Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LIBBEY HOURLY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 06/24/1993

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)
LIBBEY GLASS LLC

300 MADISON AVENUE
PO BOX 10060
TOLEDO, OH 43699-0060

2b Employer Identification Number (EIN) 22-2784107

2c Plan Sponsor's telephone number 419-325-2100

2d Business code (see instructions) 327210

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.	08/26/2021	SARAH J ZIBBEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/07/2021	JONNIE M. HODGES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

LIBBEY GLASS LLC EMPLOYEE BENEFITS COMMITTEE

300 MADISON AVENUE
PO BOX 10060
TOLEDO, OH 43699-0060

3b Administrator's EIN: 22-2784107

3c Administrator's telephone number: 419-325-2100

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: LIBBEY INC.

c Plan Name: LIBBEY INC. HOURLY RETIREMENT PLAN

4b EIN: 34-1559357

4d PN: 004

5	Total number of participants at the beginning of the plan year	**5** 2530
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).	
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)** 726
a(2)	Total number of active participants at the end of the plan year	**6a(2)** 470
b	Retired or separated participants receiving benefits	**6b** 1444
c	Other retired or separated participants entitled to future benefits	**6c** 410
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d** 2324
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e** 145
f	Total. Add lines **6d** and **6e**	**6f** 2469
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h** 0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

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) ☐ 0 **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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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
LIBBEY HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LIBBEY GLASS LLC

D Employer Identification Number (EIN)
22-2784107

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	260364714
b Actuarial value	**2b**	247478444

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	1453	136243051	136243051
b For terminated vested participants	351	11242829	11242829
c For active participants	726	58361162	63916799
d Total	2530	205847042	211402679

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**	5.35 %
6 Target normal cost	**6**	3585853

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

	08/20/2021
Signature of actuary	Date
ANDREW E DUNN	20-07908
Type or print name of actuary	Most recent enrollment number
WILLIS TOWERS WATSON US LLC	216-937-4000
Firm name	Telephone number (including area code)
1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	31250093
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4568956
9	Amount remaining (line 7 minus line 8)	0	26681137
10	Interest on line 9 using prior year's actual return of 21.66 %	0	5779134
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 5.51 %		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	32460271

Part III Funding Percentages

14	Funding target attainment percentage	14	101.71 %
15	Adjusted funding target attainment percentage	15	101.64 %
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	97.68 %
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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	3585853
b Excess assets, if applicable, but not greater than line 31a	**31b**	3585853

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
LIBBEY HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LIBBEY GLASS LLC

D Employer Identification Number (EIN)
22-2784107

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: LIBBEY MASTER RETIREMENT TRUST

b Name of sponsor of entity listed in (a): LIBBEY GLASS LLC

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)
06-1702366-001	M	290727529

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(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
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
LIBBEY HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
LIBBEY GLASS LLC

D Employer Identification Number (EIN)
22-2784107

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	260364714	290727529
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	260364714	290727529
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	260364714	290727529

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)		
	(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)		0
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		44095822
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		44095822
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13733007	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		13733007
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13733007
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		30362815
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: GILMORE JASION MAHLER, LTD **(2)** EIN: 34-1827159

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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 4308888.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
LIBBEY HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
LIBBEY GLASS LLC

D Employer Identification Number (EIN)
22-2784107

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): 22-2784107 16-1481904

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 40.2 % Investment-Grade Debt: 47.1 % High-Yield Debt: _____% Real Estate: _____% Other: 12.7 %

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_____

FINANCIAL STATEMENTS

Libbey Hourly Retirement Plan
Years Ended December 31, 2020 and 2019
Independent Auditor's Report

Employer Identification Number (EIN): 22-2784107
Plan Number: 004

Libbey Hourly Retirement Plan

Financial Statements

Years Ended December 31, 2020 and 2019

Contents

Independent Auditor's Report 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

INDEPENDENT AUDITOR'S REPORT

To the Libbey Employee Benefits Committee and the Plan Participants
Libbey Hourly Retirement Plan
Toledo, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Libbey Hourly Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. 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 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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 on the financial statements. Accordingly, we do not express an opinion on the financial statements referenced in the first paragraph.

GJM GILMORE JASION MAHLER, LTD
INNOVATIVE IDEAS. TRUSTED ADVICE.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Maumee, Ohio
July 19, 2021

Libbey Hourly Retirement Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2020	2019
Assets		
Investment in Master Trust, at fair value *(Note 5)*	$ 290,727,529	$ 260,364,714
Net assets available for benefits	$ 290,727,529	$ 260,364,714

See accompanying notes to financial statements.

Libbey Hourly Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2020	**2019**
Net investment gain from Master Trust *(Note 5)*	$ 44,808,944	$ 47,765,581
Administrative expenses	(713,122)	(1,393,272)
	44,095,822	46,372,309
Benefits paid to participants	(13,733,007)	(13,180,644)
Net increase	30,362,815	33,191,665
Net assets available for benefits:		
Beginning of year	260,364,714	227,173,049
End of year	$ 290,727,529	$ 260,364,714

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Libbey Hourly Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the summary plan description or plan document for more complete information about the Plan, including the vesting and benefit provisions and the benefit guarantee of the Pension Benefit Guarantee Corporation (PBGC). Copies of these documents are available at the corporate office of Libbey Glass LLC (the Company, Plan Administrator, and Plan Sponsor). The Plan was amended during 2020 to name the Company as the Plan Sponsor as of November 5, 2020. For periods prior to November 5, 2020, Libbey, Inc. acted as the Plan Sponsor.

General

The Plan is a defined benefit plan established to provide normal and early retirement, termination, and death benefits to full-time hourly employees. Effective December 16, 2008 for Shreveport and October 1, 2010 for Toledo, the Plan was amended to restrict enrollment to additional new employees at these two remaining Libbey plants in the U.S. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

On June 1, 2020, Libbey Inc. (the Predecessor), Libbey Glass Inc., and each direct and indirect U.S. subsidiary of Libbey Glass Inc. (collectively with the Predecessor and Libbey Glass Inc., the Debtors) commenced voluntary cases (the Chapter 11 Cases) under Chapter 11 of the United States Code in the United States Bankruptcy Court for the District of Delaware (the Bankruptcy Court). On October 20, 2020, the Bankruptcy Court entered an order confirming the Debtors' First Amended Joint Plan of Reorganization (the Plan of Reorganization). Pursuant to the Plan of Reorganization, on November 5, 2020, the Predecessor (i) assigned the majority of its assets to Libbey Glass Inc., and Libbey Glass Inc. assumed all of Predecessor's obligations and liabilities in connection therewith; and (ii) contributed 100% of the equity in Libbey Glass Inc. to Libbey Holdings Inc., an entity newly formed by Predecessor, in exchange for 100 shares of common stock of Libbey Holdings Inc. Subsequently, Libbey Glass Inc. was converted to Libbey Glass LLC, a Delaware limited liability company. On November 13, 2020, the Plan of Reorganization became effective in accordance with its terms, and the Debtors emerged from the Chapter 11 Cases. The Plan was amended as part of the Chapter 11 reorganization process and, as a result, employees that participate in the Plan will not earn additional service credits after December 31, 2022. The freezing of future accruals does not impact Plan of Reorganization participants that have already retired or pension benefits that have accrued through the date of the freeze. As part of the Plan of Reorganization, manufacturing operations in Shreveport were ceased, effective December 31, 2020.

The Employee Benefits Committee of Libbey Glass LLC (the Committee) is responsible for the general administration of the Plan. The Committee is comprised of several employees of the Company and reports to the Board of Directors of the Company. The trustee of the Plan is State Street Bank and Trust (State Street).

Benefits

The Plan is a traditional defined benefit plan whereby a participant's accrued benefit is determined based on credited service times a per month amount specified in the collective bargaining agreement.

A participant is entitled to pension benefits beginning at normal retirement age (65) based on a benefit formula amount stipulated by labor class in the applicable union contract multiplied by the participant's years of credited service under the Plan. Benefits are paid to the participant in the form of a recurring payment. Accrued benefits become vested after completion of five years of credited service or the attainment of normal retirement age. Benefits are payable beginning at normal retirement age or in reduced amounts upon early retirement. Benefits are also payable upon disability or death.

Funding

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

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Most significantly, estimates are used in determining the actuarial present value of accumulated plan benefits and in determining the fair value of investments (see Note 3 and 4 for further details). Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's assets are stated at fair value and are included in the Libbey Master Retirement Trust (the Master Trust) along with the assets of another pension plan of the Company. Each participating plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among both plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among both plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust. The Master Trust holds an investment in the Harbor Capital Group Trust for Defined Benefit Plans (Group Trust). The Group Trust is under a separate trust agreement, along with the assets of other third-party pension plans. 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 3 for further details.

Earnings of the Group Trust are allocated to each plan based on the relative market values of each plan's net assets. These financial statements reflect the Plan's total interest in the net assets and transactions of the Group Trust as allocated by the trustee and any such other investments and transactions related solely to the Plan. This Group Trust is designed to diversify risk by investing in a variety of asset classes including the following: domestic and foreign corporate equity and debt issues, government securities and real estate investment trusts.

The Master Trust also holds investments in hedge funds and short-term investments. The hedge funds are multi-strategy hedge funds. The investment objective is to achieve long-term equity-like returns with significantly less volatility than the equity markets. The Master Trust seeks to accomplish this investment objective by investing in a diversified portfolio of hedge funds.

The Committee is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments. In addition, the Committee determines guidelines for the long-term asset allocation of the Master Trust while considering diversification and pension plan liability structure. The diversified asset allocation is intended to maintain an appropriate balance of risk and return.

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.

Subsequent Events

The Company has evaluated all subsequent events through July 19, 2021, the date the financial statements were available to be issued, noting no events occurring subsequent to December 31, 2020, but before July 19, 2021, that require consideration as adjustments to or disclosures in the financial statements.

3. Fair Value of Investments

Our investment valuation policy is to state the investments at fair value. Substantially all investments are valued at their respective net asset value (NAV) as a practical expedient and calculated by the trustee, except for certain hedge fund investments valued at NAV (not as a practical expedient). Valuation techniques and inputs used to measure fair value are as follows:

Short-term investments - valued using NAV as a practical expedient.

Group Trust - valued at the unit prices established by the trustee, also referred to as NAV as a practical expedient. The underlying securities in the Group Trust include real estate funds, equity securities and debt securities/fixed income investments. The underlying securities in the Group Trust are valued as follows:

> **Real estate funds** - valued based on valuation of the fund as determined by periodic appraisals of the underlying investments owned by the respective fund.
>
> **Equity securities** - valued at the last reported readily available sales price on their principal exchange on the valuation date or official close for certain markets.
>
> **Debt securities/Fixed income investments** - valued on a basis of valuations furnished by a trustee-approved pricing service, which determines valuations for normal institutional-size trading units of such securities which are generally recognized at fair value as determined in good faith by the trustee.

Hedge Funds - valued primarily using NAV by applying estimated month-end NAV and performance numbers provided by the fund administrator.

Restrictions on redemption - The plan is required to provide at least 60 days advance written notice to liquidate its entire share in the Group Trust. Certain investments in the hedge funds can only be liquidated on either a quarterly or semi-annual basis, require advance notification and are subject to audit holdback provisions.

Investments measured at NAV as a practical expedient for fair value have been excluded from the fair value hierarchy, in accordance with U.S. GAAP. The table below presents the Master Trust investments at fair value as of December 31.

	Measured at NAV as a practical expedient	
	2020	2019
Master Trust investments:		
Short-term investments	$ 9,607,572	$ 7,489,306
Hedge funds	35,938,309	36,553,701
Investment in Group Trust:		
Real estate	11,016,291	7,622,649
Equity securities	160,252,012	139,060,487
Debt securities	162,443,544	155,573,531
Total	$ 379,257,728	$ 346,299,674

See Note 5 for further information as to the Plan's interest in the Master Trust and the Group Trust.

4. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by the employees at the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated vested employees or their beneficiaries and (b) present employees or their beneficiaries.

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

The significant assumptions underlying the actuarial valuation as of January 1, 2020 and 2019 are:

Assumed rate of return	2020 – 6.50% annually 2019 – 6.50% annually
Mortality basis	2020 – Pri-2012 Sex Distinct Mortality Table (with generational projection scale MP 2019) 2019 - RP-2014 Sex Distinct Mortality Table (with generational projection scale MP 2018)
Retirement age	Based on company experience varying from ages 55 to 70
Actuarial cost method	Projected unit credit

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

The accumulated plan benefit information as of January 1, 2020, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	$ 123,188,116
Other participants	62,681,032
Non-vested benefits	5,337,535
Total	$ 191,206,683

The non-vested benefits above are attributable to early retirement subsidies for active participants who are assumed to retire early with subsidized retirement benefits.

Changes in the present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2019	$	193,543,890
Net decrease attributable to:		
Additional benefits accumulated		2,201,736
Actuarial gains		(2,715,220)
Interest due to decrease in the discount period		12,301,838
Benefits paid		(13,180,644)
Assumption changes		(944,917)
Net decrease		(2,337,207)
Actuarial present value of accumulated plan benefits as of January 1, 2020	$	191,206,683

5. Investment in Master Trust - Information Certified by Trustee

Certain information related to investments for the Plan and the Master Trust in the accompanying financial statements as of December 31, 2020 and 2019, as well as the Plan's share of net investment gain from the Master Trust for the years then ended, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by State Street, and is unaudited. At December 31, 2020 and 2019, the Plan's interest in the net assets of the Master Trust was approximately 76.7% and 75.2%, respectively.

The following table presents the fair value of the investments for the Master Trust at December 31:

	2020	2019
Master Trust:		
Short-term investments	$ 9,607,572	$ 7,489,306
Hedge funds*	35,938,309	36,553,701
Group Trust	333,711,847	302,256,667
Total	$ 379,257,728	$ 346,229,674
Plan's value of interest in the Master Trust:		
Short-term investments	$ 7,364,875	$ 5,630,820
Hedge funds*	27,549,223	27,482,827
Group Trust	255,813,431	227,251,067
Total	$ 290,727,529	$ 260,364,714

* State Street's certification does not apply to these assets.

Investment gain from the Master Trust is as follows for the years ended December 31:

	2020	2019
Net appreciation in fair value of investments*	$ 58,929,184	$ 63,529,819
Interest and other income*	42,066	202,789
Net investment gain in the Master Trust	$ 58,971,250	$ 63,732,608
Plan's share of net appreciation from the Master Trust*	$ 44,777,272	$ 47,613,561
Plan's share of interest and other income from the Master Trust*	31,672	152,020
Plan's share of net investment gain from the Master Trust	$ 44,808,944	$ 47,765,581

* Information was certified as complete and accurate by State Street and is unaudited with the exception of net appreciation and interest and other income related to the hedge funds, which was immaterial.

See Note 3 for further information on the fair value measurements of the Plan's investments which is also unaudited except for information related to hedge funds.

Administrative expenses of the Master Trust are as follows for the years ended December 31:

	2020	2019
Administrative expenses of the Master Trust	$ (998,487)	$ (1,771,579)
Plan's share of administrative expenses from the Master Trust	$ (713,122)	$ (1,393,272)

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated December 3, 2013, stating that the Plan is qualified under applicable sections of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Transactions with Parties in Interest

Certain of the Plan's assets are invested in funds managed by the primary investment manager of the Plan's assets. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

8. Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, 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.

The actuarial present value of accumulated plan benefits is 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.

9. Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of PBGC fees, actuarial fees, investment consulting, and system administration, including expenses related to the Master Trust which are allocated to the Plan. Expenses relating to purchases, sales, or transfers of the Plan’s investments are charged to the particular investment fund to which the expenses relate and are reflected in the net investment gain from Master Trust. All other administrative expenses are paid by the Company on behalf of the Plan. See Note 5 for the administrative expenses incurred by the Master Trust and the Plan's share of these administrative expenses.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]									
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	1	0	0	0	0	0	0	0
30-34	0	0	7	16	3	0	0	0	0	0
35-39	0	0	2	25	34	1	0	0	0	0
40-44	0	0	3	29	27	12	0	0	0	0
45-49	0	0	4	24	29	32	16	0	0	0
50-54	0	0	4	24	30	18	23	20	1	0
55-59	0	0	4	20	32	22	30	19	15	6
60-64	0	0	2	11	20	16	18	18	21	34
65-69	0	0	1	3	5	3	8	4	5	17
70 & over	0	0	0	0	1	1	0	2	0	3

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Libbey Hourly Retirement Plan
EIN / PN: 22-2784107/004
Plan Sponsor: Libbey Glass LLC
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September
■ Interest rate basis	Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
■ First segment rate	3.64%	2.22%
■ Second segment rate	5.21%	3.38%
■ Third segment rate	6.94%	3.92%
■ Effective Interest Rate:	5.35%	4.04%

Rates not reflecting stabilization are used to determine whether benefit restrictions may be applicable if plan sponsor is in bankruptcy.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
■ Healthy	Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018.
■ Disabled	Disabled mortality is subject to the mortality defined as Revenue Ruling 96-7 for disabled lives.

SCHEDULE SB ATTACHMENTS

Termination

2003 Society of Actuaries Basic Age Table, adjusted by 75%

Disability incidence

Rates varying by age

Sample rates:

Attained Age	Rate
25	0.0020
40	0.0030
55	0.0190

Retirement

Rates varying by age and service.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and service are shown below.

Age	Less than 30 years of service	30 or more years of service
55	4.50%	10.50%
56	4.50	10.20
57	4.50	10.90
58	4.50	10.60
59	6.00	10.85
60 – 61	8.50	13.00
62 – 63	22.00	29.50
64	35.00	32.00
65	22.50	45.00
66 – 67	22.50	32.50
68 – 69	25.00	32.50
70	100.00	100.00

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — Age 62
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment	Life annuity.
Percent married	80% of participants. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.
Covered pay	N/A
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of fair value, including discounted contributions receivable (discounted using the effective interest rate for the 2019 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	Benefits for employees who have terminated without vested rights but may be hired in time to have benefits restored, were not valued. The preretirement survivor annuity for terminated vested participants was not explicitly valued.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Willis Towers Watson used participant data as of January 1, 2020, supplied by Libbey. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussion with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. To the extent that data were not provided, estimates were made based on prior year information.

Assumptions Rationale — Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. In addition, this assumption is net of investment and administrative expenses paid from the trust.

Assumptions Rationale — Significant Demographic Assumptions

Healthy mortality	Assumptions were selected by the plan sponsor from among choices prescribed by law and represent a best estimate of future experience.
Disabled mortality	Assumptions were selected by the plan sponsor from among choices prescribed by law and represent a best estimate of future experience.
Termination	This assumption was selected based on the plan sponsor's best estimate of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.
Disability	This assumption was selected based on the plan sponsor's best estimate of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.
Retirement	This assumption was selected based on the plan sponsor's best estimate of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods	The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The funding interest rate basis was changed from the segment interest rates as of September 2019 to the segment interest rates as of September 2020. This valuation reflects the updated static mortality tables provided in final regulations under IRC §430 issued in October 2019 as well as the change in the "applicable mortality table" under IRC §417(e) provided in IRS Notice 2018-02. The disability mortality was changed to reflect Revenue Ruling 96-7 for disabled lives.
Changes in methods since prior valuation	None.

SCHEDULE SB ATTACHMENTS

Model Descriptions and Disclosure in Accordance with ASOP No. 56

Quantify

Quantify is the Willis Towers Watson centrally developed, tested and maintained Global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits and value benefit liabilities, develop results using applicable standards, and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure that system parameters have been set appropriately and plan provisions coded correctly.

Quantify FR

Quantify Financial Reporting (FR) is intended to calculate funding results, accounting results and produce the associated client reports under selected accounting standards. The calculations and reports are based on various user specified inputs including liability results and asset values.

Quantify FR develops valuation results for various accounting and funding purposes using standard actuarial techniques.

Published Demographic Tables

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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
LIBBEY HOURLY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LIBBEY GLASS LLC

D Employer Identification Number (EIN)
22-2784107

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	260,364,714
b Actuarial value	**2b**	247,478,444

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	1,453	136,243,051	136,243,051
b For terminated vested participants	351	11,242,829	11,242,829
c For active participants	726	58,361,162	63,916,799
d Total	2,530	205,847,042	211,402,679

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**	5.35%
6 Target normal cost	**6**	3,585,853

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 AED

Signature of actuary

August 18, 2021
Date

Andrew E Dunn
Type or print name of actuary

2007908
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

216-937-4000
Telephone number (including area code)

1001 Lakeside Avenue
Suite 1500
Cleveland OH 44114-1172
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	31,250,093
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,568,956
9	Amount remaining (line 7 minus line 8)	0	26,681,137
10	Interest on line 9 using prior year's actual return of 21.66%	0	5,779,134
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 5.51%		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	32,460,271

Part III Funding Percentages

14	Funding target attainment percentage	14	101.71%
15	Adjusted funding target attainment percentage	15	101.64%
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	97.68%
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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	3,585,853
b Excess assets, if applicable, but not greater than line 31a	**31b**	3,585,853

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	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 ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Libbey Glass LLC
EIN/PN	22-2784107/004
Plan Name	Libbey Hourly Retirement Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Andrew E. Dunn
Enrollment Number	20-07908

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP as of January 1, 2020

The AFTAP reported on line 15 reflects the segment interest rate corridors of prior to the passing of the Highway and Transportation Funding Act of 2014 (HATFA).

Date of AFTAP certification/ recertification	AFTAP	Description and the amount of each adjustment to the funding target, actuarial value of assets, carryover balance, prefunding balance
May 29, 2020	101.64%	Funding Target = $243,484,500 AVA = $247,478,444 Carryover Balance = $0 Prefunding Balance = $0

The segment rates used to determine the AFTAP reported on line 15 of the Schedule SB differ from those used to determine the minimum required contribution and FTAP. The interest rates used to determine the AFTAP were the segment rates with applicable month code of 3 as follows:

1st Segment: 2.79%
2nd Segment: 3.92%
3rd Segment: 4.38%
Effective interest rate: 4.04%

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 – Description of Weighted Average Retirement Age as of January 1, 2020

(1) Retirement Age	(2) Assumed Retirement Rate	(3) Number of Participants at Beginning		(4) Number of Participants Retiring (2) * (3)		(5) Product for Weighting (1) * (4)
		Less than 30 years of service				
55	0.0450	1,000.00		45.00		2,475.00
56	0.0450	955.00		42.98		2,406.88
57	0.0450	912.03		41.04		2,339.28
58	0.0450	870.98		39.19		2,273.02
59	0.0600	831.79		49.91		2,944.69
60	0.0850	781.88		66.46		3,987.60
61	0.0850	715.42		60.81		3,709.41
62	0.2200	654.61		144.01		8,928.62
63	0.2200	510.60		112.33		7,076.79
64	0.3500	398.27		139.39		8,920.96
65	0.2250	258.87		58.25		3,786.25
66	0.2250	200.63		45.14		2,979.24
67	0.2250	155.49		34.98		2,343.66
68	0.2500	120.50		30.13		2,048.84
69	0.2500	90.38		22.59		1,558.71
70	1.0000	67.78		67.78		4,744.60
				1,000.00		62,523.55
Weighted Average Retirement Age		62,523.55	/	1,000.00		62.52
		Greater than 30 years of service				
55	0.1050	1,000.00		105.00		5,775.00
56	0.1020	895.00		91.29		5,112.24
57	0.1090	803.71		87.60		4,993.20
58	0.1060	716.11		75.91		4,402.78
59	0.1085	640.20		69.46		4,098.14
60	0.1300	570.74		74.20		4,452.00
61	0.1300	496.54		64.55		3,937.55
62	0.2950	431.99		127.44		7,901.28
63	0.2950	304.55		89.84		5,659.92
64	0.3200	214.71		68.71		4,397.44
65	0.4500	146.00		65.70		4,270.50
66	0.3250	80.30		26.10		1,722.60
67	0.3250	54.20		17.62		1,180.54
68	0.3250	36.59		11.89		808.52
69	0.3250	24.70		8.03		554.07
70	1.0000	16.67		16.67		1,166.90
				1,000.00		60,432.68
Weighted Average Retirement Age		60,432.68	/	1,000.00	=	60.43

Employee Average	# of Employees				
Less than 30 Years	561	*	62.52	=	35,075.71
Greater than 30 years	165	*	60.43	=	9,971.39
Total	726				45,047.10
Average					62.05

Plan Name: Libbey Hourly Retirement Plan
EIN / PN: 22-2784107/004
Plan Sponsor: Libbey Glass LLC
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The disability mortality table was changed to reflect Revenue Ruling 96-7 for disabled lives.

Plan Name:	Libbey Hourly Retirement Plan
EIN / PN:	22-2784107/004
Plan Sponsor:	Libbey Glass LLC
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September
■ Interest rate basis	Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
■ First segment rate	3.64%	2.22%
■ Second segment rate	5.21%	3.38%
■ Third segment rate	6.94%	3.92%
■ Effective Interest Rate:	5.35%	4.04%

Rates not reflecting stabilization are used to determine whether benefit restrictions may be applicable if plan sponsor is in bankruptcy.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
■ Healthy	Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018.
■ Disabled	Disabled mortality is subject to the mortality defined as Revenue Ruling 96-7 for disabled lives.

SCHEDULE SB ATTACHMENTS

Termination

2003 Society of Actuaries Basic Age Table, adjusted by 75%

Disability incidence

Rates varying by age

Sample rates:

Attained Age	Rate
25	0.0020
40	0.0030
55	0.0190

Retirement

Rates varying by age and service.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and service are shown below.

Age	Less than 30 years of service	30 or more years of service
55	4.50%	10.50%
56	4.50	10.20
57	4.50	10.90
58	4.50	10.60
59	6.00	10.85
60 – 61	8.50	13.00
62 – 63	22.00	29.50
64	35.00	32.00
65	22.50	45.00
66 – 67	22.50	32.50
68 – 69	25.00	32.50
70	100.00	100.00

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — Age 62
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment	Life annuity.
Percent married	80% of participants. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.
Covered pay	N/A
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of fair value, including discounted contributions receivable (discounted using the effective interest rate for the 2019 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	Benefits for employees who have terminated without vested rights but may be hired in time to have benefits restored, were not valued. The preretirement survivor annuity for terminated vested participants was not explicitly valued.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Willis Towers Watson used participant data as of January 1, 2020, supplied by Libbey. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussion with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. To the extent that data were not provided, estimates were made based on prior year information.

Assumptions Rationale — Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. In addition, this assumption is net of investment and administrative expenses paid from the trust.

Assumptions Rationale — Significant Demographic Assumptions

Healthy mortality	Assumptions were selected by the plan sponsor from among choices prescribed by law and represent a best estimate of future experience.
Disabled mortality	Assumptions were selected by the plan sponsor from among choices prescribed by law and represent a best estimate of future experience.
Termination	This assumption was selected based on the plan sponsor's best estimate of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.
Disability	This assumption was selected based on the plan sponsor's best estimate of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.
Retirement	This assumption was selected based on the plan sponsor's best estimate of future experience. In addition, this assumption has not been a significant source of actuarial gain/loss in recent years.

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods	The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The funding interest rate basis was changed from the segment interest rates as of September 2019 to the segment interest rates as of September 2020. This valuation reflects the updated static mortality tables provided in final regulations under IRC §430 issued in October 2019 as well as the change in the "applicable mortality table" under IRC §417(e) provided in IRS Notice 2018-02. The disability mortality was changed to reflect Revenue Ruling 96-7 for disabled lives.
Changes in methods since prior valuation	None.

SCHEDULE SB ATTACHMENTS

Model Descriptions and Disclosure in Accordance with ASOP No. 56

Quantify

Quantify is the Willis Towers Watson centrally developed, tested and maintained Global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits and value benefit liabilities, develop results using applicable standards, and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure that system parameters have been set appropriately and plan provisions coded correctly.

Quantify FR

Quantify Financial Reporting (FR) is intended to calculate funding results, accounting results and produce the associated client reports under selected accounting standards. The calculations and reports are based on various user specified inputs including liability results and asset values.

Quantify FR develops valuation results for various accounting and funding purposes using standard actuarial techniques.

Published Demographic Tables

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Name of plan	Libbey Inc. Hourly Retirement Plan.
Effective date	June 24, 1993.
Amended and restated	January 1, 2013.
Eligible employees	All hourly employees covered by a collective bargaining agreement in units covered by the plan who are full-time or part-time and have completed 1,000 hours. Plan closed to new entrants as of December 16, 2008 for Shreveport participants and October 1, 2010 for Toledo participants.
Participation date	Date of becoming a covered employee.

Definitions

Credited service	■ Full-time employees: Years and months of credited service as a covered employee. ■ Part-time employees: One year of credited service if 1,000 hours are worked.
Normal retirement date (NRD)	First of month on or after the attainment of age 65.
Pension benefit	Monthly credit factor times the number of years of credited service.

SCHEDULE SB ATTACHMENTS

Monthly credit factors

Labor Grade	Effective Date						
Toledo (IAM, AFGWU)	**1/1/2003**	**2/1/2004**	**1/1/2005**	**1/1/2006**	**1/1/2007**	**1/1/2008 and 1/1/2009**	**1/1/2010**
1 – 10	$31	$32	$33	$34	$36	$37	$38
11 – 15	32	33	34	35	37	38	39
16 and above	33	34	35	36	38	39	40
Toledo (GMP)							
Apprentices (all grades)	$32	$33	$34	$35	$37	$38	$39
Others (all grades)	33	34	35	36	38	39	40
City of Industry/Mira Loma							
1 – 10	$32	$33	$34	N/A	N/A	N/A	N/A
11 – 15	33	34	35	N/A	N/A	N/A	N/A
16 and above	34	35	36	N/A	N/A	N/A	N/A
Shreveport							
Class A-1, A-2, B Class B-1, B-2 Class B-3, C-1, C-2	$31 32 33	$32 33 34	$33 34 35	$34 35 36	$36 37 38	$37 38 39	$37 38 39

Eligibility for Benefits

Normal retirement — Retirement on NRD.

Early retirement — Retirement before NRD and on or after both attaining age 55 and completing ten years of credited service.

Postponed retirement — Retirement after NRD.

Disabled retirement — Totally and permanently disabled with at least ten years of credited service.

Deferred vested retirement — Termination for reasons other than death, disability or retirement after completing five years of credited service.

Preretirement death — Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

SCHEDULE SB ATTACHMENTS

Monthly Benefits Paid Upon the Following Events

Normal retirement	Pension benefit as of NRD.
Early retirement	Pension benefit as of early retirement date, reduced 6% for each year the payment begins before age 60. A participant with at least 30 years of credited service will receive an unreduced benefit.
Postponed retirement	Pension benefit as of actual retirement date.
Disabled retirement	Pension benefit calculated using credited service as of the disability date.
Deferred vested retirement	Pension benefit as of termination, reduced 6% for each year the payment begins before the participant's NRD.
Preretirement death	Upon the death of an active participant who is at least 50 years of age and has ten or more years of credited service, the monthly annuity payable to the surviving spouse will equal 50% of the monthly pension benefit as of the participant's date of death. If an active participant dies before attaining age 50 but has at least five years of credited service, a monthly benefit will be paid to the surviving spouse. This amount is equal to 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.
Payment forms	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. (Single life, 66 2/3%, 75%, or 100% Joint and Survivor or Level Income). All forms of payment include a 72-month guarantee. Payment forms are calculated using conversion factors assuming the 1971 TPFC Forecast Mortality Table using a 6-year setback for the beneficiary and no setback for the participant, and assuming 6.00% interest.

SCHEDULE SB ATTACHMENTS

Plan Provisions Effective After January 1, 2020

The results reflect the provisions bargained prior to emergence – shutdown of the Shreveport facility and effective January 1, 2023, benefit accrual service will be frozen and for retirements after this date, the monthly credit factors were increased $2 for each labor grade.

Changes in Plan Provisions Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]									
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	1	0	0	0	0	0	0	0
30-34	0	0	7	16	3	0	0	0	0	0
35-39	0	0	2	25	34	1	0	0	0	0
40-44	0	0	3	29	27	12	0	0	0	0
45-49	0	0	4	24	29	32	16	0	0	0
50-54	0	0	4	24	30	18	23	20	1	0
55-59	0	0	4	20	32	22	30	19	15	6
60-64	0	0	2	11	20	16	18	18	21	34
65-69	0	0	1	3	5	3	8	4	5	17
70 & over	0	0	0	0	1	1	0	2	0	3

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Libbey Hourly Retirement Plan
EIN / PN: 22-2784107/004
Plan Sponsor: Libbey Glass LLC
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP as of January 1, 2020

The AFTAP reported on line 15 reflects the segment interest rate corridors of prior to the passing of the Highway and Transportation Funding Act of 2014 (HATFA).

Date of AFTAP certification/ recertification	AFTAP	Description and the amount of each adjustment to the funding target, actuarial value of assets, carryover balance, prefunding balance
May 29, 2020	101.64%	Funding Target = $243,484,500 AVA = $247,478,444 Carryover Balance = $0 Prefunding Balance = $0

The segment rates used to determine the AFTAP reported on line 15 of the Schedule SB differ from those used to determine the minimum required contribution and FTAP. The interest rates used to determine the AFTAP were the segment rates with applicable month code of 3 as follows:

1st Segment: 2.79%
2nd Segment: 3.92%
3rd Segment: 4.38%
Effective interest rate: 4.04%

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Libbey Glass LLC
EIN/PN	22-2784107/004
Plan Name	Libbey Hourly Retirement Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Andrew E. Dunn
Enrollment Number	20-07908

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 – Description of Weighted Average Retirement Age as of January 1, 2020

(1) Retirement Age	(2) Assumed Retirement Rate	(3) Number of Participants at Beginning		(4) Number of Participants Retiring (2) * (3)		(5) Product for Weighting (1) * (4)
		Less than 30 years of service				
55	0.0450	1,000.00		45.00		2,475.00
56	0.0450	955.00		42.98		2,406.88
57	0.0450	912.03		41.04		2,339.28
58	0.0450	870.98		39.19		2,273.02
59	0.0600	831.79		49.91		2,944.69
60	0.0850	781.88		66.46		3,987.60
61	0.0850	715.42		60.81		3,709.41
62	0.2200	654.61		144.01		8,928.62
63	0.2200	510.60		112.33		7,076.79
64	0.3500	398.27		139.39		8,920.96
65	0.2250	258.87		58.25		3,786.25
66	0.2250	200.63		45.14		2,979.24
67	0.2250	155.49		34.98		2,343.66
68	0.2500	120.50		30.13		2,048.84
69	0.2500	90.38		22.59		1,558.71
70	1.0000	67.78		67.78		4,744.60
				1,000.00		62,523.55
Weighted Average Retirement Age		62,523.55	/	1,000.00		62.52
		Greater than 30 years of service				
55	0.1050	1,000.00		105.00		5,775.00
56	0.1020	895.00		91.29		5,112.24
57	0.1090	803.71		87.60		4,993.20
58	0.1060	716.11		75.91		4,402.78
59	0.1085	640.20		69.46		4,098.14
60	0.1300	570.74		74.20		4,452.00
61	0.1300	496.54		64.55		3,937.55
62	0.2950	431.99		127.44		7,901.28
63	0.2950	304.55		89.84		5,659.92
64	0.3200	214.71		68.71		4,397.44
65	0.4500	146.00		65.70		4,270.50
66	0.3250	80.30		26.10		1,722.60
67	0.3250	54.20		17.62		1,180.54
68	0.3250	36.59		11.89		808.52
69	0.3250	24.70		8.03		554.07
70	1.0000	16.67		16.67		1,166.90
				1,000.00		60,432.68
Weighted Average Retirement Age		60,432.68	/	1,000.00	=	60.43

Employee Average	# of Employees				
Less than 30 Years	561	*	62.52	=	35,075.71
Greater than 30 years	165	*	60.43	=	9,971.39
Total	726				45,047.10
Average					62.05

Plan Name: Libbey Hourly Retirement Plan
EIN / PN: 22-2784107/004
Plan Sponsor: Libbey Glass LLC
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Name of plan	Libbey Inc. Hourly Retirement Plan.
Effective date	June 24, 1993.
Amended and restated	January 1, 2013.
Eligible employees	All hourly employees covered by a collective bargaining agreement in units covered by the plan who are full-time or part-time and have completed 1,000 hours. Plan closed to new entrants as of December 16, 2008 for Shreveport participants and October 1, 2010 for Toledo participants.
Participation date	Date of becoming a covered employee.

Definitions

Credited service	■ Full-time employees: Years and months of credited service as a covered employee. ■ Part-time employees: One year of credited service if 1,000 hours are worked.
Normal retirement date (NRD)	First of month on or after the attainment of age 65.
Pension benefit	Monthly credit factor times the number of years of credited service.

SCHEDULE SB ATTACHMENTS

Monthly credit factors

Labor Grade	Effective Date						
Toledo (IAM, AFGWU)	**1/1/2003**	**2/1/2004**	**1/1/2005**	**1/1/2006**	**1/1/2007**	**1/1/2008 and 1/1/2009**	**1/1/2010**
1 – 10	$31	$32	$33	$34	$36	$37	$38
11 – 15	32	33	34	35	37	38	39
16 and above	33	34	35	36	38	39	40
Toledo (GMP)							
Apprentices (all grades)	$32	$33	$34	$35	$37	$38	$39
Others (all grades)	33	34	35	36	38	39	40
City of Industry/Mira Loma							
1 – 10	$32	$33	$34	N/A	N/A	N/A	N/A
11 – 15	33	34	35	N/A	N/A	N/A	N/A
16 and above	34	35	36	N/A	N/A	N/A	N/A
Shreveport							
Class A-1, A-2, B Class B-1, B-2 Class B-3, C-1, C-2	$31 32 33	$32 33 34	$33 34 35	$34 35 36	$36 37 38	$37 38 39	$37 38 39

Eligibility for Benefits

Normal retirement — Retirement on NRD.

Early retirement — Retirement before NRD and on or after both attaining age 55 and completing ten years of credited service.

Postponed retirement — Retirement after NRD.

Disabled retirement — Totally and permanently disabled with at least ten years of credited service.

Deferred vested retirement — Termination for reasons other than death, disability or retirement after completing five years of credited service.

Preretirement death — Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

SCHEDULE SB ATTACHMENTS

Monthly Benefits Paid Upon the Following Events

Normal retirement	Pension benefit as of NRD.
Early retirement	Pension benefit as of early retirement date, reduced 6% for each year the payment begins before age 60. A participant with at least 30 years of credited service will receive an unreduced benefit.
Postponed retirement	Pension benefit as of actual retirement date.
Disabled retirement	Pension benefit calculated using credited service as of the disability date.
Deferred vested retirement	Pension benefit as of termination, reduced 6% for each year the payment begins before the participant's NRD.
Preretirement death	Upon the death of an active participant who is at least 50 years of age and has ten or more years of credited service, the monthly annuity payable to the surviving spouse will equal 50% of the monthly pension benefit as of the participant's date of death. If an active participant dies before attaining age 50 but has at least five years of credited service, a monthly benefit will be paid to the surviving spouse. This amount is equal to 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.
Payment forms	Preretirement spouse benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. (Single life, 66 2/3%, 75%, or 100% Joint and Survivor or Level Income). All forms of payment include a 72-month guarantee. Payment forms are calculated using conversion factors assuming the 1971 TPFC Forecast Mortality Table using a 6-year setback for the beneficiary and no setback for the participant, and assuming 6.00% interest.

SCHEDULE SB ATTACHMENTS

Plan Provisions Effective After January 1, 2020

The results reflect the provisions bargained prior to emergence – shutdown of the Shreveport facility and effective January 1, 2023, benefit accrual service will be frozen and for retirements after this date, the monthly credit factors were increased $2 for each labor grade.

Changes in Plan Provisions Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The disability mortality table was changed to reflect Revenue Ruling 96-7 for disabled lives.

Plan Name:	Libbey Hourly Retirement Plan
EIN / PN:	22-2784107/004
Plan Sponsor:	Libbey Glass LLC
Valuation Date	January 1, 2020