

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PREFORMED LINE PRODUCTS COMPANY HOURLY EMPLOYEES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1997</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PREFORMED LINE PRODUCTS COMPANY</u> <u>660 BETA DRIVE</u> <u>MAYFIELD VILLAGE, OH 44143</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0676895</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-473-9246</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0676895</u>	2c Plan Sponsor's telephone number <u>440-473-9246</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>34-0676895</u>					
2c Plan Sponsor's telephone number <u>440-473-9246</u>					
2d Business code (see instructions) <u>335900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2021	ANDREW S. KLAUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	645
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)	324
a(2) Total number of active participants at the end of the plan year		6a(2)	304
b Retired or separated participants receiving benefits.....		6b	167
c Other retired or separated participants entitled to future benefits		6c	144
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	615
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	27
f Total. Add lines 6d and 6e		6f	642
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: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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
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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 PREFORMED LINE PRODUCTS COMPANY HOURLY EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PREFORMED LINE PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0676895	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2020			
2 Assets:			
a Market value	2a	32975701	
b Actuarial value	2b	32975701	
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.....	183	12800075	12800075
b For terminated vested participants.....	138	3597303	3597303
c For active participants	324	11155028	11955916
d Total.....	645	27552406	28353294
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate	5	5.48 %	
6 Target normal cost.....	6	175797	

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	09/21/2021 Signature of actuary DAVID WARTKO FSA,EA Type or print name of actuary FIDELITY INVESTMENTS Firm name 233 S WACKER DRIVE SUITE 4850 CHICAGO, IL 60606 Address of the firm	Date 20-08255 Most recent enrollment number 312-479-9735 Telephone number (including area code)
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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	4128050
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	4128050
10 Interest on line 9 using prior year's actual return of <u>19.70</u> %	0	813226
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1334
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.64</u> %		75
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		1409
d Portion of (c) to be added to prefunding balance		
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	4941276

Part III Funding Percentages

14 Funding target attainment percentage	14	98.87 %
15 Adjusted funding target attainment percentage	15	116.30 %
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	89.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(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: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 66
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	175797	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	318869	51647	
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	227444	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		227444	227444
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PREFORMED LINE PRODUCTS COMPANY HOURLY EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 PREFORMED LINE PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0676895	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INV INST OPS CO
04-2647786
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 20 50	NONE	164906	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY MANAGEMENT TRUST CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 27	NONE	120681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>PREFORMED LINE PRODUCTS COMPANY HOURLY EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PREFORMED LINE PRODUCTS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0676895</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INSTITUTIONAL ASSET MGMT

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN <u>20-4659714-157</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36756159</u>
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

SCHEDULE H (Form 5500) 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 <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>PREFORMED LINE PRODUCTS COMPANY HOURLY EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PREFORMED LINE PRODUCTS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0676895</u>	

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)	3300000
(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)	32658063
(10) Value of interest in pooled separate accounts		1c(10)	36756159
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	
(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	32988063 36756159
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	70824 116184
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	70824 116184
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	32917239 36639975

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.

		(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)	246
	(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)	246
(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)		5253451
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5253697

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1245374	
(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)		1245374
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)	120681	
(4) Other.....	2i(4)	164906	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		285587
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1530961

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3722736
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MALONEY & NOVOTNY LLC**

(2) EIN: **34-0677006**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4303477</u> .			

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 PREFORMED LINE PRODUCTS COMPANY HOURLY EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 PREFORMED LINE PRODUCTS COMPANY		D Employer Identification Number (EIN) 34-0676895
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): 04-3275867		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN**

FINANCIAL REPORT

DECEMBER 31, 2020 and 2019

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

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Independent Auditors' Report

To the Plan Administrator of
Preformed Line Products Company Employees'
Retirement Plan
Mayfield Village, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Preformed Line Products Company Employees' Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States 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 ("DOL") 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 3, which was certified by Fidelity Management Trust Company and PNC Bank, the Trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that PNC Bank held the Plan's investment assets and executed investment transactions from January 1, 2019 to March 31, 2019, and Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from April 1, 2019 to December 31, 2020. The plan administrator has obtained certifications from the Trustees as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the Trustees 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. Accordingly, we do not express an opinion on these financial statements.

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Meloney + Novotny LLC".

Cleveland, Ohio
September 28, 2021

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Common/collective trust	\$36,756,159	\$32,658,063
RECEIVABLES		
Employer contributions	<u>-</u>	<u>330,000</u>
Total assets	36,756,159	32,988,063
<u>LIABILITIES</u>		
Accrued administration fees	<u>116,184</u>	<u>70,824</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$36,639,975</u></u>	<u><u>\$32,917,239</u></u>

The accompanying notes are an integral part of these financial statements.

PERFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS		
Employer contributions	\$ -	\$ 330,000
Investment income:		
Net appreciation in fair value of investments	5,253,697	5,418,050
Interest	-	93,480
Dividends	-	43,404
Total investment income	<u>5,253,697</u>	<u>5,554,934</u>
Other income	<u>-</u>	<u>590</u>
Total additions	5,253,697	5,885,524
DEDUCTIONS		
Benefits paid directly to participants	1,245,374	1,233,406
Administrative expenses	<u>285,587</u>	<u>377,929</u>
Total deductions	<u>1,530,961</u>	<u>1,611,335</u>
NET INCREASE	3,722,736	4,274,189
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
BEGINNING OF YEAR	<u>32,917,239</u>	<u>28,643,050</u>
END OF YEAR	<u><u>\$36,639,975</u></u>	<u><u>\$32,917,239</u></u>

The accompanying notes are an integral part of these financial statements.

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Preformed Line Products Company Employees' Retirement Plan (the "Plan") is provided for general information only. Information about the Plan agreement, the vesting, and benefit provisions is contained in the Plan document. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a non-contributory defined benefit plan which covers significantly all domestic hourly employees of Preformed Line Products Company (the "Company" and the "Plan Sponsor") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Effective February 1, 2013 (the "freeze date"), the Plan was amended to cease the accrual of any benefits under the Plan. Accordingly, any employee who was not a participant in the Plan on the freeze date is not eligible to participate in the Plan. After the freeze date, the Plan will not provide credited service for benefit accrual purposes, nor will it provide credited service for vesting purposes, except for active participants. Active participants vested in benefits of the Plan after 60 consecutive months of service with the Company.

The Company's funding policy is to contribute such amounts as deemed necessary on an actuarial basis to provide sufficient assets to meet the benefits to be paid to Plan participants. The Company makes contributions in amounts sufficient to annually fund the Plan's current year's service cost and the prior service cost plus interest over a period of 30 years or the ERISA minimum contribution, whichever is greater. The Plan has met the minimum funding requirements of ERISA as of December 31, 2020 and 2019.

Under the terms of the Plan document, participants are generally eligible for normal retirement benefit payments upon reaching age 65. The amount of individual pension benefits is based upon factors including compensation, years of service, and age, as defined by the Plan. The Plan also provides for the payment of early retirement, deferred vested, and disability retirement benefits as well as the optional payment to the surviving spouse or beneficiary of a participant.

In accordance with the provisions of the Plan document, participants will generally receive benefits under an annuity arrangement. Certain participants may also elect to receive such benefit in a lump-sum.

While the Company has not expressed any intent to terminate the Plan, it has the ability to do so at any time subject to the provisions of ERISA and the Plan document. However, should the Plan terminate at some future time, net assets may generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), and the financial condition of the Plan Sponsor at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies

Basis of Accounting:

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Company has evaluated subsequent events through September 28, 2021, which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition:

Investments are stated at fair value. Fair value is 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 (see Note 5). The Plan's management determines the Plan's valuation policies utilizing information provided by Fidelity Management Trust Company ("FMTC"), the Trustee from April 1, 2019 to December 31, 2020, and PNC Bank, the Trustee from January 1, 2019 to March 31, 2019 (collectively, the "Trustees").

Purchases and sales of securities are recorded on a settlement-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. There is no significant difference between the cash and accrual basis relative to the Plan's holdings at December 31, 2020 and 2019. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments:

Benefit payments are recorded when paid to participants.

Risks and Uncertainties:

The Plan 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 statement of net assets available for benefits.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of 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 services rendered by the employees to the freeze date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' accumulated years of credited benefit service and the highest average of their compensation during any 60 consecutive months in the preceding ten year period as of the date of their retirement. The accumulated plan benefits for active employees are based on their accumulated years of credited benefit service and the highest average of their compensation during any 60 consecutive months in the preceding ten year period up to the freeze date. Benefits payable under all circumstances - retirement, disability, pre-retirement death benefits, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered as of the freeze date.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the changes therein. Actual results could differ from those estimates.

Administrative Expenses:

All administrative fees of the Plan are paid by the Company or the Plan at the option of the Company.

Note 3. Information Certified by the Plan Trustees

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustees have certified to the completeness and accuracy of all investments reflected in the statements of net assets available for benefits at December 31, 2020 and 2019, the schedule of assets (held at end of year) at December 31, 2020, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019, and investment related information in the accompanying notes to the financial statements. This information has not been audited.

Note 4. Accumulated Plan Benefits

The Company's independent actuary, Fidelity Workplace Investing LLC, 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 earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Accumulated Plan Benefits (Continued)

Accumulated plan benefit information at December 31 is as follows:

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$11,956,107	\$10,963,926
Other participants	<u>12,828,143</u>	<u>11,834,611</u>
	24,784,250	22,798,537
Nonvested benefits	<u>761,069</u>	<u>798,930</u>
	<u>\$25,545,319</u>	<u>\$23,597,467</u>

The changes in the accumulated plan benefits for the years ended December 31, 2020 and 2019 are as follows:

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$23,597,467	\$22,011,414
Increase (decrease) during the year attributable to:		
Increase for interest due to decrease in the discount period	1,608,972	1,605,439
Change in actuarial assumptions, net	1,357,865	1,319,647
Benefits accumulated	226,389	(105,627)
Benefits paid	<u>(1,245,374)</u>	<u>(1,233,406)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$25,545,319</u>	<u>\$23,597,467</u>

The more significant assumptions underlying the actuarial computations as of December 31 are as follows:

	<u>2020</u>	<u>2019</u>
Actuarial method	Projected unit credit method	Projected unit credit method
Discount rate	6.5%	7.0%
Mortality basis (healthy)	Pri-2012 Blue Collar Mortality Tables (Scale MP-2020)	Private Retirement Plans Mortality Table Pri-2012 (Scale MP-2019)
Normal retirement date	Age 65	Age 65

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.

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The common/collective trust is valued using the net asset value ("NAV") per share (or its equivalent) practical expedient and, therefore, has not been classified in the fair value hierarchy. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2019 to 2020. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020					
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>NAV</u>	<u>Total</u>
Common/collective trust	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$36,756,159</u>	<u>\$36,756,159</u>

Assets at Fair Value as of December 31, 2019					
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>NAV</u>	<u>Total</u>
Common/collective trust	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$32,658,063</u>	<u>\$32,658,063</u>

The investment in the common/collective trust is a Fidelity Institutional Asset Management ("FIAM") Pension Journey 50/50 Pool, which seeks capital growth while hedging varying degrees of interest rate risk typically embedded in traditional annuity obligations of corporate defined benefit plans. This is accomplished by diversifying across a range of equity and fixed income securities. The mix between the two corresponds with typical hedging allocations across a policy glide path. The pool employs a fund-of-funds approach, with the ability to invest in collective investment trusts, mutual funds, and/or exchange traded funds to seek to achieve the desired return-seeking and liability-hedging exposures. There are no unfunded commitments relating to this investment, and the funds are generally liquid and do not require a redemption notice period.

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Party-in-Interest Transactions

During 2020 and 2019, the Plan incurred fees to the Trustees for administrative services. Additionally, for the years ended December 31, 2020 and 2019, certain Plan investments were managed by FIAM, a related entity of FMTC, and PNC Bank; therefore, these transactions qualify as party-in-interest. In addition, the Plan uses Fidelity Workplace Investing LLC, a related entity to FMTC, for actuarial and consulting services and associated fees are charged to the Plan.

Note 7. Income Tax Status

The Internal Revenue Service had determined and informed the Company by a letter, dated November 16, 2016, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 8. COVID-19 Global Pandemic

On January 30, 2020, the World Health Organization declared the outbreak of the coronavirus disease 2019 ("COVID-19") a global health emergency and subsequently declared the COVID-19 outbreak a global pandemic in March 2020. The pandemic has adversely affected domestic and global economic activity and the full impact continues to evolve as of the date of this report. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

SUPPLEMENTAL SCHEDULE

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0676895
PLAN NO. 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2020

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		<u>Common/Collective Trust</u>		
*	Fidelity Investments Inc.	FIAM Pension Journey 50/50 Pool	\$27,998,975	\$36,756,159

* Represents a party-in-interest.

2020 Form 5500 Schedule SB Attachments
Schedule SB, line 26 – Plan Participants
Preformed Line Products Company
Preformed Line Products Company Employees' Retirement Plan
For Plan Year January 01, 2020

EIN: 34-0676895
Plan Number: 003

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service on January 1, 2020									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	14	0	0	0	0	0	0	0	0
30-34	0	17	15	0	0	0	0	0	0	0
35-39	0	11	11	6	0	0	0	0	0	0
40-44	1	6	9	6	5	0	0	0	0	0
45-49	0	6	5	13	11	5	0	0	0	0
50-54	1	15	15	7	12	11	6	0	0	0
55-59	1	6	15	3	10	13	10	12	0	0
60-64	0	5	3	6	9	3	2	6	4	0
65-69	0	1	1	1	2	0	0	0	0	1
Over 69	0	2	0	0	0	0	0	0	0	0

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2020 Plan Year		2019 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	3.64%	2.79%	3.74%	2.28%
Next 15 years	5.21%	3.92%	5.35%	3.81%
Over 20 years	5.94%	4.38%	6.11%	4.46%
Applicable Law for the segment rates corridor	BBA	Not Applicable	BBA	Not Applicable

Discount Rate for developing pension expense: 3.50% (previously 4.25%), as determined by the company and prior actuary. We note that this is within 0.25% of the Citigroup index.

Interest Rate for FASB ASC 960: 7.00%, determined by the company.

Expected Long-Term Return on Plan Assets for developing pension expense: 7.00% (previously 7.00%), determined by the company.

Actuarial Assumptions and Methods (continued)

Administrative Expenses:

ERISA: Estimated based on the non-investment related administrative expenses paid from the Trust in the prior year plus estimated PBGC premiums for the current year. \$175,797 in 2020 (previously \$299,345).

FASB ASC 715: None assumed

Mortality:

ERISA: IRS 2020 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430. These tables include future mortality improvement of 8 years for males and 9 years for females with the following adjustments: For ages below 80, the projection period is increased by 1 year for each year below age 80. For ages above 80, the projection period is reduced (but not below zero) by 1/3 year for each year above 80. *Previously:* IRS 2019 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430.

FASB ASC 715 and FASB ASC 960: Private Retirement Plans Mortality Table Pri-2012 with generationally projected mortality improvement scale MP-2019 (previously RP-2014 Total Mortality Tables adjusted backward to 2006 (the central year of the RP-2014 data set) with Scale MP-2014 and projected with MP-2018 Mortality Improvement Scale applied on a generational basis). This plan does not have a large enough population to vary from the standard tables.

Actuarial Assumptions and Methods (continued)

Retirement Rates: Rates varying by age for active participants: consistent with expected retirement experience. This assumption does not typically result in significant gains and losses.

Attained Age	Retirement Rate
60-61	3%
62	15%
63-64	3%
65	50%
66-69	20%
70	100%

Deferred vested participants are assumed to retire at age 65.

Disability Rates: 55% of Table S-10 of the 19th Railroad Retirement Board Valuation (1992): this assumption is common for small plans with limited experience. Significant gains and losses from this assumption are not expected.

Sample rates are shown below:

Attained Age	Retirement Rate
25	.044%
40	.226%
55	1.436%

Actuarial Assumptions and Methods (continued)

Termination: Rates varying by age and service: consistent with expected retirement experience. This assumption does not typically result in significant gains and losses.

Sample rates are shown below:

Attained Age	Completed Years of Service					≥5
	0	1	2	3	4	
20	13.90%	13.90%	13.90%	13.90%	13.90%	13.90%
25	14.08%	12.95%	11.23%	9.45%	9.33%	6.20%
35	14.25%	12.00%	8.55%	5.00%	4.75%	2.80%
40	13.38%	11.25%	8.03%	4.50%	4.13%	2.80%
50	10.25%	8.65%	6.26%	3.75%	3.25%	2.80%
55	8.00%	6.80%	5.00%	3.50%	3.00%	2.80%

Marital Status: 60% of males and 50% of females are assumed married, with females 3 years younger than males. This assumption is common for this company and industry.

Maximum Benefit: \$230,000 for 2020. No future increases in the IRC Section 415 limit have been reflected.

Form of Payment: The single life annuity benefit is assumed to be chosen by all plan participants. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Actuarial Assumptions and Methods (continued)

Data Assumptions: None.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Market Related Value of Assets for FASB ASC 715 Expense Purposes: The market related value of assets is equal to the fair value of assets on the valuation date.

Amortization of Prior Service Costs and Net Gains and Losses for FASB ASC 715 Expense Calculation: As permitted under paragraph 715-30-35-13 of FASB ASC 715, plan amendments are reflected in the net periodic pension cost by use of a straight-line amortization of the cost of such amendment(s) over the average remaining service period of employees expected to receive benefits under the plan.

Pursuant to paragraph 715-30-35-24 of FASB ASC 715, an unrecognized gain or loss (as of the beginning of the year) in excess of 10% of the greater of the projected benefit obligation or the market-related value of plan assets is amortized over the average remaining service period of active employees expected to receive benefits under the plan and included as a component of the net periodic pension cost. Since this method compares the outstanding gain or loss to the greater of the PBO or the assets to determine the amount to be amortized, the unfunded projected benefit obligation is not expected to be fully amortized if all assumptions are realized.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 7-year period beginning with such plan year.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) and FASB ASC 715 accumulated benefit obligation (ABO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount and FASB ASC 715 projected benefit obligation (PBO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

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
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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 Preformed Line Products Company Hourly Employees Retirement Plan	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Preformed Line Products Company	D Employer Identification Number (EIN) 34-0676895	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>		
2	Assets:		
	a Market value.....	2a	32,975,701
	b Actuarial value.....	2b	32,975,701
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	183	12,800,075
	b For terminated vested participants	138	3,597,303
	c For active participants.....	324	11,155,028
	d Total.....	645	27,552,406
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	5.48%
6	Target normal cost.....	6	175,797

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	 Signature of actuary David Wartko FSA, EA Type or print name of actuary Fidelity Investments Firm name 233 S Wacker Drive Suite 4850 Chicago IL 60606 Address of the firm	09-21-2021 Date 2008255 Most recent enrollment number 312-479-9735 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,128,050
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	4,128,050
10	Interest on line 9 using prior year's actual return of <u>19.70</u> %	0	813,226
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1,334
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.64</u> %		75
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		1,409
d	Portion of (c) to be added to prefunding balance		
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	4,941,276

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	98.87%
15	Adjusted funding target attainment percentage.....	15	116.30%
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	89.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employee(s):

Contributions made to the plan (state 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)

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(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: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 66
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	175,797	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	318,869	51,647	
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	227,444	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		227,444	227,444
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		

2020 Form 5500 Schedule SB Attachments**Schedule SB, Line 22 – Description of Weighted Average Retirement Age****Preformed Line Products Company****Preformed Line Products Company Employees' Retirement Plan****For Plan Year January 01, 2020****EIN: 34-0676895****Plan Number: 003**

Age	Retirement Rate	Expected Retirements	Remaining Actives	Weighted Age
60	3.00%	9.720	314.280	1.800
61	3.00%	9.428	304.852	1.775
62	15.00%	45.728	259.124	8.750
63	3.00%	7.774	251.350	1.512
64	3.00%	7.541	243.810	1.489
65	50.00%	121.905	121.905	24.456
66	20.00%	24.381	97.524	4.966
67	20.00%	19.505	78.019	4.033
68	20.00%	15.604	62.415	3.275
69	20.00%	12.483	49.932	2.658
70	100.00%	49.932	0.000	10.788

Rounded Weighted Average Retirement Age = 66

2020 Form 5500 Schedule SB Attachments
Schedule SB, line 26 – Plan Participants
Preformed Line Products Company
Preformed Line Products Company Employees' Retirement Plan
For Plan Year January 01, 2020

EIN: 34-0676895
Plan Number: 003

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service on January 1, 2020									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	14	0	0	0	0	0	0	0	0
30-34	0	17	15	0	0	0	0	0	0	0
35-39	0	11	11	6	0	0	0	0	0	0
40-44	1	6	9	6	5	0	0	0	0	0
45-49	0	6	5	13	11	5	0	0	0	0
50-54	1	15	15	7	12	11	6	0	0	0
55-59	1	6	15	3	10	13	10	12	0	0
60-64	0	5	3	6	9	3	2	6	4	0
65-69	0	1	1	1	2	0	0	0	0	1
Over 69	0	2	0	0	0	0	0	0	0	0

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2020 Plan Year		2019 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	3.64%	2.79%	3.74%	2.28%
Next 15 years	5.21%	3.92%	5.35%	3.81%
Over 20 years	5.94%	4.38%	6.11%	4.46%
Applicable Law for the segment rates corridor	BBA	Not Applicable	BBA	Not Applicable

Discount Rate for developing pension expense: 3.50% (previously 4.25%), as determined by the company and prior actuary. We note that this is within 0.25% of the Citigroup index.

Interest Rate for FASB ASC 960: 7.00%, determined by the company.

Expected Long-Term Return on Plan Assets for developing pension expense: 7.00% (previously 7.00%), determined by the company.

Actuarial Assumptions and Methods (continued)

Administrative Expenses:

ERISA: Estimated based on the non-investment related administrative expenses paid from the Trust in the prior year plus estimated PBGC premiums for the current year. \$175,797 in 2020 (previously \$299,345).

FASB ASC 715: None assumed

Mortality:

ERISA: IRS 2020 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430. These tables include future mortality improvement of 8 years for males and 9 years for females with the following adjustments: For ages below 80, the projection period is increased by 1 year for each year below age 80. For ages above 80, the projection period is reduced (but not below zero) by 1/3 year for each year above 80. *Previously*: IRS 2019 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430.

FASB ASC 715 and FASB ASC 960: Private Retirement Plans Mortality Table Pri-2012 with generationally projected mortality improvement scale MP-2019 (previously RP-2014 Total Mortality Tables adjusted backward to 2006 (the central year of the RP-2014 data set) with Scale MP-2014 and projected with MP-2018 Mortality Improvement Scale applied on a generational basis). This plan does not have a large enough population to vary from the standard tables.

Actuarial Assumptions and Methods (continued)

Retirement Rates: Rates varying by age for active participants: consistent with expected retirement experience. This assumption does not typically result in significant gains and losses.

Attained Age	Retirement Rate
60-61	3%
62	15%
63-64	3%
65	50%
66-69	20%
70	100%

Deferred vested participants are assumed to retire at age 65.

Disability Rates: 55% of Table S-10 of the 19th Railroad Retirement Board Valuation (1992): this assumption is common for small plans with limited experience. Significant gains and losses from this assumption are not expected.

Sample rates are shown below:

Attained Age	Retirement Rate
25	.044%
40	.226%
55	1.436%

Actuarial Assumptions and Methods (continued)

Termination: Rates varying by age and service: consistent with expected retirement experience. This assumption does not typically result in significant gains and losses.

Sample rates are shown below:

Attained Age	Completed Years of Service					≥5
	0	1	2	3	4	
20	13.90%	13.90%	13.90%	13.90%	13.90%	13.90%
25	14.08%	12.95%	11.23%	9.45%	9.33%	6.20%
35	14.25%	12.00%	8.55%	5.00%	4.75%	2.80%
40	13.38%	11.25%	8.03%	4.50%	4.13%	2.80%
50	10.25%	8.65%	6.26%	3.75%	3.25%	2.80%
55	8.00%	6.80%	5.00%	3.50%	3.00%	2.80%

Marital Status: 60% of males and 50% of females are assumed married, with females 3 years younger than males. This assumption is common for this company and industry.

Maximum Benefit: \$230,000 for 2020. No future increases in the IRC Section 415 limit have been reflected.

Form of Payment: The single life annuity benefit is assumed to be chosen by all plan participants. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Actuarial Assumptions and Methods (continued)

Data Assumptions: None.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Market Related Value of Assets for FASB ASC 715 Expense Purposes: The market related value of assets is equal to the fair value of assets on the valuation date.

Amortization of Prior Service Costs and Net Gains and Losses for FASB ASC 715 Expense Calculation: As permitted under paragraph 715-30-35-13 of FASB ASC 715, plan amendments are reflected in the net periodic pension cost by use of a straight-line amortization of the cost of such amendment(s) over the average remaining service period of employees expected to receive benefits under the plan.

Pursuant to paragraph 715-30-35-24 of FASB ASC 715, an unrecognized gain or loss (as of the beginning of the year) in excess of 10% of the greater of the projected benefit obligation or the market-related value of plan assets is amortized over the average remaining service period of active employees expected to receive benefits under the plan and included as a component of the net periodic pension cost. Since this method compares the outstanding gain or loss to the greater of the PBO or the assets to determine the amount to be amortized, the unfunded projected benefit obligation is not expected to be fully amortized if all assumptions are realized.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 7-year period beginning with such plan year.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) and FASB ASC 715 accumulated benefit obligation (ABO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount and FASB ASC 715 projected benefit obligation (PBO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Plan Provisions

Name of Plan: Preformed Line Products Employees' Retirement Plan.

Employer Identification Number / Plan Number: 34-0676895/003.

Effective Date: January 1, 1987. Effective date of most recent restatement, January 1, 2016.

Covered Employees: All hourly employees.

Eligibility: The Plan was closed to new entrants effective January 31, 2013.

Participation Date: Date of becoming a covered employee.

Definitions:

Vesting service: One year of vesting service for each year during which 1,000 or more hours are worked in addition to the vesting service given through the original plan.

Benefit service: One year of benefit service for each year during which 1,000 or more hours were completed. Credit for partial years is given as a ratio of 1,000 hours worked. Credited service is frozen as of January 31, 2013.

Pensionable pay: Total pay, including overtime wage and bonuses. Pay after January 31, 2013 will not contribute to pensionable pay.

Average earnings: The greater of the average of the highest 60 consecutive calendar months of pensionable pay during the ten-year period preceding termination.

Normal retirement date (NRD): The participant's 65th birthday.

Monthly pension benefit: Pension benefit, payable at the end of each month, is calculated as 1.2% of an employee's Final Average Earnings multiplied by years of their Credited Service. This is reduced accordingly to reflect the actuarial value of plan benefits, as documented in United of Omaha's original plan contract.

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Optional retirement - Age 60 and five years of Vesting Service.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service or reaching age 65. All participants are 100% vested in their accrued benefit.

Pre-retirement spouse benefit: Death while eligible for Normal, Early or Deferred Vested Retirement benefits, with a surviving spouse.

Disability: Participant must be eligible for Social Security Disability benefits and attained 10 years of Vesting Service.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Pension Benefit determined as of NRD.

Early retirement: The Monthly Pension Benefit payable at age 65 actuarially reduced. The following are sample factors:

Attained Age	Reduction Factor
55	0.3852
56	0.4206
57	0.4599
58	0.5036
59	0.5522
60	0.6066
61	0.6675
62	0.7360
63	0.8133
64	0.9007
65	1.0000

Termination with deferred vested benefit: The full accrued benefit commences upon reaching age 65 or is reduced with the same schedule as in the early retirement section above.

Plan Provisions (continued)

Death with pre-retirement spouse benefit: Benefit equal to 50% of the participant's joint and survivor benefit upon death, adjusted for early retirement factors as necessary. Payable as a monthly benefit to the participant's surviving spouse, commencing when the participant would've been retirement eligible. If the participant was eligible for early retirement, the benefit is payable immediately.

Disability: The participant's unreduced benefit payable monthly is eligible for immediate commencement.

Forms of Payment:

Normal form (single participants): Single life annuity.

Optional forms: Participants who retire under the plan may elect a single life annuity, ten-year certain and continuous annuity (minimum 120 payments), joint and 50% survivor annuity, joint and 75% survivor annuity, joint and 100% survivor annuity or, if the present value of their benefit is \$5,000 or less, a lump sum distribution.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

2020 Form 5500 Schedule SB Attachments**Schedule SB, Line 22 – Description of Weighted Average Retirement Age****Preformed Line Products Company****Preformed Line Products Company Employees' Retirement Plan****For Plan Year January 01, 2020****EIN: 34-0676895****Plan Number: 003**

Age	Retirement Rate	Expected Retirements	Remaining Actives	Weighted Age
60	3.00%	9.720	314.280	1.800
61	3.00%	9.428	304.852	1.775
62	15.00%	45.728	259.124	8.750
63	3.00%	7.774	251.350	1.512
64	3.00%	7.541	243.810	1.489
65	50.00%	121.905	121.905	24.456
66	20.00%	24.381	97.524	4.966
67	20.00%	19.505	78.019	4.033
68	20.00%	15.604	62.415	3.275
69	20.00%	12.483	49.932	2.658
70	100.00%	49.932	0.000	10.788

Rounded Weighted Average Retirement Age = 66

Plan Provisions

Name of Plan: Preformed Line Products Employees' Retirement Plan.

Employer Identification Number / Plan Number: 34-0676895/003.

Effective Date: January 1, 1987. Effective date of most recent restatement, January 1, 2016.

Covered Employees: All hourly employees.

Eligibility: The Plan was closed to new entrants effective January 31, 2013.

Participation Date: Date of becoming a covered employee.

Definitions:

Vesting service: One year of vesting service for each year during which 1,000 or more hours are worked in addition to the vesting service given through the original plan.

Benefit service: One year of benefit service for each year during which 1,000 or more hours were completed. Credit for partial years is given as a ratio of 1,000 hours worked. Credited service is frozen as of January 31, 2013.

Pensionable pay: Total pay, including overtime wage and bonuses. Pay after January 31, 2013 will not contribute to pensionable pay.

Average earnings: The greater of the average of the highest 60 consecutive calendar months of pensionable pay during the ten-year period preceding termination.

Normal retirement date (NRD): The participant's 65th birthday.

Monthly pension benefit: Pension benefit, payable at the end of each month, is calculated as 1.2% of an employee's Final Average Earnings multiplied by years of their Credited Service. This is reduced accordingly to reflect the actuarial value of plan benefits, as documented in United of Omaha's original plan contract.

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Optional retirement - Age 60 and five years of Vesting Service.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service or reaching age 65. All participants are 100% vested in their accrued benefit.

Pre-retirement spouse benefit: Death while eligible for Normal, Early or Deferred Vested Retirement benefits, with a surviving spouse.

Disability: Participant must be eligible for Social Security Disability benefits and attained 10 years of Vesting Service.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Pension Benefit determined as of NRD.

Early retirement: The Monthly Pension Benefit payable at age 65 actuarially reduced. The following are sample factors:

Attained Age	Reduction Factor
55	0.3852
56	0.4206
57	0.4599
58	0.5036
59	0.5522
60	0.6066
61	0.6675
62	0.7360
63	0.8133
64	0.9007
65	1.0000

Termination with deferred vested benefit: The full accrued benefit commences upon reaching age 65 or is reduced with the same schedule as in the early retirement section above.

Plan Provisions (continued)

Death with pre-retirement spouse benefit: Benefit equal to 50% of the participant's joint and survivor benefit upon death, adjusted for early retirement factors as necessary. Payable as a monthly benefit to the participant's surviving spouse, commencing when the participant would've been retirement eligible. If the participant was eligible for early retirement, the benefit is payable immediately.

Disability: The participant's unreduced benefit payable monthly is eligible for immediate commencement.

Forms of Payment:

Normal form (single participants): Single life annuity.

Optional forms: Participants who retire under the plan may elect a single life annuity, ten-year certain and continuous annuity (minimum 120 payments), joint and 50% survivor annuity, joint and 75% survivor annuity, joint and 100% survivor annuity or, if the present value of their benefit is \$5,000 or less, a lump sum distribution.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost.

PREFORMED LINE PRODUCTS COMPANY
EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0676895
PLAN NO. 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2020

(a)	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		<u>Common/Collective Trust</u>		
*	Fidelity Investments Inc.	FIAM Pension Journey 50/50 Pool	\$27,998,975	\$36,756,159

* Represents a party-in-interest.

Schedule of Amortization Bases

<u>Type of Base</u>	Present Value of Any <u>Remaining</u> <u>Installments</u>	<u>Valuation Date</u>	<u>Years</u> <u>Remaining</u>	<u>Amortization</u> <u>Installment</u>
2020 Shortfall	\$ 318,869	January 1, 2020	7	\$ 51,647
2019 Shortfall	0	January 1, 2019	6	0
2018 Shortfall	0	January 1, 2018	5	0
2017 Shortfall	0	January 1, 2017	4	0
2016 Shortfall	0	January 1, 2016	3	0
2015 Shortfall	0	January 1, 2015	2	0
2014 Shortfall	0	January 1, 2014	1	0
Total	<u>\$ 318,869</u>			<u>\$ 51,647</u>