	7,705,414	-	-	7,705,414
Futures Contracts ^(b)	(438,311)	-	-	(438,311)
Total	<u>\$ 130,432,565</u>	<u>\$ -</u>	<u>\$ -</u>	<u>130,432,565</u>
Add: Assets and Liabilities Measured at Net Asset Value:				
Common/Collective Trusts ^(a)				157,371,421
Total Assets and Liabilities at Fair Value				<u>\$ 287,803,986</u>

- (a) This category includes common/collective trust funds individually designed to provide exposure to specific bond and equity asset classes and stated investment styles/objectives. Each fund is valued and available for purchase or redemption on a daily basis. There are currently no restrictions related to partial purchase or redemption activity. For full redemptions from the AGT and SSGA funds, the fund manager and fund Trustee require 5-15 days notification, depending on the fund.
- (b) This category includes futures contracts held by the Plan, and the value represents appreciation (depreciation) on the investments during the year. See Footnote 9 for further discussion on futures contracts.

The following tables summarize investments in common collective trust funds measured at fair value based on NAV as of December 31, 2019:

<u>Fund</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
AGT ACWI-EX Passive Equity	\$ 23,300,401	N/A	Daily	5 - 15 days
SSGA RUSSELL SMID	11,159,413	N/A	Daily	5 - 15 days
AGT US Large Cap Passive Equity	12,079,908	N/A	Daily	5 - 15 days
SSGA U.S. 20+ Year Treasury	32,503,207	N/A	Daily	5 - 15 days
SSGA Long Credit Bond Index	<u>78,328,492</u>	N/A	Daily	5 - 15 days
Total	157,371,421			

**OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019**

NOTE 9 - DERIVATIVES

In the normal course of operations, the Plan's assets and liabilities may include derivative financial instruments (swaps, forwards, futures, and options). These derivatives may involve, in varying degrees, elements of credit and market risks in excess of more traditional investment holdings, such as equity and debt instruments. The contract or notional amounts disclosed in this footnote and the amounts of realized and unrealized gains and losses on derivative instruments during the period presented below provide a measure of the Plan's involvement in such instruments, but are not indicative of potential loss. The intent is to use derivative financial instruments as investments to gain exposure to certain markets and as economic hedges to manage interest rate and equity price risks associated with the Plan's investments and obligations. The Plan's fiduciaries do not anticipate any material adverse effect on the Plan's financial position resulting from its involvement in these instruments.

The following tables present the effect of realized gains and changes in unrealized gains with respect to these derivative instruments, by type of derivative at December 31, 2020 and 2019:

	<u>2020</u>
Interest Rate Derivatives:	
Futures Contracts	<u>\$ 3,321,446</u>
	<u>2019</u>
Interest Rate Derivatives:	
Futures Contracts	<u>\$ 2,977,813</u>

The gains are reported within net appreciation in the fair value of investments in the statements of changes in net assets available for benefits.

Futures Contracts

On behalf of the Plan, investment managers enter into various futures contracts as cost-effective ways to manage the overall asset allocation of the investment portfolio and to implement and manage duration and yield curve strategy in the fixed income portfolio. These contracts, which are considered derivatives under ASC 815, *Derivatives and Hedging*, are agreements between two parties to buy or sell a security or financial interest at a set price on a future date and are standardized and exchange traded. Upon entering into such a contract on behalf of the Plan, the investment manager is required to pledge to the broker an amount of cash or securities equal to the minimum initial margin requirements of the exchange on which the contract is traded. Pursuant to the contract, the investment manager agrees to receive from or pay to the broker a variation margin related to the daily fluctuation in the value of the contract. Such receipts or payments are known as variation margin and are recorded on a daily basis as a realized gain or loss equal to the difference in the value of the contract between daily closing prices.

OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019

NOTE 9 - DERIVATIVES (CONTINUED)

Counterparty credit risk associated with the Plan's derivatives is the risk that a derivative counterparty will not perform in accordance with the terms of the applicable derivative contract. With futures and options on futures, there is minimal counterparty credit risk to the Plan, because those contracts are exchange traded and settled on a daily basis and the exchange's clearinghouse, as a counterparty to all exchange-traded futures, guarantees the futures against default.

The following tables present open futures contracts at December 31, 2020 and 2019. The fair values presented in these tables are only the current day's variation receivable/payable, as is reported in the statements of net assets available for benefits. The variation margin is presented in the statements of net assets available for benefits as variation margin interest receivable or derivatives securities liability, as applicable.

<u>Type of Contract</u>	2020			
	<u>Number of Contracts</u>	<u>Expiration</u>	<u>Notional</u>	<u>Fair Value</u>
Derivative Assets:				
Interest Rate on Contracts (Shorts):				
US Ultra Bond Future	-8	March 2021	\$ (1,708,500)	\$ 33,229
Total Derivative Assets				33,229
Derivative Liabilities:				
Interest Rate on Contracts (Longs):				
10-year U.S. Treasury Note Future	108	March 2021	14,912,438	(3,097)
US Long Bond Future	145	March 2021	25,112,188	(322,635)
10-year U.S. Ultra Future	98	March 2021	15,323,219	(83,117)
2-year U.S. Treasury Note Future	5	March 2021	1,104,883	842
5-year U.S. Treasury Note Future	69	March 2021	8,705,320	15,741
Total Derivative Liabilities				(392,266)
Total			<u>\$ 63,449,548</u>	<u>\$ (359,037)</u>

OSRAM SYLVANIA PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2020 AND 2019

NOTE 9 - DERIVATIVES (CONTINUED)

<u>Type of Contract</u>	2019			
	<u>Number of Contracts</u>	<u>Expiration</u>	<u>Notional</u>	<u>Fair Value</u>
Derivative Assets:				
Interest Rate on Contracts (Shorts):				
US Ultra Bond Future	-29	March 2020	\$ (5,268,031)	\$ 135,899
2-year U.S. Treasury Note Future	-11	March 2020	(2,370,500)	946
Total Derivative Assets				136,845
Derivative Liabilities:				
Interest Rate on Contracts (Longs):				
10-year U.S. Treasury Note Future	79	March 2020	10,145,328	(68,170)
US Long Bond Future	98	March 2020	15,278,813	(261,842)
5-year U.S. Treasury Note Future	38	March 2020	4,507,156	(10,331)
10-year U.S. Ultra Future	151	March 2020	21,246,172	(234,813)
Total Derivative Liabilities				(575,156)
Total			<u>\$ 43,538,938</u>	<u>\$ (438,311)</u>

NOTE 10 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan assets are invested in funds managed by State Street Bank & Trust, the current Trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

NOTE 11 - SUBSEQUENT EVENTS

Management evaluated subsequent events for the Plan through October 14, 2021, the date the financial statements were available to be issued, and has determined that there were no material events that would require disclosure in the Plan's financial statements through this date.

In July 2021, the OSRAM Digital Systems business was sold to Acuity Brands Inc., twenty-seven participants were transferred to the new owner.

SUPPLEMENTAL SCHEDULES

OSRAM SYLVANIA PENSION PLAN
EIN #04-3349012 PLAN #001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>Common Collective Trusts</u>			
	Aon Non US Equity Index	2,172,113 Shares	\$ 21,721,135	\$ 25,413,728
*	SSGA RUSSELL SMID	157,734 Shares	7,602,907	12,959,957
	Aon Large Cap Equity Index	1,053,787 Shares	10,537,866	11,812,948
*	SSGA U.S. 20+ Year Treasury	1,225,542 Shares	19,350,098	28,503,660
*	SSGA Long Credit Bond Index	3,943,283 Shares	60,477,497	83,777,166
	Total Common Collective Trusts			162,467,459
	<u>Cash Equivalents</u>			
*	State Street Bank + Trust Co: Short Term Investment Fund	17,533,863 Shares	17,533,863	17,533,863
	<u>Mutual Fund</u>			
	PIMCO Long Term Credit Bond Fund	10,240,491 Shares	115,063,580	138,656,244
	<u>Future Contract Values</u>			
	US Ultra Bond Future			33,229
	Total Futures Asset			33,229
	10-year U.S. Treasury Note Future			(3,097)
	US Long Bond Future			(322,635)
	10-year U.S. Ultra Future			(83,117)
	5-year U.S. Treasury Note Future			15,741
	2-year U.S. Treasury Note Future			842
	Total Futures Liabilities			(392,266)
				<u>\$ 318,298,529</u>

* Indicates party-in-interest

OSRAM SYLVANIA PENSION PLAN
EIN #04-3349012 PLAN #001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>Category (i) - Single transactions in excess of 5% of Plan assets</i>						
* AGT	ACWI-EX Passive Equity	\$ -	\$ 21,721,135	\$ 19,800,369	\$ 21,721,135	\$ 1,920,766
* Aon	Non US Equity Index	21,721,136	-	21,721,135	21,721,135	-
<i>Category (iii) - Series of transactions in excess of 5% of Plan assets</i>						
* State Street Bank + Trust Co	Short Term Investment Fund	50,781,858	-	50,781,858	50,781,858	-
* State Street Bank + Trust Co	Short Term Investment Fund	-	39,963,210	39,963,209	39,963,209	-
AGT	ACWI-EX Passive Equity	3,700,000	-	3,700,000	3,700,000	-
AGT	ACWI-EX Passive Equity	-	26,321,135	23,852,071	26,321,135	2,469,064
Aon	Non US Equity Index	21,721,135	-	21,721,135	21,721,135	-
Aon	US Large Cap Passive Equity	12,749,849	-	12,749,849	12,749,849	-
Aon	US Large Cap Passive Equity	-	2,300,000	2,211,983	2,300,000	88,017
PIMCO	Long Term Credit Bond Fund	12,217,321	-	12,217,322	12,217,322	-
PIMCO	Long Term Credit Bond Fund	-	3,000,000	2,444,029	3,000,000	555,971

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2020.
Columns (e) and (f) are not applicable.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

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										
35-39				9	3	2				
40-44				8	13	9				
45-49				7	17	23 \$82,632	17			
50-54				14	17	28 \$90,369	28 \$86,772	30 \$96,612	5	
55-59		1	1	13	10	27 \$71,160	23 \$97,316	23 \$96,875	19	3
60-64				9	16	23 \$83,356	17	16	13	8
65-69				4	4	3	3		1	1
70+									1	

N-467

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

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 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.64%
2nd Segment Rate	5.21%
3rd Segment Rate	5.94%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2020), without regard to interest rate stabilization
1st Segment Rate	2.77%
2nd Segment Rate	3.83%
3rd Segment Rate	4.28%
Salary Increases	
Minimum Funding Target Normal Cost	2.50%
Maximum Tax Expected Benefit Increase	2.50%
Cash Balance Interest Crediting Rate	4.50%
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	
Active participants eligible for lump sum at retirement	75% elect a lump sum, 12.5% elect a single life annuity and 12.5% elect a 100% joint and survivor annuity.
Other active participants	50% elect a single life annuity and 50% elect a 100% joint and survivor annuity.
Terminated vested participants	100% elect a single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Tables 1–3

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Terminated Vested Participants	Age 61.
Mortality Rates Healthy and Disabled	2020 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26
Withdrawal Rates	See Tables 4–6
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 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2019 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 \$230,000 and the IRC section 401(a)(17) compensation limit of \$285,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$1,300,000. Based on prior year's administrative expense
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 1

Retirement Rates—CFL & WLB Union Participants

Age	Years of Service		
	0-19	20-29	30+
45	0.00%	0.00%	3.00%
46	0.00%	0.00%	3.00%
47	0.00%	0.00%	3.00%
48	0.00%	0.00%	3.00%
49	0.00%	0.00%	3.00%
50	0.00%	0.00%	3.00%
51	0.00%	0.00%	3.00%
52	0.00%	0.00%	3.00%
53	0.00%	0.00%	3.00%
54	0.00%	0.00%	3.00%
55	20.00%	20.00%	20.00%
56	10.00%	10.00%	10.00%
57	10.00%	10.00%	10.00%
58	10.00%	20.00%	20.00%
59	10.00%	20.00%	20.00%
60	10.00%	20.00%	20.00%
61	10.00%	20.00%	20.00%
62	30.00%	30.00%	30.00%
63	25.00%	25.00%	25.00%
64	25.00%	25.00%	25.00%
65	33.00%	33.00%	33.00%
66	33.00%	33.00%	33.00%
67	33.00%	33.00%	33.00%
68	33.00%	33.00%	33.00%
69	33.00%	33.00%	33.00%
70+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 2

Retirement Rates—Union (All other Participants) & Hourly Participants

Age	Years of Service	
	0-19	20+
55	20.00%	20.00%
56	10.00%	10.00%
57	10.00%	10.00%
58	10.00%	20.00%
59	10.00%	20.00%
60	10.00%	20.00%
61	10.00%	20.00%
62	30.00%	30.00%
63	25.00%	25.00%
64	25.00%	25.00%
65	33.00%	33.00%
66	33.00%	33.00%
67	33.00%	33.00%
68	33.00%	33.00%
69	33.00%	33.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 3

Retirement Rates—Salaried Participants

Age	Years of Service	
	0-19	20+
50	5.00%	5.00%
51	5.00%	5.00%
52	5.00%	5.00%
53	5.00%	5.00%
54	5.00%	5.00%
55	20.00%	20.00%
56	10.00%	10.00%
57	10.00%	10.00%
58	10.00%	20.00%
59	10.00%	20.00%
60	10.00%	20.00%
61	10.00%	20.00%
62	30.00%	30.00%
63	25.00%	25.00%
64	25.00%	25.00%
65	33.00%	33.00%
66	33.00%	33.00%
67	33.00%	33.00%
68	33.00%	33.00%
69	33.00%	33.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 4—Page 1 of 4

Withdrawal Rates—Hourly Participants—Male

Age	Years of Service			
	0-1	2-3	4	5+
20	25.00%	20.00%	15.00%	15.00%
21	25.00%	20.00%	15.00%	15.00%
22	25.00%	20.00%	15.00%	15.00%
23	25.00%	20.00%	15.00%	15.00%
24	25.00%	20.00%	15.00%	15.00%
25	25.00%	20.00%	15.00%	15.00%
26	25.00%	20.00%	15.00%	15.00%
27	25.00%	20.00%	15.00%	15.00%
28	25.00%	20.00%	15.00%	14.70%
29	25.00%	20.00%	15.00%	14.10%
30	25.00%	20.00%	15.00%	13.50%
31	25.00%	20.00%	15.00%	12.90%
32	25.00%	20.00%	15.00%	12.30%
33	25.00%	20.00%	15.00%	11.70%
34	25.00%	20.00%	15.00%	11.10%
35	25.00%	20.00%	15.00%	10.50%
36	25.00%	20.00%	15.00%	9.90%
37	25.00%	20.00%	15.00%	9.30%
38	25.00%	20.00%	15.00%	8.70%
39	25.00%	20.00%	15.00%	8.10%
40	25.00%	20.00%	15.00%	7.70%
41	25.00%	20.00%	15.00%	7.30%
42	25.00%	20.00%	15.00%	7.00%
43	25.00%	20.00%	15.00%	6.70%
44	25.00%	20.00%	15.00%	6.40%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 4—Page 2 of 4

Withdrawal Rates—Hourly Participants—Male

Age	Years of Service			
	0-1	2-3	4	5+
45	25.00%	20.00%	15.00%	6.10%
46	25.00%	20.00%	15.00%	5.80%
47	25.00%	20.00%	15.00%	5.50%
48	25.00%	20.00%	15.00%	5.20%
49	25.00%	20.00%	15.00%	4.90%
50	25.00%	20.00%	15.00%	4.60%
51	25.00%	20.00%	15.00%	4.20%
52	25.00%	20.00%	15.00%	3.80%
53	25.00%	20.00%	15.00%	3.30%
54	25.00%	20.00%	15.00%	2.90%
55	25.00%	20.00%	15.00%	2.40%
56	25.00%	20.00%	15.00%	1.90%
57	25.00%	20.00%	15.00%	1.40%
58	25.00%	20.00%	15.00%	1.00%
59+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 4—Page 3 of 4

Withdrawal Rates—Hourly Participants—Female

Age	Years of Service			
	0-1	2-3	4	5+
20	25.00%	20.00%	15.00%	15.00%
21	25.00%	20.00%	15.00%	15.00%
22	25.00%	20.00%	15.00%	15.00%
23	25.00%	20.00%	15.00%	15.00%
24	25.00%	20.00%	15.00%	15.00%
25	25.00%	20.00%	15.00%	15.00%
26	25.00%	20.00%	15.00%	15.00%
27	25.00%	20.00%	15.00%	15.00%
28	25.00%	20.00%	15.00%	15.00%
29	25.00%	20.00%	15.00%	15.00%
30	25.00%	20.00%	15.00%	15.00%
31	25.00%	20.00%	15.00%	15.00%
32	25.00%	20.00%	15.00%	15.00%
33	25.00%	20.00%	15.00%	15.00%
34	25.00%	20.00%	15.00%	14.20%
35	25.00%	20.00%	15.00%	12.80%
36	25.00%	20.00%	15.00%	11.80%
37	25.00%	20.00%	15.00%	10.80%
38	25.00%	20.00%	15.00%	9.90%
39	25.00%	20.00%	15.00%	9.30%
40	25.00%	20.00%	15.00%	9.00%
41	25.00%	20.00%	15.00%	8.70%
42	25.00%	20.00%	15.00%	8.40%
43	25.00%	20.00%	15.00%	8.10%
44	25.00%	20.00%	15.00%	7.80%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 4—Page 4 of 4

Withdrawal Rates—Hourly Participants—Female

Age	Years of Service			
	0-1	2-3	4	5+
45	25.00%	20.00%	15.00%	7.50%
46	25.00%	20.00%	15.00%	7.20%
47	25.00%	20.00%	15.00%	6.90%
48	25.00%	20.00%	15.00%	6.60%
49	25.00%	20.00%	15.00%	6.30%
50	25.00%	20.00%	15.00%	6.00%
51	25.00%	20.00%	15.00%	5.60%
52	25.00%	20.00%	15.00%	5.10%
53	25.00%	20.00%	15.00%	4.70%
54	25.00%	20.00%	15.00%	4.20%
55	25.00%	20.00%	15.00%	3.60%
56	25.00%	20.00%	15.00%	3.10%
57	25.00%	20.00%	15.00%	2.60%
58	25.00%	20.00%	15.00%	2.00%
59+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 5—Page 1 of 4

Withdrawal Rates—Salaried Participants—Male

Age	Years of Service				
	0	1	2	3	4+
20	13.00%	12.00%	11.00%	10.00%	14.40%
21	13.00%	12.00%	11.00%	10.00%	14.40%
22	13.00%	12.00%	11.00%	10.00%	14.40%
23	13.00%	12.00%	11.00%	10.00%	14.40%
24	13.00%	12.00%	11.00%	10.00%	14.40%
25	13.00%	12.00%	11.00%	10.00%	14.40%
26	13.00%	12.00%	11.00%	10.00%	14.40%
27	13.00%	12.00%	11.00%	10.00%	14.40%
28	13.00%	12.00%	11.00%	10.00%	14.40%
29	13.00%	12.00%	11.00%	10.00%	14.40%
30	13.00%	12.00%	11.00%	10.00%	9.36%
31	13.00%	12.00%	11.00%	10.00%	9.36%
32	13.00%	12.00%	11.00%	10.00%	9.36%
33	13.00%	12.00%	11.00%	10.00%	9.36%
34	13.00%	12.00%	11.00%	10.00%	9.36%
35	13.00%	12.00%	11.00%	10.00%	7.20%
36	13.00%	12.00%	11.00%	10.00%	7.20%
37	13.00%	12.00%	11.00%	10.00%	7.20%
38	13.00%	12.00%	11.00%	10.00%	6.96%
39	13.00%	12.00%	11.00%	10.00%	6.48%
40	13.00%	12.00%	11.00%	10.00%	6.16%
41	13.00%	12.00%	11.00%	10.00%	5.84%
42	13.00%	12.00%	11.00%	10.00%	5.60%
43	13.00%	12.00%	11.00%	10.00%	5.36%
44	13.00%	12.00%	11.00%	10.00%	5.12%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 5—Page 2 of 4

Withdrawal Rates—Salaried Participants—Male

Age	Years of Service				
	0	1	2	3	4+
45	13.00%	12.00%	11.00%	10.00%	4.88%
46	13.00%	12.00%	11.00%	10.00%	4.64%
47	13.00%	12.00%	11.00%	10.00%	4.40%
48	13.00%	12.00%	11.00%	10.00%	4.16%
49	13.00%	12.00%	11.00%	10.00%	3.92%
50	13.00%	12.00%	11.00%	10.00%	3.68%
51	13.00%	12.00%	11.00%	10.00%	3.36%
52	13.00%	12.00%	11.00%	10.00%	3.04%
53	13.00%	12.00%	11.00%	10.00%	2.64%
54	13.00%	12.00%	11.00%	10.00%	2.32%
55	13.00%	12.00%	11.00%	10.00%	1.92%
56	13.00%	12.00%	11.00%	10.00%	1.52%
57	13.00%	12.00%	11.00%	10.00%	1.12%
58	13.00%	12.00%	11.00%	10.00%	0.80%
59+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 5—Page 3 of 4

Withdrawal Rates—Salaried Participants—Female

Age	Years of Service				
	0	1	2	3	4+
20	13.00%	12.00%	11.00%	10.00%	14.40%
21	13.00%	12.00%	11.00%	10.00%	14.40%
22	13.00%	12.00%	11.00%	10.00%	14.40%
23	13.00%	12.00%	11.00%	10.00%	14.40%
24	13.00%	12.00%	11.00%	10.00%	14.40%
25	13.00%	12.00%	11.00%	10.00%	14.40%
26	13.00%	12.00%	11.00%	10.00%	14.40%
27	13.00%	12.00%	11.00%	10.00%	14.40%
28	13.00%	12.00%	11.00%	10.00%	14.40%
29	13.00%	12.00%	11.00%	10.00%	14.40%
30	13.00%	12.00%	11.00%	10.00%	9.36%
31	13.00%	12.00%	11.00%	10.00%	9.36%
32	13.00%	12.00%	11.00%	10.00%	9.36%
33	13.00%	12.00%	11.00%	10.00%	9.36%
34	13.00%	12.00%	11.00%	10.00%	9.36%
35	13.00%	12.00%	11.00%	10.00%	7.20%
36	13.00%	12.00%	11.00%	10.00%	7.20%
37	13.00%	12.00%	11.00%	10.00%	7.20%
38	13.00%	12.00%	11.00%	10.00%	7.20%
39	13.00%	12.00%	11.00%	10.00%	7.20%
40	13.00%	12.00%	11.00%	10.00%	7.20%
41	13.00%	12.00%	11.00%	10.00%	6.96%
42	13.00%	12.00%	11.00%	10.00%	6.72%
43	13.00%	12.00%	11.00%	10.00%	6.48%
44	13.00%	12.00%	11.00%	10.00%	6.24%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 5—Page 4 of 4

Withdrawal Rates—Salaried Participants—Female

Age	Years of Service				
	0	1	2	3	4+
45	13.00%	12.00%	11.00%	10.00%	6.00%
46	13.00%	12.00%	11.00%	10.00%	5.76%
47	13.00%	12.00%	11.00%	10.00%	5.52%
48	13.00%	12.00%	11.00%	10.00%	5.28%
49	13.00%	12.00%	11.00%	10.00%	5.04%
50	13.00%	12.00%	11.00%	10.00%	4.80%
51	13.00%	12.00%	11.00%	10.00%	4.48%
52	13.00%	12.00%	11.00%	10.00%	4.08%
53	13.00%	12.00%	11.00%	10.00%	3.76%
54	13.00%	12.00%	11.00%	10.00%	3.36%
55	13.00%	12.00%	11.00%	10.00%	2.88%
56	13.00%	12.00%	11.00%	10.00%	2.48%
57	13.00%	12.00%	11.00%	10.00%	2.08%
58	13.00%	12.00%	11.00%	10.00%	1.60%
59+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 6—Page 1 of 4

Withdrawal Rates—Union Participants—Male

Age	Years of Service			
	0-1	2-3	4	5+
20	25.00%	20.00%	15.00%	15.00%
21	25.00%	20.00%	15.00%	15.00%
22	25.00%	20.00%	15.00%	15.00%
23	25.00%	20.00%	15.00%	15.00%
24	25.00%	20.00%	15.00%	15.00%
25	25.00%	20.00%	15.00%	15.00%
26	25.00%	20.00%	15.00%	15.00%
27	25.00%	20.00%	15.00%	15.00%
28	25.00%	20.00%	15.00%	14.70%
29	25.00%	20.00%	15.00%	14.10%
30	25.00%	20.00%	15.00%	13.50%
31	25.00%	20.00%	15.00%	12.90%
32	25.00%	20.00%	15.00%	12.30%
33	25.00%	20.00%	15.00%	11.70%
34	25.00%	20.00%	15.00%	11.10%
35	25.00%	20.00%	15.00%	10.50%
36	25.00%	20.00%	15.00%	9.90%
37	25.00%	20.00%	15.00%	9.30%
38	25.00%	20.00%	15.00%	8.70%
39	25.00%	20.00%	15.00%	8.10%
40	25.00%	20.00%	15.00%	7.70%
41	25.00%	20.00%	15.00%	7.30%
42	25.00%	20.00%	15.00%	7.00%
43	25.00%	20.00%	15.00%	6.70%
44	25.00%	20.00%	15.00%	6.40%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 6—Page 2 of 4

Withdrawal Rates—Union Participants—Male

Age	Years of Service			
	0-1	2-3	4	5+
45	25.00%	20.00%	15.00%	6.10%
46	25.00%	20.00%	15.00%	5.80%
47	25.00%	20.00%	15.00%	5.50%
48	25.00%	20.00%	15.00%	5.20%
49	25.00%	20.00%	15.00%	4.90%
50	25.00%	20.00%	15.00%	4.60%
51	25.00%	20.00%	15.00%	4.20%
52	25.00%	20.00%	15.00%	3.80%
53	25.00%	20.00%	15.00%	3.30%
54	25.00%	20.00%	15.00%	2.90%
55	25.00%	20.00%	15.00%	2.40%
56	25.00%	20.00%	15.00%	1.90%
57	25.00%	20.00%	15.00%	1.40%
58	25.00%	20.00%	15.00%	1.00%
59+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 6—Page 3 of 4

Withdrawal Rates—Union Participants—Female

Age	Years of Service			
	0-1	2-3	4	5+
20	25.00%	20.00%	15.00%	15.00%
21	25.00%	20.00%	15.00%	15.00%
22	25.00%	20.00%	15.00%	15.00%
23	25.00%	20.00%	15.00%	15.00%
24	25.00%	20.00%	15.00%	15.00%
25	25.00%	20.00%	15.00%	15.00%
26	25.00%	20.00%	15.00%	15.00%
27	25.00%	20.00%	15.00%	15.00%
28	25.00%	20.00%	15.00%	15.00%
29	25.00%	20.00%	15.00%	15.00%
30	25.00%	20.00%	15.00%	15.00%
31	25.00%	20.00%	15.00%	15.00%
32	25.00%	20.00%	15.00%	15.00%
33	25.00%	20.00%	15.00%	15.00%
34	25.00%	20.00%	15.00%	14.20%
35	25.00%	20.00%	15.00%	12.80%
36	25.00%	20.00%	15.00%	11.80%
37	25.00%	20.00%	15.00%	10.80%
38	25.00%	20.00%	15.00%	9.90%
39	25.00%	20.00%	15.00%	9.30%
40	25.00%	20.00%	15.00%	9.00%
41	25.00%	20.00%	15.00%	8.70%
42	25.00%	20.00%	15.00%	8.40%
43	25.00%	20.00%	15.00%	8.10%
44	25.00%	20.00%	15.00%	7.80%

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Table 6—Page 4 of 4

Withdrawal Rates—Union Participants—Female

Age	Years of Service			
	0-1	2-3	4	5+
45	25.00%	20.00%	15.00%	7.50%
46	25.00%	20.00%	15.00%	7.20%
47	25.00%	20.00%	15.00%	6.90%
48	25.00%	20.00%	15.00%	6.60%
49	25.00%	20.00%	15.00%	6.30%
50	25.00%	20.00%	15.00%	6.00%
51	25.00%	20.00%	15.00%	5.60%
52	25.00%	20.00%	15.00%	5.10%
53	25.00%	20.00%	15.00%	4.70%
54	25.00%	20.00%	15.00%	4.20%
55	25.00%	20.00%	15.00%	3.60%
56	25.00%	20.00%	15.00%	3.10%
57	25.00%	20.00%	15.00%	2.60%
58	25.00%	20.00%	15.00%	2.00%
59+	0.00%	0.00%	0.00%	0.00%

Schedule H, Line 4j
Schedule of Reportable Transactions

See the Supplemental Schedule, page 19, in the attached Financial Statement

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2020 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

► **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 OSRAM SYLVANIA PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OSRAM SYLVANIA, INC.	D Employer Identification Number (EIN) 04-3349012	
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>2020</u>																				
2	Assets:																				
	<table style="width: 100%;"> <tr> <td style="width: 70%;">a Market value.....</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">290,211,312</td> </tr> <tr> <td>b Actuarial value.....</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">290,211,312</td> </tr> </table>	a Market value.....	2a	290,211,312	b Actuarial value.....	2b	290,211,312														
a Market value.....	2a	290,211,312																			
b Actuarial value.....	2b	290,211,312																			
3	Funding target/participant count breakdown																				
	<table style="width: 100%;"> <tr> <th></th> <th style="width: 15%;">(1) Number of participants</th> <th style="width: 20%;">(2) Vested Funding Target</th> <th style="width: 20%;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: right;">430</td> <td style="text-align: right;">31,664,497</td> <td style="text-align: right;">31,664,497</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: right;">2,167</td> <td style="text-align: right;">106,897,603</td> <td style="text-align: right;">106,897,603</td> </tr> <tr> <td>c For active participants.....</td> <td style="text-align: right;">467</td> <td style="text-align: right;">55,555,957</td> <td style="text-align: right;">60,588,714</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: right;">3,064</td> <td style="text-align: right;">194,118,057</td> <td style="text-align: right;">199,150,814</td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	430	31,664,497	31,664,497	b For terminated vested participants	2,167	106,897,603	106,897,603	c For active participants.....	467	55,555,957	60,588,714	d Total.....	3,064	194,118,057	199,150,814
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																		
a For retired participants and beneficiaries receiving payment.....	430	31,664,497	31,664,497																		
b For terminated vested participants	2,167	106,897,603	106,897,603																		
c For active participants.....	467	55,555,957	60,588,714																		
d Total.....	3,064	194,118,057	199,150,814																		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐																				
	<table style="width: 100%;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>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.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	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															
a Funding target disregarding prescribed at-risk assumptions	4a																				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b																				
5	Effective interest rate..... 5 5.48%																				
6	Target normal cost..... 6 2,087,147																				

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	Margaret Sonduck <i>MS</i> Signature of actuary Margaret C. Sonduck Type or print name of actuary AON CONSULTING, INC. Firm name 2001 K STREET, NW SUITE 625 NORTH WASHINGTON DC 20006 Address of the firm	09/17/2021 Date 2007439 Most recent enrollment number 202-429-8554 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) 2020
v. 200204

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	91,530,015
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8,704,425
9 Amount remaining (line 7 minus line 8)	0	82,825,590
10 Interest on line 9 using prior year's actual return of <u>25.05%</u>	0	20,747,810
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.65%</u>		0
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		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	103,573,400

Part III Funding Percentages

14 Funding target attainment percentage	14	93.71%
15 Adjusted funding target attainment percentage	15	145.72%
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	80.00%
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
Totals ▶			18(b)	0	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	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
0	0	0
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 59
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	2,087,147	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	12,512,902	2,769,327	
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	4,856,474	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4,856,474	4,856,474
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

OSRAM Union (All other Participants) & Hourly Participants							
0-19 Years of Service				20+ Years of Service			
(a)	(b)	(c)	(d) Product	(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)	Age	Rate	Weight	(a) × (b) × (c)
55.5	20.00%	1.0000	11.10	55.5	20.00%	1.0000	11.10
56.5	10.00%	0.8000	4.52	56.5	10.00%	0.8000	4.52
57.5	10.00%	0.7200	4.14	57.5	10.00%	0.7200	4.14
58.5	10.00%	0.6480	3.79	58.5	20.00%	0.6480	7.58
59.5	10.00%	0.5832	3.47	59.5	20.00%	0.5184	6.17
60.5	10.00%	0.5249	3.18	60.5	20.00%	0.4147	5.02
61.5	10.00%	0.4724	2.91	61.5	20.00%	0.3318	4.08
62.5	30.00%	0.4252	7.97	62.5	30.00%	0.2654	4.98
63.5	25.00%	0.2976	4.72	63.5	25.00%	0.1858	2.95
64.5	25.00%	0.2232	3.60	64.5	25.00%	0.1393	2.25
65.5	33.00%	0.1674	3.62	65.5	33.00%	0.1045	2.26
66.5	33.00%	0.1122	2.46	66.5	33.00%	0.0700	1.54
67.5	33.00%	0.0751	1.67	67.5	33.00%	0.0469	1.05
68.5	33.00%	0.0503	1.14	68.5	33.00%	0.0314	0.71
69.5	33.00%	0.0337	0.77	69.5	33.00%	0.0211	0.48
70	100.00%	0.0226	1.58	70	100.00%	0.0141	0.99
Weighted Average			60.64	Weighted Average			59.82

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

OSRAM Salaried Participants

0-19 Years of Service				20+ Years of Service			
(a)	(b)	(c)	(d) Product	(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)	Age	Rate	Weight	(a) × (b) × (c)
50.5	5.00%	1.0000	2.53	50.5	5.00%	1.0000	2.53
51.5	5.00%	0.9500	2.45	51.5	5.00%	0.9500	2.45
52.5	5.00%	0.9025	2.37	52.5	5.00%	0.9025	2.37
53.5	5.00%	0.8574	2.29	53.5	5.00%	0.8574	2.29
54.5	5.00%	0.8145	2.22	54.5	5.00%	0.8145	2.22
55.5	20.00%	0.7738	8.59	55.5	20.00%	0.7738	8.59
56.5	10.00%	0.6190	3.50	56.5	10.00%	0.6190	3.50
57.5	10.00%	0.5571	3.20	57.5	10.00%	0.5571	3.20
58.5	10.00%	0.5014	2.93	58.5	20.00%	0.5014	5.87
59.5	10.00%	0.4513	2.69	59.5	20.00%	0.4011	4.77
60.5	10.00%	0.4061	2.46	60.5	20.00%	0.3209	3.88
61.5	10.00%	0.3655	2.25	61.5	20.00%	0.2567	3.16
62.5	30.00%	0.3290	6.17	62.5	30.00%	0.2054	3.85
63.5	25.00%	0.2303	3.66	63.5	25.00%	0.1438	2.28
64.5	25.00%	0.1727	2.78	64.5	25.00%	0.1078	1.74
65.5	33.00%	0.1295	2.80	65.5	33.00%	0.0809	1.75
66.5	33.00%	0.0868	1.90	66.5	33.00%	0.0542	1.19
67.5	33.00%	0.0581	1.30	67.5	33.00%	0.0363	0.81
68.5	33.00%	0.0390	0.88	68.5	33.00%	0.0243	0.55
69.5	33.00%	0.0261	0.60	69.5	33.00%	0.0163	0.37
70	100.00%	0.0175	1.22	70	100.00%	0.0109	0.76
Weighted Average			58.79	Weighted Average			58.13

Weighted Average Retirement Age

Group	Number of Participants Exposed	Weighted Average Retirement Age
OSRAM Salaried - 0 -19 Years of Service	62	58.79
OSRAM Salaried - 20+ Years of Service	192	58.13
OSRAM Union (All other) & Hourly - 0 -19 Years of Service	42	60.64
OSRAM Union (All other) & Hourly - 20+ Years of Service	171	59.82
Total	467	59.06

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Provisions

The OSRAM Salaried, Hourly and Union employees were spun off from the Siemens Pension Plan (SPP) and the Siemens Pension Plan for Union Employees (SPPU) as of October 1, 2011. The spinoff groups merged to form the OSRAM Sylvania Pension Plan. The provisions applicable to each group follow. Effective April 1, 2016, LEDVANCE LLC employees as of July 1, 2016 were spun off from this plan into a new pension plan.

OSRAM Salaried

Effective Date

Originally effective January 29, 1993. Amended and restated January 1, 2013. Most recently amended effective as of July 1, 2018 (Seventh Amendment). Effective January 1, 2011, all benefits accrued under the plan were frozen for legacy OSRAM salaried participants.

Eligibility

Participation retroactive to date of hire (or beginning of plan year) upon completion of 1,000 hours of service in the 12 month period (or plan year) following date of hire before becoming eligible. Certain participants in GTE pension plans were transferred to the plan effective January 29, 1993. Certain participants in Motorola pension plan were transferred to the plan effective March 1, 2000.

The plan was closed to new entrants January 1, 2007. For participants whose age + service was less than 55 (Rule of 55) on October 1, 2007, benefits were frozen as of October 1, 2007. Participants who met the Rule of 55 were given the choice of remaining in the current plan or freezing benefits as of October 1, 2007. Participants whose benefits were frozen receive additional defined contribution plan benefits.

Effective July 1, 2018, participants who transfer employment directly to OSRAM CONTINENTAL USA, Inc. will continue to receive Accredited Service for eligibility purposes under the plan while they are employed with OSRAM CONTINENTAL USA, Inc.

Normal Retirement
Eligibility

Age 65 with five years of vesting service or fifth anniversary of participation, if earlier.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Benefit

The annual pension is 1.15% of average annual compensation plus an additional 0.3% of such average annual compensation in excess of the average maximum earnings subject to FICA tax for a person attaining age 65 in the year the member retires, such total multiplied by years of accredited service. This benefit shall not be less than the greater of:

- (a) 1.35% of average annual compensation multiplied by years of accredited service; and
- (b) A dollar amount (from \$105 to \$3,300 based on service).

Former Motorola-LZ participants receive the greater of the accredited service pension above or their prior formula reflecting accredited service as of March 1, 2000 plus the ongoing formula above reflecting future accredited service.

Early Retirement
Eligibility

Age 55 with 15 years of accredited service. (For former GTE employees, 15 years of accredited service, provided that the sum of accredited service and age is at least 76 years.)

Benefit

The annual pension is the accrued benefit payable at age 65 but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of accredited service); there is no reduction if the commencement date is between ages 60 and 65.

For former Motorola-LZ participants, Motorola Pension Plan early retirement provisions will be applied to that part of the normal retirement benefit that is determined by their prior formula, if any.

For former GTE employees, for a benefit that commences prior to age 55, that part of the benefit payable at age 65 with pre-January 29, 1993 service is reduced by 3% per year for each year before age 55. For former GTE employees who are age 55 with 15 years of accredited service, that part of the benefit payable at age 65 with pre-January 1993 service shall be reduced by Table 2—Early Commencement Factors.

Disability

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Eligibility	Fifteen years of accredited service.
Benefit	The accrued benefit is payable upon 90 days notice without reduction for early commencement (using Table II(b)—Disability Joint and Survivor Factors).
Termination	
Eligibility	Five years of vesting service.
Benefit	The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table 2—Early Commencement Factors) if payments commence after age 55 but before 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 member's normal retirement date 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 or in an actuarially reduced (using Table 2—Early Commencement Factors) amount any time after member's eligibility for early retirement. There is no reduction for early commencement of spouse's pension if the member died in the service of the company with five years of vesting service.
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.
Definitions	
Average Annual Compensation	Highest average compensation in any 60 consecutive months.
Compensation	All remuneration (including all regular pay, commissions, overtime pay, bonus awards and Section 132(f)(6), 125 and 401(k) deferrals).
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). If appropriate factors not specified, then a 7% interest rate and the TPF&C Forecast Mortality table for 100% males set back two years is used.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Forms of Payment	<p>Single life annuity and optional joint and survivor annuity (33⅓%, 50%, 75%, or 100%).</p> <p>For Motorola-LZ participants, a 10-year certain and life option is also available.</p> <p>Former GTE employees may elect to receive their pre-January 29, 1993 benefit as a lump sum.</p> <p>Effective January 1, 2018, participants who retire from active status may elect to receive their entire benefit as a lump sum.</p>
Payment of Small Amounts	<p>Non-elective lump sum payment if the present value does not exceed \$1,000.</p>
Plan Year	<p>Calendar year.</p>
Accredited Service	<p>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, if applicable).</p>
Vesting Service	<p>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).</p>

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

OSRAM Hourly

Effective Date Originally effective January 29, 1993. Amended and restated January 1, 2013. Most recently amended effective as of July 1, 2018 (Seventh Amendment).

Eligibility Immediate. Some employees may need to complete 1,000 hours of service in the 12 months (or any successive 12 month period) following their date of hire. Certain participants in the GTE pension plans were transferred to the plan effective January 29, 1993. The plan was closed to new entrants April 1, 2007.

Effective July 1, 2018, participants who transfer employment directly to OSRAM CONTINENTAL USA, Inc. will continue to receive Accredited Service for eligibility purposes under the plan while they are employed with OSRAM CONTINENTAL USA, Inc.

Normal Retirement
Eligibility

Age 65.

Benefit

The annual pension is the greater of (a) or (b):

- (a) A dollar amount (ranging from \$327 to \$432, depending on final average earnings) times years of accredited service.
- (b) A dollar amount (from \$327 to \$432, depending on final average earnings) times years of accredited service before September 1, 1961 plus 1% of total compensation after September 1, 1961.

Final Average Earnings	Dollar Multiplier
Below \$22,000	\$327
\$22,000–\$22,399	\$330
\$22,400–\$22,799	\$333
\$22,800–\$23,199	\$336
\$23,200–\$23,599	\$339
\$23,600–\$23,999	\$342
\$24,000–\$24,499	\$348
\$24,500–\$24,999	\$354
\$25,000–\$25,499	\$360
\$25,500–\$25,999	\$366
\$26,000–\$26,499	\$372
\$26,500–\$26,999	\$378
\$27,000–\$27,499	\$384
\$27,500–\$27,999	\$390
\$28,000–\$28,499	\$396
\$28,500–\$28,999	\$402
\$29,000–\$29,499	\$408
\$29,500–\$29,999	\$414

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

\$30,000—\$30,999	\$420
\$31,000—\$31,999	\$426
\$32,000—\$32,999	\$429
\$33,000	\$432

Early Retirement

Eligibility

Age 55 with 15 years of accredited service.

Benefit

The annual pension is the accrued benefit payable at age 65 but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of accredited service); there is no reduction if the commencement date is between ages 60 and 65 or age 55 with 30 years of service.

Supplemental Benefits

Eligibility

Payable to members who retire with 15 years of accredited service and have attained age 60 (but less than age 62), 20 years of accredited service and have attained age 58 (but less than age 60), termination due to layoff with 25 years of accredited service and have attained age 55, or 30 years of accredited service and have attained age 55.

Benefit

The annual benefit is \$240 times years of accredited service to a maximum of 25 years. This supplemental payment commences at age 60 with 15 years of service at retirement, or at age 58 with 20 years of service at retirement, or at age 55 with 30 years of service at retirement, and ceases at the earlier of age 62, Social Security benefit eligibility, or death.

Disability Benefits

Eligibility

Ten years of accredited service.

Benefit

The accrued benefit is payable upon 90 days notice without reduction for early commencement. The pension benefit is reduced by other disability income (except for statutory Worker's Compensation benefits) paid for by the company's premiums or taxes.

Termination

Eligibility

Five years of vesting service, or attained normal retirement age; or layoff.

Benefit

The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table 1—Early Commencement Factors) if payments commence after age 55 but before age 65.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

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 member's normal retirement date if the member had terminated employment on the date of his death. The benefit is payable in an unreduced amount commencing at the member's death if the member died while employed or if the member was eligible for early or disability retirement. Otherwise, the spouse's pension is actuarially reduced (using Table 1—Early Commencement Factors) for early commencement. The reduction is to an actuarially equivalent benefit.

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.

Definitions

Final Average Earnings

Highest average annual compensation in any five out of the last 10 calendar years.

Compensation

All remuneration (including all regular pay, commissions, overtime pay, bonus awards, and Section 132(f)(6), 125 and 401(k) deferrals).

Actuarial Equivalence

Applicable factors specified under the plan's tables. (Early Commencement Factors, Factors for Small Pensions, Joint and Survivor Option with Pop-Up Factors, Certain and Life Option Factors and Joint and Survivor Option Factors.) If appropriate factors not specified then a 7% interest rate and the TPF&C Forecast Mortality table for 100% males set back two years is used.

Forms of Payment

Single life annuity, optional joint and survivor annuity (33 $\frac{1}{3}$ %, 50%, 66 $\frac{2}{3}$ %, 75%, or 100%) with pop-up, and 5-year and 10-year certain and life option.

Effective January 1, 2018, participants who retire from active status may elect to receive their entire benefit as a lump sum.

Payment of Small Amounts

Non-elective lump sum payment if the present value does not exceed \$1,000.

Plan Year

Calendar year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Accredited Service

One year credited for 2,340 hours of service. Partial years credited based on a ratio of hours of service to 2,340.

Vesting Service

One year credited for 1,000 hours of service. Partial years credited based on ratio of hours of service to 2,340.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Union Hourly Employees

Effective Date

Originally effective January 29, 1993. Amended and restated January 1, 2013. Most recently amended effective as of July 1, 2018 (Seventh Amendment).

Eligibility

Employees covered by a collective bargaining agreement which provides for participation in the plan. Some employees may also need to complete 1,000 hours of service in the 12 months or any plan year following the date of hire before becoming eligible. Certain participants in the GTE Pension Plans were transferred to the plan effective January 29, 1993.

The plan is closed. St. Mary's closed to employees hired or rehired after July 1, 2007. Bethlehem closed to employees hired or rehired after June 1, 2008. Central Falls, Ontario, Warren, and Winchester closed to employees hired or rehired after December 1, 2008. Wellsboro closed to employees hired or rehired after February 1, 2009. Closed to employees who are members of IBEW Local 58 hired or rehired after August 1, 2012. Participants rehired after these dates earn vesting service only.

Normal Retirement
Eligibility

Age 65. (For employees at Central Falls and Wellsboro hired after January 1, 1989, five years of accredited service is also required. For employees of Sylvania Lighting Services Corporation, five years of vesting service or plan participation is also required.)

Benefit

The annual pension is the greater of (a) or (b):

- (a) Dollar amount (ranging from \$327 to \$432, depending on final average earnings) times years of accredited service.
- (b) Dollar amount (from \$327 to \$432, depending on final average earnings) times years of accredited service before September 1, 1961 plus 1% of total compensation after September 1, 1961.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Final Average Earnings	Dollar Multiplier
Below \$22,000	\$327
\$22,000–\$22,399	\$330
\$22,400–\$22,799	\$333
\$22,800–\$23,199	\$336
\$23,200–\$23,599	\$339
\$23,600–\$23,999	\$342
\$24,000–\$24,499	\$348
\$24,500–\$24,999	\$354
\$25,000–\$25,499	\$360
\$25,500–\$25,999	\$366
\$26,000–\$26,499	\$372
\$26,500–\$26,999	\$378
\$27,000–\$27,499	\$384
\$27,500–\$27,999	\$390
\$28,000–\$28,499	\$396
\$28,500–\$28,999	\$402
\$29,000–\$29,499	\$408
\$29,500–\$29,999	\$414
\$30,000–\$30,999	\$420
\$31,000–\$31,999	\$426
\$32,000–\$32,999	\$429
\$33,000+	\$432

For participants at Wellsboro and Central Falls, the annual pension is \$408 times years of accredited service.

For participants of Sylvania Lighting Services Corporation, the annual pension is \$60 (\$180 for Sacramento and San Francisco) times years of accredited service.

Early Retirement
Eligibility

Age 55 with 15 years of accredited service (age 55 with five years of accredited service or 30 years of accredited service for Wellsboro and Central Falls employees or age 60 with 20 years of accredited service for Sylvania Lighting Services Corporation employees).

Benefit

The annual pension is the accrued benefit payable at age 65, but reduced 3% per year if payments commence before age 60 (the reduction starts at age 58 if the participant has 20 years of service); there is no reduction if the commencement date is between ages 60 and 65.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

For Ontario, Warren, Winchester, and St. Mary's employees, there is no reduction at age 55 with 30 years of service.

For Wellsboro and Central Falls employees, there is no reduction with 30 or more years of service.

For employees of Sylvania Lighting Services Corporation, the annual pension is reduced by the appropriate factor in Table I—Early Commencement Factors for commencement prior to age 65.

Supplemental Benefits
Eligibility

Payable to members who retire with 15 years of accredited service and age 60 (but less than age 62) or 20 years of accredited service and age 58 (but less than age 60).

Benefit

The annual benefit is \$216 times years of accredited service to a maximum of 25 years. This supplemental payment commences at age 60 with 15 years of service, or at age 58 with 20 years of service. The supplement ceases at age 62 (or, if earlier, member's eligibility for Social Security benefits or death).

For Winchester, Warren, St. Mary's, Ontario, and Bethlehem employees, the annual benefit is \$240 times years of accredited service to a maximum of 25 years. This supplemental payment commences at age 60 (but less than age 62) with 15 years of service, or at age 58 (but less than age 60) with 20 years of service, or at age 55 with 30 years of service. The supplement ceases at age 62 (or, if earlier, member's eligibility for Social Security benefits or death).

For Wellsboro and Central Falls employees, the annual benefit is \$216 times years of accredited service to a maximum of 25 years. This supplemental payment commences at age 60 (but less than age 62) with 15 years of service, or at age 58 (but less than age 60) with 20 years of service, or at age 55 with 30 years of service. The supplement ceases at age 62 (or, if earlier, member's eligibility for Social Security benefits or death). Central Falls employees with 30 years of service receive \$200 per month to age 55.

These supplemental payments are not available to employees Sylvania Lighting Services Corporation.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Disability Eligibility	Ten years of accredited service (employees of Sylvania Lighting Services Corporation are not eligible for disability retirement in its entirety).
Benefit	The accrued retirement benefit is payable upon 90 days notice without reduction for early commencement. The pension benefit is reduced by other disability income (except for statutory Worker's Compensation benefits) paid for by the company's premiums or taxes.
Termination Eligibility	Five years of service or age 65.
Benefit	The annual pension is accrued benefit payable at age 65 or reduced actuarially (using Table 1—Early Commencement Factors) if payments commence after age 55 but before age 65. A separate table of early commencement factors specified in the plan applies to St. Mary's, Central Falls, and Wellsboro.
Death Benefits Before Retirement	<p>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 the member's normal retirement date if the member had terminated employment on the date of his death. The benefit is payable in an unreduced amount commencing at the member's death if the member died while employed and was eligible for early retirement or was eligible for disability retirement. Otherwise, the benefit shall be reduced by the appropriate factor in Table I—Early Commencement Factors.</p> <p>For Wellsboro and Central Falls employees, if the member was eligible for early retirement or had more than 10 years of accredited service, the spouse receives a pension for life equal to $\frac{1}{2}$ of the single life annuity that would have been payable at the member's normal retirement date if the member had terminated employment on the date of his death. This benefit is reduced by one-fifth of 1% for each month that the spouse is more than 60 months less than the age of the deceased member. If the spouse elects to have this pension commence immediately, the benefit shall be reduced by $\frac{1}{2}$ of 1% for each month that the member's death precedes his sixtieth birthday.</p>

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

For Wellsboro and Central Falls, if the member was not eligible for early retirement benefit, the spouse receives a pension for life equal to $\frac{1}{2}$ of the joint and survivor as described above. If the spouse elects to have this pension commence immediately, it will be reduced by $\frac{1}{180}$ th for the first 60 months and $\frac{1}{360}$ th for each additional month that the member's death precedes his sixty-fifth birthday.

Unreduced benefits are also payable to spouses of Wellsboro and Central Falls employees any time after the employee's death if the employee had completed at least 30 years of service, or at the employee's age 60 if the employee had completed at least five years of service. Otherwise, the spouse's pension is actuarially reduced for early commencement. The reduction is to an actuarially equivalent benefit.

For employees of Sylvania Lighting Services Corporation, the spouse's pension cannot commence prior to the employee's sixtieth birthday, or earliest 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.

Definitions

Final Average Earnings

Highest average annual compensation in any five out of the last 10 calendar years.

Compensation

All remuneration (including all regular pay, commissions, overtime pay, bonus awards, and Section 132(f)(6), 125 and 401(k) deferrals).

Actuarial Equivalence

Applicable factors specified under the plan's tables. (Early Commencement Factors, Factors for Small Pensions, Joint and Survivor Option with Pop-Up Factors, Certain and Life Option Factors and Joint and Survivor Factors, Level Income Option Factors for Wellsboro and Central Falls, and Early Commencement Factors for Wellsboro and Central Falls.) If appropriate factors not specified then a 7% interest rate and the TPF&C Forecast Mortality table for 100% males set back two years is used.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Forms of Payment	Single life annuity, optional joint and survivor annuity (33⅓%, 50%, and 66⅔%, 75%, or 100%) with pop-up, and 5-year and 10-year certain and life option. Central Falls and Wellsboro employees may elect a single life annuity, joint and survivor annuity (50%, 75%, or 100%), with pop-up and/or 5-year, 6-year, or 10-year certain and life option, or level income option. Sylvania Lighting employees may elect a single life annuity or joint and survivor annuity (50%, 75%, or 100%).
Payment of Small Amounts	Non-elective lump sum payment if the present value does not exceed \$1,000.
Plan Year	Calendar year.
Accredited Service	One year credited for 2,340 hours of service. Partial years credited based on a ratio of hours of service to 2,340. For Wellsboro and Central Falls employees, one year credited for 960 hours of service. For employees of Sylvania Lighting Service Corporation, one year is credited for 2,080 hours of service. Partial years based on a ratio of hours of service to 2,080.
Vesting Service	One year credited for 1,000 hours of service. Partial years credited based on ratio of hours of service to 2,340. For Wellsboro and Central Falls employees, one year is credited for 960 hours of service. For employees of Sylvania Lighting Service Corporation, partial years credited based on ratio of hours of service to 2,080.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Plan Changes Since the Prior Year

Changes in Plan Provisions for the January 1, 2020 Valuation

The January 1, 2020 funding valuation reflects the following plan changes:

- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual maximum compensation limit under IRC section 401(a)(17) from \$280,000 in 2019 to \$285,000 in 2020.
- An increase in the annual maximum benefit limit under IRC section 415 from \$225,000 in 2019 to \$230,000 in 2020.

Changes in Plan Provisions for the January 1, 2019 Valuation

The January 1, 2019 funding valuation reflects the following plan changes:

- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual maximum compensation limit under IRC section 401(a)(17) from \$275,000 in 2018 to \$280,000 in 2019.
- An increase in the annual maximum benefit limit under IRC section 415 from \$220,000 in 2018 to \$225,000 in 2019.

Changes in Plan Provisions for the January 1, 2018 Valuation

The January 1, 2018 funding valuation reflects the following plan changes:

- Effective January 1, 2018, Salaried and Hourly participants who retire from active status may elect to receive their entire benefit as a lump sum.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual maximum compensation limit under IRC section 401(a)(17) from \$270,000 in 2017 to \$275,000 in 2018.
- An increase in the annual maximum benefit limit under IRC section 415 from \$215,000 in 2017 to \$220,000 in 2018.

Changes in Plan Provisions for the January 1, 2017 Valuation

The January 1, 2017 funding valuation reflects the following plan changes:

- Effective April 1, 2016, LEDVANCE LLC employees as of July 1, 2016 were spun off from this plan into a new pension plan.
- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual maximum compensation limit under IRC section 401(a)(17) from \$265,000 in 2016 to \$270,000 in 2017.
- An increase in the annual maximum benefit limit under IRC section 415 from \$210,000 in 2016 to \$215,000 in 2017.

Changes in Plan Provisions for the January 1, 2016 Valuation

The January 1, 2016 funding valuation reflects the following plan change:

An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

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.

This Schedule SB reflects stabilized 2020 minimum funding interest rates without regard to ARPA. Internal Revenue Service Notice 2021-48 allows a plan sponsor to make a deemed election not to apply the ARPA interest rate stabilization (for any purposes) for the 2020 plan year. Via this filing, OSRAM will make that deemed election for the OSRAM Sylvania Pension Plan.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed from Keith T. Sartain (20-05002) to Margaret C. Sonduck (20-07439).

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

See the Supplemental Schedule, page 18, in the attached Financial Statement

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 33,806,177	January 1, 2019	6	\$ 6,218,209
Shortfall	\$ (21,293,275)	January 1, 2020	7	\$ (3,448,882)

Schedule SB Attachment (Form 5500)—2020 Plan Year
OSRAM Sylvania Pension Plan
EIN: 04-3349012 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the salary decrease assumption from 3.00% to 2.50%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of Commissioner is not required.