

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 6047(e), 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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
	1c Effective date of plan <u>01/01/1966</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE BELDEN BRICK COMPANY, LLC</u> <u>700 W. TUSCARAWAS STREET</u> <u>CANTON, OH 44702</u>	2b Employer Identification Number (EIN) <u>20-3803246</u> 2c Plan Sponsor's telephone number <u>330-456-0031</u> 2d Business code (see instructions) <u>327100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2016</u>	<u>JAMES LEAHY</u>
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 744
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) 339
a(2) Total number of active participants at the end of the plan year	6a(2) 494
b Retired or separated participants receiving benefits.....	6b 177
c Other retired or separated participants entitled to future benefits.....	6c 221
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 892
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 67
f Total. Add lines 6d and 6e	6f 959
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 that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE BELDEN BRICK COMPANY, LLC	D Employer Identification Number (EIN) 20-3803246	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	454027-D1		01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	4385467
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	4566492
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	75921	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions **7c(6)** 75921

d Total of balance and additions (add lines 7b and 7c(6))	7d	4642413
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	244635	
(2) Administration charge made by carrier	7e(2)	12411	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions **7e(5)** 257046

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4385367
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE BELDEN BRICK COMPANY, LLC	D Employer Identification Number (EIN) 20-3803246	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	454025-D1		01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 2995618**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 3247817**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 52600
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 52600**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 3300417**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 294471
(2) Administration charge made by carrier **7e(2)** 10328
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 304799**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 2995618

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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 BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BELDEN BRICK COMPANY, LLC	D Employer Identification Number (EIN) 20-3803246

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	11096814	
b Actuarial value	2b	11096814	
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	166	2780558	2780558
b For terminated vested participants	239	2152597	2152597
c For active participants	339	4960306	5025472
d Total	744	9893461	9958627
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.41%	
6 Target normal cost	6	301460	

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	03/24/2016	Date
GUY L. EHLBECK	14-03059	Most recent enrollment number
GREAT-WEST RETIREMENT SERVICES	330-603-0015	Telephone number (including area code)
31 ST. JAMES AVENUE - SUITE 810 BOSTON, MA 02116-1405		
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
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	3503459	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	293529	0
9	Amount remaining (line 7 minus line 8)	3209930	0
10	Interest on line 9 using prior year's actual return of <u>2.99</u> %	95977	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 <u>6.64</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	3305907	0

Part III Funding Percentages

14	Funding target attainment percentage.....	14	78.23 %
15	Adjusted funding target attainment percentage	15	111.42 %
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	121.80 %
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	
12/29/2015		1000000	0					
				Totals ►	18(b)	1000000	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	940241

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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
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	301460	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
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	301460	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	203487		203487
36 Additional cash requirement (line 34 minus line 35)	36	97973	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	940241	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	842268	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	203487	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE BELDEN BRICK COMPANY, LLC	D Employer Identification Number (EIN) 20-3803246	

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 disclosure on eligible indirect compensation

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--

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(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)

GREAT-WEST LIFE & ANNUITY INS CO

84-0467907

(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?
13	ADMINISTRATION	29407	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 ☐

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

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2015</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.	B Three-digit plan number (PN) ▶	003
---	---	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE BELDEN BRICK COMPANY, LLC	D Employer Identification Number (EIN) 20-3803246
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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: BELDEN HOLDING DB TRUST

b Name of sponsor of entity listed in (a): THE BELDEN BRICK COMPANY, LLC

c EIN-PN 20-3803246-100	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10709818
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 THE BELDEN BRICK COMPANY, LLC		D Employer Identification Number (EIN) 20-3803246

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	1000000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	2159	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	528730	1539249
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	0	10709818
	(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)	5999333	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4566592	7381085
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11096814	20630152

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11096814	20630152
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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)	2000000	
(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)		2000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	75922	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		75922
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	14418	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14418
(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)	-57477	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-57477

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		126953
(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)		-281540
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1878276

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	348901	
(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)		348901
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	29407	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29407
j Total expenses. Add all expense amounts in column (b) and enter total	2j		378308

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1499968
l Transfers of assets:			
(1) To this plan	2l(1)		8033370
(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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: HALL, KISTLER & CO. LLP

(2) EIN: 34-0715770

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

	Yes	No	N/A	Amount
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.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
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?		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?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection.</div>
---	---	---

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<div>A Name of plan BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.</div>	<div>B Three-digit plan number (PN) ► 003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 THE BELDEN BRICK COMPANY, LLC</div>	<div>D Employer Identification Number (EIN) 20-3803246</div>

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3275867 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	0

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

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

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

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

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

AUDITED FINANCIAL STATEMENTS

THE BELDEN BRICK COMPANY RETIREMENT PLAN FOR
HOURLY EMPLOYEES AT SUGARCREEK, OHIO, INCLUDING
PLANT NO. 9

December 31, 2015



HALL, KISTLER & COMPANY LLP
CONSULTANTS AND CERTIFIED PUBLIC ACCOUNTANTS

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HALL, KISTLER & COMPANY LLP

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INDEPENDENT AUDITOR'S REPORT

The Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek, Ohio,
including Plant No. 9
Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek, Ohio, including Plant No. 9, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits and of changes in accumulated plan 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 of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note I, which was certified by Fidelity Management Trust Company and Great-West Life & Annuity Insurance Company (operating as Great-West Retirement Services), the trustees of the Plan, except for



comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from September 24, 2015 to December 31, 2015, and that Great-West Life & Annuity Insurance Company (operating as Great- West Retirement Services) held the Plan's investment assets and executed investment transactions as of December 31, 2014, and from the period from January 1, 2014 to September 23, 2015. The Plan Administrator has obtained certifications from the trustees as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because 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.

Other Matter

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions for the year ended December 31, 2015, are required by the Department of Labor'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 the supplemental schedules referred to above.

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Certified Public Accountants

Canton, Ohio
October 14, 2016

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THE BELDEN BRICK COMPANY RETIREMENT PLAN FOR HOURLY EMPLOYEES AT
SUGARCREEK, OHIO, INCLUDING PLANT NO. 9

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
Investments:		
At contract value:		
Group annuity policy – general investment account	\$ 7,381,085	\$ 4,566,592
At fair value:		
Plan interest in Master Trust	10,709,818	-
Value of interest in pooled separate accounts	-	5,999,333
Common stock – MetLife, Inc.		
31,928 shares in 2015 and 9,775 shares in 2014	<u>1,539,249</u>	<u>528,730</u>
Total investments	<u>19,630,152</u>	<u>11,094,655</u>
Dividend/employer contribution receivable	<u>1,000,000</u>	<u>2,159</u>
TOTAL ASSETS	<u><u>\$20,630,152</u></u>	<u><u>\$11,096,814</u></u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>	 <u><u>\$20,630,152</u></u>	 <u><u>\$11,096,814</u></u>

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THE BELDEN BRICK COMPANY RETIREMENT PLAN FOR HOURLY EMPLOYEES AT
SUGARCREEK, OHIO, INCLUDING PLANT NO. 9

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>ADDITIONS (REDUCTIONS) TO PLAN ASSETS</u>		
Investment income:		
Plan interest in income from Master Trust	\$ 126,953	\$ -
Net appreciation (depreciation) in fair value of MetLife, Inc. common stock	(57,477)	1,662
Net investment gain (loss) from pooled separate accounts	(281,540)	218,085
Interest and appreciation – general investment account	75,922	107,543
Dividends – MetLife, Inc.	14,418	12,952
	<u>(121,724)</u>	<u>340,242</u>
Employer contributions	2,000,000	-
TOTAL ADDITIONS	<u>1,878,276</u>	<u>340,242</u>
<u>DEDUCTIONS FROM PLAN ASSETS</u>		
Benefits paid directly to participants	348,901	733,621
Administrative expenses	29,407	28,979
TOTAL DEDUCTIONS	<u>378,308</u>	<u>762,600</u>
NET INCREASE (DECREASE)	<u>1,499,968</u>	<u>(422,358)</u>
 <u>TRANSFERS TO NET ASSETS</u>	 8,033,370	 -
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>11,096,814</u>	<u>11,519,172</u>
End of year	<u>\$20,630,152</u>	<u>\$11,096,814</u>

STATEMENTS OF ACCUMULATED PLAN BENEFITS

THE BELDEN BRICK COMPANY RETIREMENT PLAN FOR HOURLY EMPLOYEES AT
SUGARCREEK, OHIO, INCLUDING PLANT NO. 9

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired participants and beneficiaries		
receiving payments	\$ 6,020,675	\$ 2,780,558
Terminated participants with deferred benefits	2,999,498	2,152,597
Active participants	<u>9,228,559</u>	<u>4,960,306</u>
	18,248,732	9,893,461
Nonvested benefits	<u>142,756</u>	<u>65,166</u>
TOTAL ACTUARIAL PRESENT		
VALUE OF ACCUMULATED		
PLAN BENEFITS	<u>\$ 18,391,488</u>	<u>\$ 9,958,627</u>

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

THE BELDEN BRICK COMPANY RETIREMENT PLAN FOR HOURLY EMPLOYEES AT
SUGARCREEK, OHIO, INCLUDING PLANT NO. 9

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits at beginning of year - as previously reported	\$ 9,958,627	\$ 10,507,601
Increase (decrease) during the year attributable to:		
Increase for interest due to the decrease in the discount period	626,360	627,508
Benefits paid	(348,901)	(733,621)
Changes in actuarial assumptions and methods	54,516	(774,247)
Other (benefits accumulated, deaths, etc.)	187,514	331,386
Plan merger	7,913,372	-
NET INCREASE (DECREASE)	<u>8,432,861</u>	<u>(548,974)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 18,391,488</u>	<u>\$ 9,958,627</u>

NOTES TO FINANCIAL STATEMENTS

THE BELDEN BRICK COMPANY RETIREMENT PLAN FOR HOURLY EMPLOYEES AT SUGARCREEK, OHIO, INCLUDING PLANT NO. 9

December 31, 2015 and 2014

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek, Ohio, including Plant No. 9 (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering all employees of The Belden Brick Company, LLC (the "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Merger

Effective December 31, 2015, the Belden Brick Co. Pension Plan for Salaried Employees was merged into the Belden Brick Co. Retirement Plan for Hourly Employees at Sugarcreek, Ohio, Including Plant No.9. All assets and liabilities were combined as of December 31, 2015. After the merger, the funding target and the actuarial value of assets of the Salaried Plan are zero. Effective January 1, 2016, the merged plan was renamed the Belden Brick Co. Pension Plan.

Pension Benefits

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age 65 equal to the sum of amounts computed using the table below for each year of credited service (including fractional years), taking into account only the last 30 years.

Salaried employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age 65 equal to the greater of the above or 1/12 of the following:

1/2% of average annual earnings up to covered compensation plus 1% of that portion, if any, of average annual earnings in excess of covered compensation, multiplied by years of credited service (including fractional years) to a maximum of 40 years. In no event, however, shall the monthly benefit payable at the participant's normal retirement date be less than the sum of amounts computed using the table below for each year of credited service (including fractional years) taking into account only the last 30 years.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

<u>YEARS OF CREDITED SERVICE</u>	<u>RATE PER YEAR OF CREDITED SERVICE</u>
Prior to 1982	\$ 5.00
1982 and 1983	\$ 6.00
1984 and 1985	\$ 7.00
1986, 1987 and 1988	\$ 8.00
1989 and 1990	\$ 9.00
1991 and 1992	\$10.00
1993 and 1994	\$11.00
1995, 1996 and 1997	\$12.00
1998, 1999 and 2000	\$13.00
2001	\$14.00
2002 and 2003	\$15.00
2004 and 2005	\$16.00
2006	\$17.00
2007 and 2008	\$18.00
2009, 2010 and 2011	\$19.00
2012 and 2013	\$20.00
2014 and later years	\$21.00

The Plan permits early retirement after age 62 with 10 or more years of vesting service; however, the accrued benefit to date of early retirement, as determined above, is reduced by 1/2% for each month by which early retirement precedes age 65. The normal form of retirement income is a life annuity with monthly payments commencing on a participant's retirement date. Married participants receive their pension benefits in the form of a qualified joint and survivor annuity. Participants may elect certain optional forms of benefit payments.

Death and Disability Benefits

If an active employee dies while otherwise eligible for early retirement, the surviving spouse shall be entitled to a death benefit as specified in the Plan provided the employee elected such pre-retirement death protection, in which event his accrued pension benefits are reduced for each month of coverage. If a participant becomes totally and permanently disabled after having completed 10 years of credited service and having attained age 35, but having not attained age 62, he shall receive monthly disability benefits determined as of the date

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Death and Disability Benefits (Continued)

disability first commences equal to his or her accrued benefit converted to an actuarial equivalent life annuity. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits equal to the actuarial equivalent of a life annuity equal to his or her monthly disability benefit.

Accrual Basis

The financial statements of the Plan are presented on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Valuation of Investments and Income Recognition

The Plan's group annuity contract was with Great-West Life & Annuity Insurance Company, the Plan's former trustee, as of December 31, 2015. The Plan's group annuity contract is valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and administrative expenses charged by the life insurance company.

The Plan's other investments are stated at fair value. 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.

Payment of Benefits

Benefits are recorded when paid.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses of the Plan

The Plan's administrative expenses are paid by either the Plan or the Plan sponsor as provided by the Plan document. PBGC premiums and ERISA audit fees have historically been paid by the Plan sponsor. Amounts paid by the Plan sponsor for the Plan year ended December 31, 2015 amounted to \$146,000.

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 that 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 based on employees' years of credited service up to a maximum of 30 years. The accumulated plan benefits for active employees are based on their years of credited service ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Fidelity Workplace Services LLC and is that 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 for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant assumptions used in the valuations as of December 31, 2015 and 2014 were:

- Actuarial cost method 2015 and 2014
Unit Credit Actuarial Cost Method
- Retirement age 2015 and 2014
Age 65

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

- Assumed rate of return on investments
The yield curve interest rates mandated by Pension Protection Act of 2006 have been used:
2015
0-5 years: 4.43% compounded annually
5-20 years: 5.91% compounded annually
20+ years: 6.65% compounded annually
2014
0-5 years: 4.72% compounded annually
5-20 years: 6.11% compounded annually
20+ years: 6.81% compounded annually
- Life expectancy
The mortality tables mandated by Pension Protection Act of 2006 have been used:
2015
In accordance with sex-distinct pre-retirement and post-retirement mortality rates for males and females as promulgated by the IRS for purposes of determining the Funding Target during the 2016 plan year.
2014
In accordance with sex-distinct pre-retirement and post-retirement mortality rates for males and females as promulgated by the IRS for purposes of determining the Funding Target during the 2015 plan year.
- Disability benefit
2015 and 2014
One year term Cost based on 50% of rates from 1952 T.S.A. Disability Study (Period 2, Benefit 5) – approximated by 6% in 2015 and 2014 of Target Normal Cost
- Expenses
2015 and 2014
Target Normal Cost increased by expected expenses (assumed to be equal to actual expenses paid by the plan during the prior plan year)
- Pre-Retirement Death Benefits
2015 and 2014
80% assumed married with 3 year age difference

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

These 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.

Recently Issued Accounting Pronouncements

In July 2015, the FASB issued ASU No. 2015-12, “Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient” (“ASU No. 2015-12”). ASU No. 2015-12 removes the requirement to report fully benefit-responsive investment contracts at fair value with an adjustment to contract value. Under ASU No. 2015-12, direct investments in fully benefit-responsive investment contracts are measured, presented, and disclosed only at contract value. In addition, this amendment simplifies the investment disclosures required for employee benefit plans, including eliminating the requirements to disclose (i) individual investments that represent 5% or more of net assets available for benefits, (ii) net appreciation (depreciation) by individual investment type and (iii) investment information disaggregated based on the nature, characteristics and risks. The requirement to disaggregate participant-directed investments within a self-directed brokerage account has also been eliminated. Self-directed brokerage accounts should be reported as a single type of investment. The update also allows plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan’s fiscal year-end, when the fiscal period does not coincide with a month-end. ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively, while Part III is applied prospectively. The Company has early adopted ASU No. 2015-12 in the Financial Statements as of and for the year ended December 31, 2015 and the related Notes to Financial Statements, and where applicable has retrospectively applied the provisions to prior periods presented.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 present the Plan's assets that are measured at fair value on a recurring basis in accordance with December 31, 2015 and December 31, 2014. The following tables do not include the Plan's interest in the Master Trust because that information is presented in separate tables (see Note D).

		Fair Value Measurements Using			
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Totals
	Measured at Fair Value				
December 31, 2015:					
Common stock	\$1,539,249	\$1,539,249	\$ -	\$ -	\$ 1,539,249
December 31, 2014:					
Pooled separate accounts	\$5,999,333	\$5,999,333	\$ -	\$ -	\$ 5,999,333
Common stock	528,730	528,730	-	-	528,730
	<u>\$6,528,063</u>	<u>\$6,528,063</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,528,063</u>

FASB ASC 820, Fair Value Disclosures establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock is based on quoted market prices. The fair value of investments in bank and investment house common/collective investment trusts and insurance company pooled separate accounts for which quoted market price are not available are reported at the value reported to the Plan by those entities. Generally quoted market prices are used to value the underlying investments in these accounts. These investments are diversified across various sectors.

Level 2 and Level 3 Fair Value Measurements

There are no Level 2 or Level 3 fair value measurements for the years ended December 31, 2015 and 2014.

NOTE D - PLAN INTEREST IN MASTER TRUST

A portion of the Plan's investments are in the Belden Holding DB Trust, which was established in 2015 for the investment of assets of the Plan and the Redland Brick, Inc. Pension Plan. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Fidelity Management Trust Company. At December 31, 2015, the Plan's interest in the net assets of the Master Trust was approximately 40%. Investment income and administrative expense relating to the Master Trust are allocated to the individual plans based on the relationship of the interest of each plan to the total interests of the participating plans.

At December 31, 2015, the net assets of the Master Trust were:

	<u>2015</u>
Investments at fair value:	
Registered investment companies	\$ 25,994,477
Short-term investments	948,554
	<u>26,943,031</u>
Receivables:	
Dividends and interest	13,783
	<u>13,783</u>
TOTAL NET ASSETS	<u>\$ 26,956,814</u>
Plan interest in master trust	<u>\$ 10,709,818</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D - PLAN INTEREST IN MASTER TRUST (CONTINUED)

The Master Trust's investment income (loss) is summarized as follows:

Net depreciation in fair value of investments	\$ (776,230)
Interest and dividends	643,291
	<u>\$ (132,939)</u>

The following are the changes in the net assets of the Master Trust for the year ended December 31, 2015:

Investment income (loss)	\$ (132,939)
Net transfers	25,390,374
Employer contributions	2,283,082
Benefits paid	(583,703)
Net increase	<u>\$ 26,956,814</u>

Net Assets:

Beginning of year	\$ -
End of year	<u>26,956,814</u>
	<u>\$ 26,956,814</u>

Assets of the Master Trust that are measured at fair value on a recurring basis at December 31, 2015 are summarized as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2015:				
Registered investment companies	<u>\$26,956,814</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$26,956,814</u>

The fair value of registered investment companies is based on quoted market prices of the respective funds held by the Master Trust at year-end and are considered Level 1 investments in the fair value hierarchy. The Master Trust held no Level 2 or Level 3 investments at December 31, 2015.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - FUNDING POLICY

The Company's funding policy is to contribute an amount equal to the maximum employer contribution permitted under the Employee Retirement Income Security Act of 1974. However, the Company may reduce its contribution below the maximum if appropriate to its tax and cash position and the Plan's funded status. Employee contributions have been discontinued effective January 1, 1987.

For 2015, the Company did not make a contribution to the Plan because, in accordance with certain provisions of the Pension Protection Act of 2006, it elected to apply part of the "carryover balance" as defined in the Act towards the required contribution for the 2015 Plan year because the Funding Target Attainment Percentage for the 2014 Plan year was at least 80%. The amount applied for 2015 after the Company's contribution (\$498,466) equaled the minimum funding requirements of ERISA (as amended by the Pension Protection Act of 2006). However, in 2015, the Company did elect to make a contribution of \$2,000,000 to the Plan.

For 2014, the Company did not make a contribution to the Plan because, in accordance with certain provisions of the Pension Protection Act of 2006, it elected to apply part of the "carryover balance" as defined in the Act towards the required contribution for the 2014 Plan year because the Funding Target Attainment Percentage for the 2013 Plan year was at least 80%. The amount applied for 2014 after the Company's contribution (\$316,925) equaled the minimum funding requirements of ERISA (as amended by the Pension Protection Act of 2006).

For 2015 the minimum contribution was \$498,466 and the maximum contribution was \$16,478,427. For 2014 the minimum contribution was \$301,460 and the maximum contribution was \$8,759,621.

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.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - PLAN TERMINATION

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:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination,
- b. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. 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,
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Governmental agency) up to the applicable limitations (discussed below),
- d. All other vested benefits not insured by the PBGC,
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE F - INVESTMENTS

The Plan's investments are held primarily by an insurance company; however, the Plan's investment in MetLife, Inc. common stock is held by the Plan sponsor.

On April 7, 2000, pursuant to the demutualization of MetLife, Inc., the Plan received 16,476 shares of MetLife, Inc. common stock. As of the date of demutualization, the stock had a value of \$14.25 per share, or \$234,783. In 2004

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE F - INVESTMENTS (CONTINUED)

the Plan recorded as an asset an additional 945 shares of MetLife, Inc. common stock from the former Shepler-Moomaw division of the Company. The value of the additional shares was approximately \$38,660 when received in 2004.

Effective December 31, 2015, the Belden Brick Co. Pension Plan for Salaried Employees was merged into this plan (see Note A). The Salaried Plan held 22,153 shares of MetLife stock that was received in the demutualization of MetLife referred to above. As of the date of the demutualization, the stock had a value of \$14.25 per share, or \$315,680. Due to the merger, these shares are now also held by the Belden Brick Co. Pension Plan.

The following table presents the fair values of investments:

	<u>2015</u>	<u>2014</u>
Group annuity policy – at contract value	\$ 7,381,085	\$ 4,566,592
MetLife, Inc. common stock – 31,928 shares at quoted market price	1,539,249	528,730
Pooled separate accounts – at fair value	-	5,999,333
Plan interest in Master Trust	10,709,818	-
	<u>\$ 19,630,152</u>	<u>\$ 11,094,655</u>

NOTE G - CONTRACT WITH INSURANCE COMPANY

The Company had a group annuity policy with New England Life Insurance Company, a subsidiary of MetLife, Inc., under which The Belden Brick Company, LLC made pension fund contributions. The group annuity policy was assumed by Great-West Life & Annuity Insurance Company as of December 15, 2006 when MetLife, Inc. sold off several blocks of full-service defined benefits plans to Great-West Life & Annuity Insurance Company. Great-West Life & Annuity Insurance Company, with its subsidiaries and affiliates, operates as Great-West Retirement Services. New England Life Insurance Company, with its subsidiaries and affiliates, operates as New England Financial. Great-West Life & Annuity Insurance Company maintains the contributions in an unallocated general investment fund and in pooled separate accounts. The pooled separate accounts were added to the investment portfolio in 2007. The unallocated general investment fund earned 1.35% in 2015 and 2.10% in 2014.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE G - CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Effective December 31, 2015, the Belden Brick Co. Pension Plan for Salaried Employees was merged into this Plan. That plan also held a general investment fund with Great-West Life & Annuity Insurance Company and as part of the merger, that contract is now held by this Plan.

The group annuity contract was not actively traded; however, existing contracts with and financial information for the issuing institution are readily available, and are considered observable inputs. Since the group annuity contract was an insurance contract it was valued at contract value as described in Note B. The contract value as of December 31, 2015 and 2014 was \$7,381,085 and 4,566,592, respectively.

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 10, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE I - INFORMATION CERTIFIED BY PLAN TRUSTEE

For the period from September 24, 2015 to December 31, 2015, Fidelity Management Trust Company certified the following information included in the financial statements and supplemental schedules:

- Summary of financial activity of the Master Trust administered by Fidelity
- Schedule of assets held by the Master Trust for investment purposes
- Schedule of assets acquired and disposed of within one year by the Master Trust
- Schedule of reportable transactions for the Master Trust

For 2014 and the period from January 1, 2015 to September 23, 2015, Great-West Life & Annuity Insurance Company certified the following information included in the financial statements and supplemental schedules:

- Group annuity policy, including contract value, interest and appreciation, transactions involving the group annuity policy, and related information
- Pooled separate accounts, including fair value, earnings, change in value, investment transactions, and related information
- Schedule of assets held for investment purposes (except MetLife, Inc. common stock)
- Schedule of assets acquired and disposed of within one year
- Schedule of reportable transactions

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE J- RELATED PARTY TRANSACTIONS

Plan assets include 31,928 shares of MetLife, Inc., which is the parent company of New England Life Insurance Company. New England Life Insurance Company sponsored the group annuity policy for periods prior to December 15, 2006 under which benefits were provided as specified in the plan and performed actuarial and administrative services for the Plan. (See Note F.)

NOTE K - RISKS AND UNCERTAINTIES

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

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

NOTE L - SUBSEQUENT EVENT

The Company has evaluated subsequent events through October 14, 2016, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

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

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

Sponsor's Name: The Belden Brick Company
EIN: 20-3803246
Name of Plan: The Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek, Ohio, including Plant No. 9
Plan Number: 003

(a)	(b) Identity of issue, 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
*	New England Life Group Annuity Policy (assumed by Great-West Life & Annuity Insurance Company)	Funds maintained in the General Investment Account – average annual effective yield for 2015 is 1.35%	\$ 6,492,247	\$ 7,381,085
*	MetLife, Inc.	31,928 shares of common stock	-	1,539,249
*	Plan interest in master trust	Master Trust	10,980,874	10,709,818
	Total assets (held at end of year)		\$ 17,473,121	\$ 19,630,152

* Represents a party-in-interest to the Plan

IRS FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND
DISPOSED OF WITHIN YEAR)**

Sponsor's Name: The Belden Brick Company
EIN: 20-3803246
Name of Plan: The Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek,
Ohio, including Plant No. 9
Plan Number: 003

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of Acquisition	(e) Proceeds of Dispositions
Defined Benefit Guaranteed Portfolio	Pooled Separate Account	\$ 123	\$ 257,046

IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS AT
DECEMBER 31, 2015

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER
31, 2015**

Sponsor's Name: The Belden Brick Company
 EIN: 20-3803246
 Name of Plan: The Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek,
 Ohio, including Plant No. 9
 Plan Number: 003

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of purchases	(d) Number of sales	(e) Total dollar value of purchases	(f) Total dollar value of sales	(g) Net gain or (loss)
Cohen & Steers Real Estate Securities Fund	Registered investment company	15	9	\$ 1,647,690	\$ 3,157,975	\$ 27,642
Fidelity US Bond Index Premium Fund	Registered investment company	18	13	\$ 2,078,653	\$ 1,517,055	\$ (15,696)

Belden Brick Co. Retirement Plan for Hourly Employees EIN: 20-3803246 Plan No:003
 2015 Form 5500 Schedule SB, line 26- Schedule of Active Participant Data

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	Total
Attained											
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	19	18	0	0	0	0	0	0	0	0	37
25 to 29	11	26	4	0	0	0	0	0	0	0	41
30 to 34	8	4	3	13	4	0	0	0	0	0	32
35 to 39	2	3	3	5	14	1	0	0	0	0	28
40 to 44	4	1	0	4	4	6	1	0	0	0	20
45 to 49	1	3	2	1	2	9	12	0	0	0	30
50 to 54	2	2	4	3	4	3	17	10	4	0	49
55 to 59	0	2	3	2	2	2	8	5	28	1	53
60 to 64	0	2	2	4	2	2	5	2	9	13	41
65 to 69	0	1	0	0	0	0	3	0	1	1	6
70 & up	0	0	1	0	0	0	0	0	0	1	2
Total	47	62	22	32	32	23	46	17	42	16	339

Actuarial Cost Method

An Actuarial Cost Method is an allocation of the expected cost of a pension plan on a year-by-year basis. The primary objective of an Actuarial Cost Method is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits. The amount of assets that must be accumulated is the same under all Actuarial Cost Methods. It is the rate at which the assets are accumulated that distinguishes one Actuarial Cost Method from another.

Under all Actuarial Cost methods, the Actuarial Present Value of future contributions equals the Actuarial Present Value of future benefits and expenses minus the Actuarial Value of the Assets. The Actuarial Cost Method may divide the Actuarial Present Value of future contributions into two amounts:

1. The Actuarial Present Value of Future Normal Costs, to be funded by Normal Cost payments
2. The Unfunded Actuarial Accrued Liability, to be funded by amortization payments

In some cases Ancillary Benefits are funded through One-Year Term Costs. These One-Year Term Costs are included in the Normal Cost.

Each Actuarial Cost Method involves a way to reflect differences between the plan's expected past experience (based on the Actuarial Assumptions used) and the plan's actual experience as measured in the valuation process. This difference is the plan's Experience Gain or Loss. Some Actuarial Cost Methods fund the Experience Gain or Loss through amortization payments, and others include the Experience Gains or Losses in the Actuarial Present Value of Future Normal Costs, funding the Experience Gains or Losses through the Normal Cost.

The Plan Sponsor or Plan Administrator is responsible for the selection of the Actuarial Cost Method, which must meet the requirements of the IRS regulations concerning Reasonable Funding Methods. Once established, the Actuarial Cost Method cannot be changed without the approval of the IRS.

The Unit Credit Actuarial Cost Method

The Actuarial Cost Method used in completing this Actuarial Valuation is known as the *Unit Credit Actuarial Cost Method*. Under this method, the accrued benefit is determined as the benefit earned up to the beginning of the current plan year. The Funding Target is equal to the Actuarial Present Value of all accrued benefits (measured as of the Valuation Date). The Target Normal Cost is the Actuarial Present Value, as of the Valuation Date, of the expected increase in accrued benefits attributable to service expected to be completed during the Plan Year and/or changes in average compensation between the beginning of the plan year and the end of the plan year.

As further required by PPA, the Target Normal Cost includes the expenses expected to be paid from plan assets during the current plan year and, if applicable, is net of any mandatory employee contributions expected to be made during the current plan year.

Belden Brick Company Pension Plan for Hourly Employees
EIN: 20-3803246 PN: 003
Form 5500 (2015) Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Central to the valuation of a pension plan is a determination of the Actuarial Present Value of the accrued or projected benefits under the plan. In order to make this determination, it is necessary to make assumptions concerning the incidence and magnitude of various future events can have an impact on the actual cost of the pension plan.

Summary of Actuarial Assumptions for 2015 Plan Year

Mandated Discount Rates: 0-5 years: 4.72% per year, compounded annually
5-20 years: 6.11% per year, compounded annually
20+ years: 6.81% per year, compounded annually

Effective Rate of Interest: 6.41% per year, compounded annually

Assumed Retirement Date: Age 65 or Valuation Date if later

Participant Mortality and Terminations:

- a. **Mandated Mortality:** In accordance with sex-distinct pre-retirement and post-retirement mortality rates for males and females as promulgated by the Internal Revenue Service for purposes of determining the Funding Target during the 2015 plan year.
- b. **Terminations:** Sarason T-3 (with ages set back 5 years for females) until age as set back of 55, with explicit recognition of anticipated vested benefits
- c. **Illustrative Values:**

Pre-retirement Deaths/Terminations Per 1000 Participants at Given Age

<u>Age</u>	<u>Deaths</u>		<u>Terminations</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
25	0.28	0.14	53	66
40	0.85	0.45	38	45
55	1.70	1.99	0	15

Expenses: Target Normal Cost is increased by expected expenses (assumed to be equal to actual expenses paid by plan during the prior plan year)

Pre-retirement Death Benefit: 80% assumed married, with 3 year age difference

Disability Benefit: One year Term Costs using 50% of the rates of disablement from the 1952 T.S.A. Study (Period 2, Benefit 5), approximated by 6% of Target Normal Cost

Asset Valuation Method: Defined Benefit Guaranteed Portfolio Assets – Contract Value
Pooled Separate Account Assets – Market Value
Assets Not Held Under Group Annuity Policy – Market Value

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER
31, 2015**

Sponsor's Name: The Belden Brick Company
 EIN: 20-3803246
 Name of Plan: The Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek,
 Ohio, including Plant No. 9
 Plan Number: 003

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of purchases	(d) Number of sales	(e) Total dollar value of purchases	(f) Total dollar value of sales	(g) Net gain or (loss)
Cohen & Steers Real Estate Securities Fund	Registered investment company	15	9	\$ 1,647,690	\$ 3,157,975	\$ 27,642
Fidelity US Bond Index Premium Fund	Registered investment company	18	13	\$ 2,078,653	\$ 1,517,055	\$ (15,696)

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2015**This Form Is Open to Public
Inspection**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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.

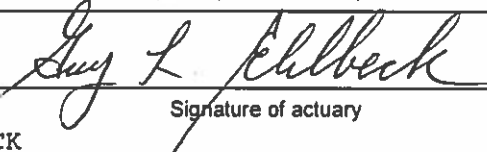
A Name of plan BELDEN BRICK CO. RETIREMENT PLAN FOR HOURLY EES.		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BELDEN BRICK COMPANY, LLC		D Employer Identification Number (EIN) 20-3803246
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value		2a	11096814
b Actuarial value		2b	11096814
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	166	2780558	2780558
b For terminated vested participants	239	2152597	2152597
c For active participants	339	4960306	5025472
d Total	744	9893461	9958627
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.41%	
6 Target normal cost	6	301460	

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

GUY L. EHLBECK

Type or print name of actuary

GREAT-WEST RETIREMENT SERVICES

Firm name

31 ST. JAMES AVENUE - SUITE 710

BOSTON MA 02116-1405

Address of the firm

03/24/2016

Date

1403059

Most recent enrollment number

330-603-0015

Telephone number (including area code)

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015
v. 150123

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).....	3503459	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	293529	0
9 Amount remaining (line 7 minus line 8)	3209930	0
10 Interest on line 9 using prior year's actual return of <u>2.99</u> %	95977	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 <u>6.64</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
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.....		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3305907	0

Part III Funding Percentages

14 Funding target attainment percentage	14	78.23%
15 Adjusted funding target attainment percentage	15	111.42%
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	121.80%
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
12/29/2015	1000000	0			
Totals ▶			18(b)	1000000	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	940241

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72%2nd segment:
6.11%3rd segment:
6.81%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

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**

301460

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

0

32 Amortization installments:**a** Net shortfall amortization installment

0

Outstanding Balance

Installment

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**

301460

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	203487	0	203487

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

97973

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

940241

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

842268

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

203487

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

Belden Brick Company Pension Plan for Hourly Employees

EIN: 20-3803246 PN: 003

Form 5500 (2015) Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Weighted Average Retirement Age is 65, based on expected retirement at the plan's Normal Retirement Age. Weighted Average Retirement Age is theoretical, based on the assumption that all participants would have entered the plan more than 5 years before Normal Retirement Age. The anticipated retirement ages of actual participants, whether now over Normal Retirement Age or whose Normal Retirement Ages reflect the minimum period after plan entry, are not taken into account in establishing the Weighted Average Retirement Age.

Summary of Plan Provisions

Effective Date

January 1, 1966

Plan Year

Each calendar year

Plan Sponsor

The Belden Brick Company

Covered Employee

Any person employed by the Plan Sponsor at its Plants 3, 4, 6, 8 or 9 Sugar Creek, Ohio, who is paid on an hourly basis and any person covered by the Collective Bargaining Agreement between the Plan Sponsor and Local Unions #518, 597, or 520 of United Brick & Clayworkers of America, AFL-CIO.

Years of Service

The number of 12 month periods (measured from the participant's date of hire or rehire or any anniversary of that date) in which the participant completes 1,800 hours of service as a Covered Employee, not to exceed 30 Years of Service. If a participant's total number of hours of service during a 12 month period is less than 1,800 hours, a partial Year of Service shall be computed in accordance with the following schedule:

<i>Hours of Service</i>	<i>Portion of Year of Service</i>
1,800 hours or more	1.0 year (maximum)
1,620 but less than 1,800	0.9 year
1,440 but less than 1,620	0.8 year
1,260 but less than 1,440	0.7 year
1,080 but less than 1,260	0.6 year
900 but less than 1,080	0.5 year
720 but less than 900	0.4 year
540 but less than 720	0.3 year
360 but less than 540	0.2 year
180 but less than 360	0.1 year
less than 180	none

Years of Vesting Service

Determined in the same manner as Years of Service, provided, however, that hours of service in non-covered employment are reflected and one full Year of Vesting Service is granted for a 12 month period in which the participant completes 1,000 hours of service.

Eligibility Requirements

Any Covered Employee is eligible to become a participant on the date of his employment.

Summary of Plan Provisions (Continued)

Normal Retirement Provision

Normal Retirement Date:	The later of the participant's 65th birthday or the 5th anniversary of Plan entry
Normal Annuity Form:	A monthly life annuity with the first payment due on the participant's retirement date.
Optional Payment Forms:	Contingent Annuitant (with 50%, 75% or 100% continuance) or 10 Year Certain and Life
Optional Payment Forms are all determined to be the actuarial equivalent of the amount payable under the Normal Annuity Form.	
Normal Retirement Benefit:	A monthly benefit, payable commencing on Normal Retirement Date on the Normal Annuity Form, equal to the sum of the amounts below, taking into account only the last 30 years of the participant's Years of Service:

- (a) \$5.00 multiplied by the participant's Years of Service completed prior to 1/1/82,
- (b) \$6.00 multiplied by the participant's Years of Service between 1/1/82 and 1/1/84,
- (c) \$7.00 multiplied by the participant's Years of Service between 1/1/84 and 1/1/86,
- (d) \$8.00 multiplied by the participant's Years of Service between 1/1/86 and 1/1/89,
- (e) \$9.00 multiplied by the participant's Years of Service between 1/1/89 and 1/1/91,
- (f) \$10.00 multiplied by the participant's Years of Service between 1/1/91 and 1/1/93,
- (g) \$11.00 multiplied by the participant's Years of Service between 1/1/93 and 1/1/95,
- (h) \$12.00 multiplied by the participant's Years of Service between 1/1/95 and 1/1/98,
- (i) \$13.00 multiplied by the participant's Years of Service between 1/1/98 and 1/1/01,
- (j) \$14.00 multiplied by the participant's Years of Service between 1/1/01 and 1/1/02,
- (k) \$15.00 multiplied by the participant's Years of Service between 1/1/02 and 1/1/04,
- (l) \$16.00 multiplied by the participant's Years of Service between 1/1/04 and 1/1/06,
- (m) \$17.00 multiplied by the participant's Years of Service between 1/1/06 and 1/1/07,
- (n) \$18.00 multiplied by the participant's Years of Service between 1/1/07 and 1/1/09,
- (o) \$19.00 multiplied by the participant's Years of Service between 1/1/09 and 1/1/12,
- (p) \$20.00 multiplied by the participant's Years of Service between 1/1/12 and 1/1/14,
- (q) \$21.00 multiplied by the participant's Years of Service after 1/1/14.

Summary of Plan Provisions
(Continued)

Accrued Benefit

A monthly benefit, payable on the Normal Annuity Form commencing on Normal Retirement Date, determined in accordance with the Normal Retirement Provision as though the date of Accrued Benefit determination were Normal Retirement Date.

Early Retirement Provision

Eligibility: Attainment of age 62 and completion of 10 Years of Vesting Service.

Benefit: The Accrued Benefit as of Early Retirement Date, reduced by $\frac{1}{2}\%$ for each month Early Retirement Date precedes Normal Retirement Date.

Late Retirement Provision

Eligibility: Continued employment beyond Normal Retirement Date.

Benefit: The amount determined in accordance with the Plan's benefit formula, based on Years of Service as of the late retirement date, not to be less than the Actuarial Equivalent of the benefit that would have been payable had the participant retired on his Normal Retirement Date.

Disability Benefit Provision

Eligibility: Total and permanent disability prior to age 62 but after completion of 10 Years of Service and attainment of age 35.

Benefit: The Accrued Benefit, payable commencing as of date of disability.

Pre-Retirement Death Benefit Provision

If a married participant with a vested benefit dies before benefits commence, a monthly life annuity will be provided to the surviving spouse commencing on the later of the earliest date the participant could have retired or the date of death, based on the 50% Contingent Annuitant Option as if the participant had separated from service on the date of death, survived to the later of the date of death or the earliest retirement age, retired with a 50% Contingent Annuitant Option at that age, and died on the day after the later of the date of death or the date of attaining the earliest retirement age.

Termination of Employment Provision

Eligibility: Completion of 5 Years of Vesting Service.

Benefit: The Accrued Benefit, payable commencing on Normal Retirement Date. If the participant had completed 10 Years of Vesting Service, the participant may elect to receive the Early Retirement Benefit as early as age 62.

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND
DISPOSED OF WITHIN YEAR)**

Sponsor's Name: The Belden Brick Company
EIN: 20-3803246
Name of Plan: The Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek,
Ohio, including Plant No. 9
Plan Number: 003

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of Acquisition	(e) Proceeds of Dispositions
Defined Benefit Guaranteed Portfolio	Pooled Separate Account	\$ 123	\$ 257,046

Schedule SB Line 25-Change in Method

**Belden Brick Company Pension Plan for Hourly Employees
EIN: 20-3803246 PN: 003**

There was a Change in Method due to changes in the Valuation Software. The Change in Method met the requirements for automatic approval under Internal Revenue Announcement 2010-3.