Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOUTHWIRE COMPANY HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 013

1c Effective date of plan 01/01/2002

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)
SOUTHWIRE COMPANY, LLC

ONE SOUTHWIRE DRIVE
CARROLLTON, GA 30119

2b Employer Identification Number (EIN) 58-2020515

2c Plan Sponsor's telephone number 770-832-4053

2d Business code (see instructions) 334410

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	GUYTON COCHRAN
	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

3a Plan administrator's name and address [X] 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**	5398
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)**	4174
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4183
b Retired or separated participants receiving benefits	**6b**	711
c Other retired or separated participants entitled to future benefits	**6c**	572
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	5466
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	69
f Total. Add lines **6d** and **6e**	**6f**	5535
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**	265
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

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

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

A Name of plan
SOUTHWIRE COMPANY HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOUTHWIRE COMPANY, LLC

D Employer Identification Number (EIN)
58-2020515

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	129471081
b Actuarial value	**2b**	129471081

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	725	22794641	22794641
b For terminated vested participants	502	7941596	7941596
c For active participants	4503	54253608	59924669
d Total	5730	84989845	90660906

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**	5.62 %
6 Target normal cost	**6**	5605960

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	09/26/2021 Date
DANIEL P. LUCAS, FCA, MAAA, EA	20-05320
Type or print name of actuary	Most recent enrollment number
NEWPORT GROUP, INC.	608-785-3754
Firm name	Telephone number (including area code)
2 COPELAND AVENUE, SUITE 301 LA CROSSE, WI 54603	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7065724	0
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)	7065724	0
10	Interest on line 9 using prior year's actual return of 22.92 %	1619464	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.78 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8685188	0

Part III Funding Percentages

14	Funding target attainment percentage	14	133.22 %
15	Adjusted funding target attainment percentage	15	142.80 %
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	133.03 %
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
09/13/2021	8000000	0			
			Totals ► 18(b)	8000000	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	7291206

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	5605960
b Excess assets, if applicable, but not greater than line 31a	**31b**	5605960

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7291206

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	7291206
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
SOUTHWIRE COMPANY HOURLY PENSION PLAN	013
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SOUTHWIRE COMPANY, LLC	58-2020515

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEWPORT GROUP, INC.

27-2037969

(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 12 15 16 50 65	NONE	276998	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 21 27 28 49 50 51 52 61 63 64 99	NONE	175000	Yes [ ] No [X]	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.

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

A Name of plan
SOUTHWIRE COMPANY HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 013

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOUTHWIRE COMPANY, LLC

D Employer Identification Number (EIN)
58-2020515

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	LIABILITY DRIVEN SOLUTION CIT II F		
b Name of sponsor of entity listed in (a):	WELLS FARGO		
c EIN-PN	80-6049172-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28299655		
a Name of MTIA, CCT, PSA, or 103-12 IE:	LIABILITY DRIVEN SOLUTION CIT III F		
b Name of sponsor of entity listed in (a):	WELLS FARGO		
c EIN-PN	46-7074916-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28931055		
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAUSEWAY INTERNATIONAL VALUE CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO		
c EIN-PN	47-6375784-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MULTI MANAGER SMALL CAP CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO		
c EIN-PN	45-6648658-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6168411		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MFS VALUE CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO		
c EIN-PN	45-6648640-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5369753		
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE INSTL. LCG MGD CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO		
c EIN-PN	45-6648614-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5352482		
a Name of MTIA, CCT, PSA, or 103-12 IE:	T ROWE PRICE INSTL. EQ MGD CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO		
c EIN-PN	46-6586666-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5356853		

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD INTL EQUITY CIT F

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

c EIN-PN 47-6378625-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5817148

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK S&P MIDCAP INDEX CIT F

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

c EIN-PN 52-2265235-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10904375

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK S&P 500 INDEX CIT F

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

c EIN-PN 94-3224211-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20716744

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INTL EQ INDEX CIT F

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

c EIN-PN 52-2265229-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11659983

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH CIT F

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

c EIN-PN 82-6249680-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5342318

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
SOUTHWIRE COMPANY HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHWIRE COMPANY, LLC

D Employer Identification Number (EIN)
58-2020515

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 reported 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)	0	8000000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	1788	144
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1060343	1279838
(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)	117935066	133918777
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10473884	11798587
(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	129471081	154997346
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	129471081	154997346

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	8000000	
	(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)		8000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5504	
	(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)		5504
	(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)	95007	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		95007
	(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)		20658711
(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)		1969697
c Other income	2c		1574
d Total income. Add all **income** amounts in column (b) and enter total	2d		30730493
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4304196	
(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)		4304196
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)	276998	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	175000	
(4) Other	2i(4)	448034	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		900032
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5204228
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		25526265
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: FRAZIER AND DEETER LLC **(2)** EIN: 58-1433845

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4305561.

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
SOUTHWIRE COMPANY HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500
SOUTHWIRE COMPANY, LLC

D Employer Identification Number (EIN)
58-2020515

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): 41-6257133

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** 202

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 60.8 % Investment-Grade Debt: 39.2 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.0 %

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 _____

SOUTHWIRE COMPANY HOURLY PENSION PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
WITH INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2020 AND 2019

SOUTHWIRE COMPANY HOURLY PENSION PLAN
TABLE OF CONTENTS

	Page
Independent Auditors' Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits, December 31, 2020 and 2019	3
Statements of Changes in Net Assets Available for Benefits, Years Ended December 31, 2020 and 2019	4
Notes to Financial Statements	5 - 15
Supplemental Schedules:*	
Schedule of Assets (Held at End of Year) - Form 5500, Schedule H, Part IV, Line 4(i), December 31, 2020	16
Schedule of Reportable Transactions - Form 5500, Schedule H, Part IV, Line 4(j), Year Ended December 31, 2020	17

*Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

Frazier & Deeter
CPAs & ADVISORS

1230 Peachtree Street NE
Suite 1500
Atlanta, Georgia 30309
404.253.7500
www.frazierdeeter.com

INDEPENDENT AUDITORS' REPORT

Trustee Committee
Southwire Company Hourly Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Southwire Company Hourly Pension 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information included in Note 8, which was certified by Wells Fargo Bank, N.A., the trustee 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 the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 10 to the financial statements, the 2020 financial statements have been restated to correct a misstatement. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) - Form 5500 - Schedule H, Part IV, Line 4(i) as of December 31, 2020, and Schedule of Reportable Transactions - Form 5500 - Schedule H, Part IV, Line 4(j) for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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 schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Frazier & Deeter, LLC

October 1, 2021

SOUTHWIRE COMPANY HOURLY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020 (As Restated)	2019
ASSETS:		
Investments, at fair value	$ 146,997,202	$ 129,469,293
Receivables:		
Employer contribution receivable	8,000,000	-
Other receivables	144	1,788
Total receivables	8,000,144	1,788
NET ASSETS AVAILABLE FOR BENEFITS	$ 154,997,346	$ 129,471,081

See notes to financial statements.

SOUTHWIRE COMPANY HOURLY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020 (As Restated)	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contribution	$ 8,000,000	$ -
Net appreciation in fair value of investments	22,629,982	24,500,602
Interest and dividends	100,511	260,221
Total additions	30,730,493	24,760,823
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	4,304,196	3,295,629
Professional and administrative fees	900,032	816,185
Total deductions	5,204,228	4,111,814
NET INCREASE	25,526,265	20,649,009
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	129,471,081	108,822,072
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 154,997,346	$ 129,471,081

See notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of the Southwire Company Hourly Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General

The Plan, established January 1, 2002, is a defined benefit pension plan covering substantially all hourly and non-exempt employees of Southwire Company, LLC (the Plan Sponsor or the Company) who have attained age 21, have completed 1,000 hours of service, and are not a member of a collective bargaining unit except for the Watkinsville and Kingman bargaining units. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

B. Pension Benefits

Benefit service is defined as the number of plan years of service the participant has been an eligible employee and accrued 1,000 or more service hours. Employees with five or more years of benefit service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to the Plan's predetermined formula. This formula uses both years of benefit service and a pension benefit factor, ranging from $21.50 to $37.00 per month, determined by year of hire. The Plan permits early retirement at ages 50-64. Early retirement benefits are reduced by a percentage up to 66%. If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated Plan benefits. Employees that terminate after five years of service, but before they are eligible for retirement benefits are entitled to receive a deferred vested benefit from the Plan starting at age 65. Employees will receive their pension benefits in the form of a joint and survivor annuity or as a lifetime annuity payable monthly from retirement unless they elect a different payment option. Employees with total pension benefits between $5,000 and $25,000 may elect to receive lump-sum distributions, with spousal consent, as applicable. Employees with total pension benefits of less than $5,000 will receive lump-sum distributions.

C. Death and Disability Benefits

If an active vested employee dies before early retirement age, a death benefit equal to the survivor's portion of the benefit will be paid to the surviving spouse beginning at the employee's earliest retirement date. If an active vested employee dies before retirement but after early retirement age, the surviving spouse will immediately receive a death benefit equal to the survivor's portion of the benefit. Employees will receive disability benefits if they become totally and permanently disabled at any age before turning 65, have 10 or more years of vesting service and their total lump-sum pension benefits are greater than $5,000. Disability benefits are paid until normal retirement age, at which

1. DESCRIPTION OF PLAN (Continued)

C. Death and Disability Benefits (Continued)

time, disabled participants begin receiving normal retirement benefits. A disabled employee with a total lump sum pension benefit of less than $5,000 will receive a single lump sum cash payment at disability.

D. Vesting

A participant becomes fully vested in the Plan after completing 5 years of vesting service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of any contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

C. Risks and Uncertainties

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

D. Investments, Investment Valuation, and Income Recognition

Investments are reported at fair value (see Note 5). Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation in fair value of investments in the statements of changes in net assets available for benefits represents the net realized gains and losses and unrealized appreciation/depreciation on investments bought and sold, as well as held during the year.

E. Collective Trust Funds

Investments in the collective trust funds are required to be reported at fair value. The collective trust funds are composed primarily of fully benefit-responsive investment contracts held by the funds' trustee. As these contracts are held indirectly through the collective trust funds, the collective trust funds are not valued at contract value as a direct investment in a fully benefit responsive asset would be. The Plan has elected to value the collective trust funds using net asset value (NAV) as the practical expedient to determine fair value.

F. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. 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 under the Plan are calculated using a factor (based on year of hire) times the number of years of benefit service. For eligible employees not covered by a collective bargaining agreement, the factors range from $25.00 to $37.00 per month depending on year of hire. The pension factor for the Watkinsville, Georgia bargaining unit ranges from $21.50 to $23.50 per month depending on year of hire. The pension factor for the Kingman, Arizona bargaining unit ranges from $25.00 to $27.00 per month depending on year of hire. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2020 and 2019, were (a) life expectancy of participants (the Pri-2012 Blue Collar Mortality Table, with generational projection using Scale MP-2019 was used for the valuation as of January 1, 2020 and the

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Actuarial Present Value of Accumulated Plan Benefits (Continued)

RP-2014 Blue Collar Mortality Table projected with Scale MP-2018 was used for the valuation as of January 1, 2019), (b) retirement age assumptions (assumed gradual retirement age starting at age 60 and ending at age 65), and (c) investment return (discount rate). The January 1, 2020 and 2019 valuations assumed a discount rate of 6.5%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020 and 2019. Had the valuations been performed as of December 31, there would be no material differences. The Plan Sponsor has selected the Projected Unit Credit Cost Method for determining the Plan's normal cost and the actuarial accrued liability.

The actuarial present value of accumulated Plan benefits as of January 1, 2020, determined by the actuary, is summarized as follows:

	January 1, 2020
Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Other participants	$ 45,764,991
Participants entitled to deferred benefits	6,677,659
Participants currently receiving payments	19,766,001
Total vested benefits	72,208,651
Non-vested benefits	4,820,692
	$ 77,029,343

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The change in the actuarial present value of accumulated Plan benefits from January 1, 2019 to January 1, 2020, determined by the actuary, is summarized as follows:

Present value of accumulated benefits, as of January 1, 2019	$ 70,029,445
Increase (decrease) attributable to:	
Benefits accumulated and plan experience	4,891,941
Interest due to decrease in discount period	4,446,492
Assumption change	957,094
Benefits paid	(3,295,629)
Net increase	6,999,898
Present value of accumulated benefits, as of January 1, 2020	$ 77,029,343

G. Benefit Payments

Benefit payments to participants are recorded when paid.

H. Expenses

Investment management and trustee fees are paid directly from the trust by the Plan to the investment managers and Wells Fargo Bank, N.A. (the Trustee). Investment related expenses are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits. Other administrative expenses, including Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) premiums, are paid by the Plan to the extent not paid by the Company.

I. New Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820) Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). ASU 2018-13 changes the fair value measurement disclosure requirements of Accounting Standards Codification 820, *Fair Value Measurement* (ASC 820). Applicability of the provisions in ASU 2018-13 depends on whether the reporting entity is a non-public entity. New disclosure requirements under ASU 2018-13 are not applicable to non-public entities and, therefore, are not applicable to the Plan. Eliminated and modified disclosure requirements under ASU 2018-13 are applicable to the Plan and impact the reporting of transfers between Level 1 and Level 2 assets (defined in Note 5), Level 3 asset disclosures, and disclosures about investments in certain entities valued at

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

I. New Accounting Pronouncements (Continued)

net asset value. ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019. Early adoption was permitted. The Plan Sponsor adopted ASU 2018-13 effective January 1, 2020. Such adoption did not have a material impact on the Plan's financial statements.

J. Effects of COVID-19

In March 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic. There have been mandates from international, federal, state, and local authorities requiring forced closures of various schools, businesses, and other facilities and organizations. The Plan Sponsor understands that these forced closures could negatively impact the Plan. The COVID-19 pandemic remains a rapidly evolving situation and at this time the Plan Sponsor cannot estimate the related impact to the Plan. The extent of the impact of COVID-19 on the Plan and the Plan Sponsor's financial results will depend on future developments, including the duration and spread of the outbreak within the markets in which the Plan Sponsor operates, government actions and programs, and the related impact on consumer confidence and spending, all of which are highly uncertain.

3. FUNDING POLICY

Employees make no contributions to the Plan; it is totally funded by employer contributions. The current sponsor funding policy is to contribute an amount sufficient to meet minimum funding requirements without exceeding the maximum deductible limit. The Company met the minimum funding requirements for the years ended December 31, 2020 and 2019.

4. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. PLAN TERMINATION (Continued)

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All non-vested benefits.

Certain Plan benefits are insured by the PBGC if the Plan terminates. Additional information about the PBGC insurance protection and its limitations can be obtained from the summary plan description booklet provided to Plan participants. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

5. FAIR VALUE MEASUREMENTS

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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and Trustee. The framework for measuring fair value under U.S. GAAP provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

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

5. FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used as of December 31, 2020 and 2019.

Short-term investment fund: The short-term investment fund is primarily stated at amortized cost, which approximates fair value.

Mutual funds: Mutual funds are valued by the plan at year-end by obtaining quoted prices on nationally recognized securities exchanges.

Collective trusts: Units of participation in the collective trust funds are valued at the NAV provided by the funds' Trustee as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. This practical expedient would not be used when it is determined to be probable that the funds will sell the investments for amounts different than the reported NAV. Transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of a collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

5. FAIR VALUE MEASUREMENTS (Continued)

The methodologies described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies 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, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 11,798,587	$ -	$ -	$ 11,798,587
Short-term investment fund	1,279,838	-	-	1,279,838
Total assets in the fair value hierarchy	$ 13,078,425	$ -	$ -	13,078,425
Investments measured at net asset value:*				
Collective trust funds				133,918,777
Total investments at fair value				$ 146,997,202

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,473,884	$ -	$ -	$ 10,473,884
Short-term investment fund	1,060,343	-	-	1,060,343
Total assets in the fair value hierarchy	$ 11,534,227	$ -	$ -	11,534,227
Investments measured at net asset value:*				
Collective trust funds				117,935,066
Total investments at fair value				$ 129,469,293

*In accordance with Accounting Standards Codification 820-10, certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the balances presented in the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

5. FAIR VALUE MEASUREMENTS (Continued)

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2020 and 2019:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	$ 133,918,777	None	Daily	Daily

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	$ 117,935,066	None	Daily	Daily

6. TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated November 29, 2011 stating that the form of the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is tax-exempt. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. While the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan as amended is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. There are no known items that would result in an accrual for uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. RELATED-PARTY TRANSACTIONS

The Trustee performs services for the Plan, sells products to the Plan, and manages and maintains investments for the Plan for which fees are charged to the Plan. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. For the years ended December 31, 2020 and 2019, fees paid to the Trustee were $276,998 and $200,009, respectively.

8. FINANCIAL INFORMATION CERTIFIED BY TRUSTEE (Unaudited)

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. As permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the investment information certified by the Trustee, including the fair value of investments held as of December 31, 2020 and 2019, and the net appreciation in fair value of investments, and dividends and interest for the years then ended, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedules.

9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 1, 2021, which is the date these financial statements were available to be issued. All subsequent events, if any, requiring recognition as of December 31, 2020, have been incorporated into these financial statements.

10. RESTATEMENT FOR CORRECTION OF ERROR

The Board of Directors decided after original issuance of the financial statements to fund a contribution of $8,000,000 to the Plan for the 2020 Plan year. In the previous presentation of the financial statements, contributions were not included. The effect of this error is summarized as follows:

Statement of Net Assets Available for Benefits

	December 31, 2020	
	As Previously Reported	As Restated
Employer contribution receivable	$ -	$ 8,000,000
Net assets available for benefits	$ 146,997,346	$ 154,997,346

Statement of Changes in Net Assets Available for Benefits

	December 31, 2020	
	As Previously Reported	As Restated
Employer contribution	$ -	$ 8,000,000
Total additions	$ 22,730,493	$ 30,730,493
Net increase	$ 17,526,265	$ 25,526,265
Net assets available for benefits, end of year	$ 146,997,346	$ 154,997,346

SUPPLEMENTAL SCHEDULES

SOUTHWIRE COMPANY HOURLY PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
DECEMBER 31, 2020

Employer ID #58-2020515
Plan Number 013

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
*	Wells Fargo Blackrock Short-Term Investment Fund	Short-Term Investment Fund	$ 1,279,838	$ 1,279,838
*	Wells Fargo Liability Driven Solution II	Common/Collective Trust Fund	24,208,717	28,299,655
*	Wells Fargo Liability Driven Solution III	Common/Collective Trust Fund	24,518,610	28,931,055
*	Wells Fargo Blackrock International Equity Index Fund	Common/Collective Trust Fund	10,736,742	11,659,983
*	Wells Fargo Blackrock S&P MidCap Index Fund	Common/Collective Trust Fund	9,478,286	10,904,375
*	Wells Fargo Blackrock S&P 500 Index Fund	Common/Collective Trust Fund	17,490,264	20,716,744
*	Wells Fargo Lazard International Equity Fund	Common/Collective Trust Fund	5,285,791	5,817,148
*	Wells Fargo Value CIT Fund	Common/Collective Trust Fund	5,129,761	5,369,753
*	Wells Fargo Multi-Manager Small Cap Fund	Common/Collective Trust Fund	4,919,936	6,168,411
*	Wells Fargo T. Rowe Price Institutional Equity Income Fund	Common/Collective Trust Fund	5,143,083	5,356,853
*	Wells Fargo T. Rowe Price Institutional Large Cap Growth Fund	Common/Collective Trust Fund	3,825,283	5,352,482
*	Wells Fargo VOYA Large Cap Growth Fund	Common/Collective Trust Fund	4,049,882	5,342,318
	Fidelity Emerging Markets Index Fund	Mutual Fund	1,769,239	2,048,940
	American Funds Euro Pac Growth Fund	Mutual Fund	4,696,313	5,853,234
	Acadian Emerging Markets Portfolio Institutional Class	Mutual Fund	1,730,415	1,885,717
	Oppenheimer Developing Markets	Mutual Fund	1,715,870	2,010,696
			$ 125,978,030	$ 146,997,202

*Indicates a party-in-interest to the Plan, as defined by ERISA.
Note: The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A.

See independent auditors' report.

SOUTHWIRE COMPANY HOURLY PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4(j)
YEAR ENDED DECEMBER 31, 2020

Employer ID #58-2020515
Plan Number 013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
SERIES BY ISSUE:								
Wells Fargo Funds Trust	Black Rock Short-Term Investment Fund F	5,483,372	-	-	-	5,483,372	5,483,372	-
Wells Fargo Funds Trust	Black Rock Short Term Investment Fund F	-	5,263,877	-	-	5,263,877	5,263,877	-
Wells Fargo Funds Trust	WF Liability Driven Solution CIT III F	7,074,000	-	-	-	7,074,000	7,074,000	-
Wells Fargo Funds Trust	WF Liability Driven Solution CIT II F	-	8,865,000	-	-	6,091,986	8,865,000	2,773,014

Note: The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A.

See independent auditors' report.

ATTACHMENT TO 2020 SCHEDULE SB (FORM 5500)

EIN: 58-2020515 PN: 013

Line 26 - Schedule of Active Participant Data

	YEARS OF CREDITED SERVICE																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		
Attained Age	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	Total
Under 25	67		147		0		0		0		0		0		0		0		0		**214**
25 to 29	84		309		117		2		0		0		0		0		0		0		**512**
30 to 34	72		326		172		54		18		0		0		0		0		0		**642**
35 to 39	45		267		177		69		84		0		0		0		0		0		**642**
40 to 44	44		214		148		63		96		0		0		0		0		0		**565**
45 to 49	35		203		127		66		129		0		0		0		0		0		**560**
50 to 54	21		202		102		71		162		0		0		0		0		0		**558**
55 to 59	13		119		77		49		149		0		0		0		0		0		**407**
60 to 64	4		85		37		47		139		0		0		0		0		0		**312**
65 to 69	1		25		10		3		41		0		0		0		0		0		**80**
70 & up	0		4		1		0		6		0		0		0		0		0		**11**
Total	**386**		**1901**		**968**		**424**		**824**		**0**		**0**		**0**		**0**		**0**		**4503**

Actuarial Methods and Assumptions

ACTUARIAL METHOD

Funding Target and Target Normal Cost	Unit Credit per PPA funding rules
Asset Method	Market Value

ACTUARIAL ASSUMPTIONS

Interest Rates	Minimum Contribution	Maximum Contribution
First Segment Interest Rate	3.64%	2.79%
Second Segment Interest Rate	5.21%	3.92%
Third Segment Interest Rate	5.94%	4.38%
Lookback Month*	Fourth Month Prior to Valuation Date	
Transition Rule	N/A	

Mortality of Employees	IRS Prescribed - Generational Non-annuitant, male and female
Mortality of Retirees	IRS Prescribed - Generational Non-annuitant, male and female
Mortality Assumption for accounting Standards Codification Topic 960	Pri-2012 Blue Collar Mortality Table, with generational projection using Scale MP-2019
Non-Investment Expenses	$198,096 plus PBGC Premium
Salary Increases	N/A
Termination Rates	2003 Society of Actuaries Basic Age Table, multiplied by 1.00.

Age	Rate
25	18.51%
40	7.00%
55	2.92%

Disablement Rates	1987 Commisioner's Group Disability Table, six month elimination period male and female.
Retirement Age	Active Participants: 50% of active participants at the earliest age eligible for unreduced retirement benefits, age 60 and 30 years of vesting service, and 100% at attained age 65.
Marital Status	75% assumed married; husbands 3 years older than wives

* For the plan year beginning above, the look back month applies to the maximum contribution only.

Change in Assumptions

None

SOUTHWIRE COMPANY HOURLY PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4(j)
YEAR ENDED DECEMBER 31, 2020

Employer ID #58-2020515
Plan Number 013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
SERIES BY ISSUE:								
Wells Fargo Funds Trust	Black Rock Short-Term Investment Fund F	5,483,372	-	-	-	5,483,372	5,483,372	-
Wells Fargo Funds Trust	Black Rock Short Term Investment Fund F	-	5,263,877	-	-	5,263,877	5,263,877	-
Wells Fargo Funds Trust	WF Liability Driven Solution CIT III F	7,074,000	-	-	-	7,074,000	7,074,000	-
Wells Fargo Funds Trust	WF Liability Driven Solution CIT II F	-	8,865,000	-	-	6,091,986	8,865,000	2,773,014

Note: The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A.

See independent auditors' report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

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

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

A Name of plan
SOUTHWIRE COMPANY HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 013

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOUTHWIRE COMPANY, LLC

D Employer Identification Number (EIN)
58-2020515

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

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

Part I Basic Information

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

2 Assets:

a Market value	2a	129,471,081
b Actuarial value	2b	129,471,081

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	725	22,794,641	22,794,641
b For terminated vested participants	502	7,941,596	7,941,596
c For active participants	4,503	54,253,608	59,924,669
d Total	5,730	84,989,845	90,660,906

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	5.62%
6 Target normal cost	6	5,605,960

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 Daniel P Lucas DPL — 9/26/2021

Signature of actuary — Date

Daniel P. Lucas, FCA, MAAA, EA — 2005320

Type or print name of actuary — Most recent enrollment number

Newport Group, Inc. — 608-785-3754

Firm name — Telephone number (including area code)

2 Copeland Avenue, Suite 301

La Crosse WI 54603

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7,065,724	0
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)	7,065,724	0
10	Interest on line 9 using prior year's actual return of 22.92%	1,619,464	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.78%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8,685,188	0

Part III Funding Percentages

14	Funding target attainment percentage	14	133.22%
15	Adjusted funding target attainment percentage	15	142.80%
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	133.03%
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
09/13/2021	8,000,000	0			
		Totals ► 18(b)	8,000,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7,291,206

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	5,605,960
b Excess assets, if applicable, but not greater than line 31a	**31b**	5,605,960

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	7,291,206

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	7,291,206
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

Attachment to 2020 Form 5500, Schedule SB, line 22
Description of Weighted Average Retirement Age
EIN: 58-2020515 PN: 013

SOUTHWIRE COMPANY HOURLY PENSION PLAN

The average retirement age was determined by calculating the earlier of Age 65 or Age 60 and 30 years of vesting service for each participant.

50% of participants are assumed to retire at the earliest age eligible for unreduced retirement benefits, age 60 and 30 years of vesting service, and 100% of participants at attained age 65. The average retirement age is 63.93.

Summary of Plan Provisions

Plan Effective Date

January 1, 2002

Eligibility Requirements - Plan Participation

Prior to January 1, 2012 eligible employees become participants on the later of January 1, 2002 and date of employment.

Effective January 1, 2012 an eligible employee will participate in the plan on the January 1 or July 1 following the later of attaining age 21 and completion of 1,000 Hours of Service.

Eligible Employees are defined as follows:
Southwire Company - All hourly employees not covered by a collective bargaining agreement.
Forte Power Systems in Heflin, Alabama - Non-exempt salaried employees.
Kingman, Arizona - All hourly employees covered by a collective bargaining agreement that provides for participation in this plan.
Watkinsville, Georgia - All hourly employees covered by collective bargaining agreement that provides for participation in this plan.
Alflex - Eligible employees as of July 31, 2004.
DeCorp. Inc. - Eligible employees as of August 23, 2005.
Essex Electric, Inc. - Eligible employees as of February 1, 2006.
Cabletech Global, L.P. - Eligible employees as of November 14, 2008.
Maxis Corporation - Eligible employees as of August 21, 2009.
AIW (Leviton Mfg Co Inc.) - Eligible employees as of February 23, 2010
Coleman Cable, LLC - Eligible employees as of 1/1/2016
Denton - Eligible employees as of 1/1/2017
Sumner - Eligible employees as of 1/1/2018

Eligibility Requirements - Normal Retirement

Normal Retirement Age: 65

Eligibility Requirements - Early Retirement

The earlier of attained age 55 with ten years of vesting service or attained age 50 with ten years of vesting service where the sum of age and service is greater than or equal to 75.

Benefits are reduced 1/180th for each of the first 60 months that benefits commence before the Normal Retirement Date and are reduced 1/360th for additional months in excess of 60 months.

Unreduced benefits at attained age 60 and 30 years of vesting service.

Method of Payment of Normal Retirement Pension Benefit

The Monthly Normal Retirement Pension is payable for the life of the participant.

Summary of Plan Provisions

Amount of Monthly Normal Retirement Pension

The Monthly Pension payable shall be the product of the pension factor multiplied by benefit service.

Southwire and Forte Power Systems:
As of January 1, 2002:

Adjusted Year of Hire	Benefit Credit	Adjusted Year of Hire	Benefit Credit	Adjusted Year of Hire	Benefit Credit
1990 or later	$25.00	1980	$28.75	1970	$32.50
1989	$25.38	1979	$29.13	1969	$32.88
1988	$25.75	1978	$29.50	1968	$33.25
1987	$26.13	1977	$29.88	1967	$33.63
1986	$26.50	1976	$30.25	1966	$34.00
1985	$26.88	1975	$30.63	1965	$34.38
1984	$27.25	1974	$31.00	1964	$34.75
1983	$27.63	1973	$31.38	1963 or earlier	$35.00
1982	$28.00	1972	$31.75		
1981	$28.38	1971	$32.13		

For service earned after January 1, 2006, the pension factors shall increase by $2.

Kingman, Arizona: As of January 1, 2002 - $25.00
For service earned after January 1, 2006 - $27.00

Watkinsville, Georgia: As of January 1, 2002 - $21.50 per year of future service.
As of February 29, 2004 - $22.50 per year of future service.
As of January 1, 2007 - $23.00 per year of future service.
As of January 1, 2008 - $23.50 per year of future service.

Alflex: As of July 31, 2004 - $25.00
For service earned after January 1, 2006 - $27.00

DeCorp. Inc.: As of August 23, 2005 - $25.00
For service earned after January 1, 2006 - $27.00

Essex Electric, Inc.: As of February 1, 2006 - $27.00

Cabletech Global, L.P.: As of November 14, 2008 - $27.00

Maxis Corporation: As of August 21, 2009 - $27.00

AIW (Leviton Mfg): As of February 23, 2010 - $27.00

Coleman Cable, LLC: As of January 1, 2016 - $27.00

Denton: As of January 1, 2017 - $27.00

Summary of Plan Provisions

Benefit Service

A Year of Benefit Service shall be credited as follows:

Before January 1, 2009 - For each Plan Year during which the Employee is credited with 1000 Hours of Service. No service prior to January 1, 2002 shall be counted. If fewer than 1000 hours is worked during a year of hire, termination or transfer in or out of an eligible status, a partial year of service will be earned equal to actual hours worked over 1000.
After December 31, 2008 and before January 1, 2012 - Years and fractional parts of a year to two decimal places on the basis that 365 days equal one year.
After December 31, 2011 - For each Plan Year during which the Employee is credited with 1000 Hours of Service. No partial year of service shall be credited after December 31, 2011.

Benefits on Termination of Employment - Vesting

Employees are Vested in their Accrued Monthly Pension Benefit in accordance with the following Schedule:

Years of Vesting Service	Vested Percentage
0 to 4	0%
5 or more	100%

In accordance with Federal Regulations, Participants are fully vested upon reaching their Normal Retirement Age.

A Year of Vesting Service shall be credited as follows:

Before January 1, 2002 - Total employment service.
January 1, 2002 to December 31, 2008 - For each Plan Year during which the Employee is credited with 1000 Hours of Service.
January 1, 2009 to December 31, 2009 - The greater of the hours method or the credited service method for service earned during the vesting computational period in which January 1, 2009 falls.
After December 31, 2009 and before January 1, 2012 - Years and fractional parts of a year to two decimal places on the basis that 365 days equal one year.
January 1, 2012 to December 31, 2012 - The greater of the hours method or the credited service method for service earned during the vesting computational period in which January 1, 2012 falls.
After December 31, 2012 - For each Plan Year during which the Employee is credited with 1000 Hours of Service.

Summary of Plan Provisions

Death Benefits

A Qualified Joint and Survivor Annuity is payable to the spouse of a Participant who dies after becoming vested in his/her accrued benefit. The benefit is payable to the spouse at the participant's earliest retirement date.

Disability Benefits - Amount and Eligibility

Service: 10 years of vesting service

Accrued benefit as of the anniversary date immediately preceding the later of termination of employment and the date federal Social Security disability benefits begin. Monthly disability income is payable until normal retirement, death, or recovery. A deferred annuity of the full accrued benefit is payable at normal retirement date.

Funding of Plan Benefits

The Plan requires that the Plan Sponsor fund the full cost of all benefits.

SOUTHWIRE COMPANY HOURLY PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
DECEMBER 31, 2020

Employer ID #58-2020515
Plan Number 013

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date Rate of Interest, Collateral Par, or Maturity Value	(d) Cost	(e) Current Value
*	Wells Fargo Blackrock Short-Term Investment Fund	Short-Term Investment Fund	$ 1,279,838	$ 1,279,838
*	Wells Fargo Liability Driven Solution II	Common/Collective Trust Fund	24,208,717	28,299,655
*	Wells Fargo Liability Driven Solution III	Common/Collective Trust Fund	24,518,610	28,931,055
*	Wells Fargo Blackrock International Equity Index Fund	Common/Collective Trust Fund	10,736,742	11,659,983
*	Wells Fargo Blackrock S&P MidCap Index Fund	Common/Collective Trust Fund	9,478,286	10,904,375
*	Wells Fargo Blackrock S&P 500 Index Fund	Common/Collective Trust Fund	17,490,264	20,716,744
*	Wells Fargo Lazard International Equity Fund	Common/Collective Trust Fund	5,285,791	5,817,148
*	Wells Fargo Value CIT Fund	Common/Collective Trust Fund	5,129,761	5,369,753
*	Wells Fargo Multi-Manager Small Cap Fund	Common/Collective Trust Fund	4,919,936	6,168,411
*	Wells Fargo T. Rowe Price Institutional Equity Income Fund	Common/Collective Trust Fund	5,143,083	5,356,853
*	Wells Fargo T. Rowe Price Institutional Large Cap Growth Fund	Common/Collective Trust Fund	3,825,283	5,352,482
*	Wells Fargo VOYA Large Cap Growth Fund	Common/Collective Trust Fund	4,049,882	5,342,318
	Fidelity Emerging Markets Index Fund	Mutual Fund	1,769,239	2,048,940
	American Funds Euro Pac Growth Fund	Mutual Fund	4,696,313	5,853,234
	Acadian Emerging Markets Portfolio Institutional Class	Mutual Fund	1,730,415	1,885,717
	Oppenheimer Developing Markets	Mutual Fund	1,715,870	2,010,696
			$ 125,978,030	$ 146,997,202

*Indicates a party-in-interest to the Plan, as defined by ERISA.
Note: The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A.

See independent auditors' report.