

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>BELDEN BRICK CO. PENSION PLAN</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	Filed with authorized/valid electronic signature.	10/16/2017	JAMES LEAHY
	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, see the Instructions for Form 5500.

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	5 959
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 494 6a(2) 509 6b 181 6c 209 6d 899 6e 80 6f 979 6g 6h 57
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)

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan BELDEN BRICK CO. PENSION PLAN	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		01/01/2016	12/31/2016

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
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(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	
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	4385367
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	39965
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	39965
d	Total of balance and additions (add lines 7b and 7c(6))	7d	4425332
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	4425332
	▶ TRANSFERRED TO FIDELITY INVESTMENTS		
	(5) Total deductions	7e(5)	4425332
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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. Specify nature of costs.	10b	

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/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan BELDEN BRICK CO. PENSION PLAN	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		01/01/2016	12/31/2016

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.

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(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

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	(c) Amount	(d) Purpose	

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	(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	
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	2995618
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	27325
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	27325
d	Total of balance and additions (add lines 7b and 7c(6))	7d	3022943
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	3022943
	▶ TRANSFERRED TO FIDELITY INVESTMENTS		
	(5) Total deductions	7e(5)	3022943
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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. Specify nature of costs.	10b	

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>20593889</u>
b Actuarial value	2b <u>20593889</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>244</u> (2) Vested Funding Target <u>6099303</u> (3) Total Funding Target <u>6099303</u>
b For terminated vested participants	<u>221</u> <u>3084993</u> <u>3084993</u>
c For active participants	<u>494</u> <u>9411843</u> <u>9553377</u>
d Total	<u>959</u> <u>18596139</u> <u>18737673</u>
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 <u>6.13%</u>
6 Target normal cost	6 <u>498466</u>

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		<u>08/22/2017</u>
	Signature of actuary	Date
<u>CHAD MEZVINSKY</u>	Type or print name of actuary	<u>17-07153</u>
		Most recent enrollment number
<u>FIDELITY INVESTMENTS</u>	Firm name	<u>312-529-2330</u>
<u>311 S WACKER DRIVE, SUITE 1400</u> <u>CHICAGO, IL 60606</u>	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

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)	5142876	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	355099	
9	Amount remaining (line 7 minus line 8)	4787777	0
10	Interest on line 9 using prior year's actual return of <u>-1.20</u> %	-57564	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1730810
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>6.32</u> %		86930
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-4445
c	Total available at beginning of current plan year to add to prefunding balance		1813295
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4730213	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.66%
15	Adjusted funding target attainment percentage	15	109.90%
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	113.85%
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
03/31/2017	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 928707
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: 4.43%	2nd segment: 5.91%
		3rd segment: 6.65%	☐ 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 498466
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)			34 498466
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	498466	0	498466
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 928707
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 928707
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 498466
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan BELDEN BRICK CO. PENSION PLAN	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
FID MGMT TRUST CO

04-2723880

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

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

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

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

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

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 20 50	CONSULTANT	71917	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan BELDEN BRICK CO. PENSION PLAN	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	

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) 19225731
--	--	--

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):

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

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

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

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

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

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan BELDEN BRICK CO. PENSION PLAN	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
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1000000	1000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	50286
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)	1539249	1498381
(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)	10709818	19225731
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7381085	0
(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	20630152	21774398

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	20630152	21774398
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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)	1000000	
(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)		1000000
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)	67190	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		67190
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	50286	
(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)		50286
(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)	-40868	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-40868

		(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)		915550
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1992158

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	775995	
(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)		775995
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)	71917	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		71917
j Total expenses. Add all expense amounts in column (b) and enter total	2j		847912

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1144246
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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:

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	Amount
4a		X	
4b		X	

		Yes	No	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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4002751. (See instructions.)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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	<u>0</u>
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): <u>04-3275867</u>		
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	<u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2016
v. 160205

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
-----------------	---------------------------------

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

AUDITED FINANCIAL STATEMENTS

BELDEN BRICK CO. PENSION PLAN

December 31, 2016



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

Belden Brick Co. Pension Plan
Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Belden Brick Co. Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2016 and 2015, 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 J, 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 January 1, 2016 to December 31, 2016 and from September 24, 2015 to December 31, 2015. Great-West Life & Annuity Insurance Company (operating as Great-West Retirement Services) held the Plan's investment assets and executed investment transactions for the period January 1, 2015 to September 24, 2015. The Plan Administrator has obtained certifications from the trustees as of and for the years ended December 31, 2016 and 2015, 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, 2016, 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 11, 2017

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

BELDEN BRICK CO. PENSION PLAN

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
Investments:		
At contract value:		
Group annuity policy – general investment account	\$ -	\$ 7,381,085
At fair value:		
Plan interest in Master Trust	19,225,731	10,709,818
Value of interest in pooled separate accounts	-	-
Common stock – MetLife, Inc.		
31,928 shares in 2016 and 2015	<u>1,498,381</u>	<u>1,539,249</u>
Total investments	20,724,112	19,630,152
Dividends receivable	50,286	-
Employer contribution receivable	<u>1,000,000</u>	<u>1,000,000</u>
Total receivables	<u>1,050,286</u>	<u>1,000,000</u>
TOTAL ASSETS	<u>\$ 21,774,398</u>	<u>\$ 20,630,152</u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>	 <u>\$ 21,774,398</u>	 <u>\$ 20,630,152</u>

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

THE BELDEN BRICK CO. PENSION PLAN

Years ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ADDITIONS (REDUCTIONS) TO PLAN ASSETS</u>		
Investment income:		
Plan interest in income from Master Trust	\$ 915,550	\$ 126,953
Net appreciation (depreciation) in fair value of MetLife, Inc. common stock	(40,868)	(57,477)
Net investment gain (loss) from pooled separate accounts	-	(281,540)
Interest and appreciation – general investment account	67,190	75,922
Dividends – MetLife, Inc.	50,286	14,418
	<u>992,158</u>	<u>(121,724)</u>
Employer contributions	1,000,000	2,000,000
TOTAL ADDITIONS	<u>1,992,158</u>	<u>1,878,276</u>
<u>DEDUCTIONS FROM PLAN ASSETS</u>		
Benefits paid directly to participants	775,995	348,901
Administrative expenses	71,917	29,407
TOTAL DEDUCTIONS	<u>847,912</u>	<u>378,308</u>
NET INCREASE	1,144,246	1,499,968
<u>TRANSFERS TO NET ASSETS</u>	-	8,033,370
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	20,630,152	11,096,814
End of year	<u>\$ 21,774,398</u>	<u>\$ 20,630,152</u>

STATEMENTS OF ACCUMULATED PLAN BENEFITS

BELDEN BRICK CO. PENSION PLAN

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired participants and beneficiaries		
receiving payments	\$ 7,240,805	\$ 6,020,675
Terminated participants with deferred benefits	3,368,436	2,999,498
Active participants	<u>8,149,521</u>	<u>9,228,559</u>
	18,758,762	18,248,732
Nonvested benefits	<u>353,077</u>	<u>142,756</u>
TOTAL ACTUARIAL PRESENT		
VALUE OF ACCUMULATED		
PLAN BENEFITS	<u>\$ 19,111,839</u>	<u>\$ 18,391,488</u>

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

BELDEN BRICK CO. PENSION PLAN

Years ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated plan benefits at beginning of year - as previously reported	\$ 18,391,488	\$ 9,958,627
Increase (decrease) during the year attributable to:		
Increase for interest due to the decrease in the discount period	1,215,663	626,360
Benefits paid	(775,995)	(348,901)
Changes in actuarial assumptions and methods	(84,375)	54,516
Other (benefits accumulated, deaths, etc.)	-	187,514
Plan merger	365,058	7,913,372
NET INCREASE	<u>720,351</u>	<u>8,432,861</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 19,111,839</u>	<u>\$ 18,391,488</u>

NOTES TO FINANCIAL STATEMENTS

BELDEN BRICK CO. PENSION PLAN

December 31, 2016 and 2015

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Belden Brick Co. Pension Plan (formerly 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 A - DESCRIPTION OF THE PLAN (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.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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 had a group annuity contract with Great-West Life & Annuity Insurance Company, the Plan's former trustee, as of December 31, 2015. The Plan's group annuity contract was 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 years ended December 31, 2016 amounted to \$170,654 and 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, 2016 and 2015 were:

- | | |
|-------------------------|---|
| ● Actuarial cost method | <u>2016 and 2015</u>
Unit Credit Actuarial Cost Method |
| ● Retirement age | <u>2016 and 2015</u>
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:
2016
0-5 years: 4.16% compounded annually
5-20 years: 5.72% compounded annually
20+ years: 6.48% compounded annually
2015
0-5 years: 4.43% compounded annually
5-20 years: 5.91% compounded annually
20+ years: 6.65% compounded annually
- Life expectancy
The mortality tables mandated by Pension Protection Act of 2006 have been used:
2016
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 2017 plan year.
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.
- Disability benefit
2016 and 2015
One year term Cost based on 50% of rates from 1985 Pension Disability Table – Class 2 – approximated by 6% in 2016 and 2015 of Target Normal Cost
- Expenses
2016 and 2015
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
2016 and 2015
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, 2016 and December 31, 2015. 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, 2016:					
Common stock	<u>\$1,498,381</u>	<u>\$1,498,381</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,498,381</u>
December 31, 2015:					
Common stock	<u>\$1,539,249</u>	<u>\$1,539,249</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,539,249</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, 2016 and 2015.

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, 2016 and 2015, the Plan's interest in the net assets of the Master Trust was approximately 53% and 40%, respectively. 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, 2016 and 2015, the net assets of the Master Trust were:

	<u>2016</u>	<u>2015</u>
Investments at fair value:		
Registered investment companies	\$ 30,768,622	\$ 25,994,477
Short-term investments	<u>5,495,725</u>	<u>948,554</u>
	36,264,347	26,943,031
Receivables:		
Dividends and interest	<u>15,488</u>	<u>13,783</u>
TOTAL NET ASSETS	<u>\$ 36,279,835</u>	<u>\$ 26,956,814</u>
Plan interest in master trust	<u>\$ 19,225,731</u>	<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:

	<u>2016</u>	<u>2015</u>
Net appreciation (depreciation) in fair value of investments	\$ 1,086,920	\$ (776,230)
Interest and dividends	<u>1,156,269</u>	<u>643,291</u>
	<u>\$ 2,243,189</u>	<u>\$ (132,939)</u>

The following are the changes in the net assets of the Master Trust for the year ended December 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Investment income (loss)	\$ 2,243,189	\$ (132,939)
Net transfers	134	25,390,374
Employer contributions	8,848,405	2,283,082
Benefits paid	(1,665,922)	(583,703)
Administrative expenses	<u>(102,785)</u>	<u>-</u>
Net increase	9,323,021	26,956,814
Net Assets:		
Beginning of year	<u>26,956,814</u>	<u>-</u>
End of year	<u>\$ 36,279,835</u>	<u>\$ 26,956,814</u>

Assets of the Master Trust that are measured at fair value on a recurring basis at December 31, 2016 and 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, 2016:				
Registered investment companies	<u>\$36,279,835</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$36,279,835</u>
December 31, 2015:				
Registered investment companies	<u>\$26,956,814</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$26,956,814</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D - PLAN INTEREST IN MASTER TRUST (CONTINUED)

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, 2016 and 2015.

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 2016, the Company was not required to 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 2016 Plan year because the Funding Target Attainment Percentage for the 2015 Plan year was at least 80%. The amount applied for 2016 after the Company's contribution (\$522,776) equaled the minimum funding requirements of ERISA (as amended by the Pension Protection Act of 2006). However, in 2016, the Company did elect to make a contribution of \$1,000,000 to the Plan.

For 2015, the Company was not required to 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 2016 the minimum contribution was \$522,776 and the maximum contribution was \$17,955,884. For 2015 the minimum contribution was \$498,466 and the maximum contribution was \$16,478,427.

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 F - 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 G - INVESTMENTS

The Plan's investments are held primarily in the Belden Holding DB Trust (see Note D); 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 G - 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. In addition, during 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:

	2016	2015
Group annuity policy – at contract value	\$ -	\$ 7,381,085
MetLife, Inc. common stock – 31,928 shares at quoted market price	1,498,381	1,539,249
Plan interest in Master Trust	19,225,731	10,709,818
	<u>\$ 20,724,112</u>	<u>\$ 19,630,152</u>

NOTE H - 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 maintained 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.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE H - 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 was transferred to 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 was \$7,381,085.

In September 2016, the group annuity contract was transferred into the Belden Holding DB Master Trust and is now part of the Plan's interest in Master Trust (see Note D).

NOTE I - 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 J - INFORMATION CERTIFIED BY PLAN TRUSTEE

For the year January 1, 2016 to December 31, 2016 and for the period from September 24, 2015 to December 31, 2016, 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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE J - INFORMATION CERTIFIED BY PLAN TRUSTEE (CONTINUED)

For 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

NOTE K - 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 H.)

NOTE L - 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 M - SUBSEQUENT EVENT

The Company has evaluated subsequent events through October 11, 2017, 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 Co. Pension Plan
Plan Number: 003

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	MetLife, Inc.	31,928 shares of common stock	\$ -	\$ 1,498,381
*	Plan interest in master trust	Master Trust	19,041,927	19,225,731
	Total assets (held at end of year)		\$ 19,041,927	\$ 20,724,112

* Represents a party-in-interest to the Plan

IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS AT
DECEMBER 31, 2016

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2016

Sponsor's Name: The Belden Brick Company
EIN: 20-3803246
Name of Plan: The Belden Brick Co. Pension Plan
Plan Number: 003

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(g)	(g)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Fidelity Retirement Govt Market Fund	Registered investment company	\$ 6,910,376	\$ 4,500,375	\$ -	\$ -	\$ 4,500,375	\$ 4,500,375	\$ -
Fidelity Select Energy Fund	Registered investment company	\$ 1,811,621	\$ 309,492	\$ -	\$ -	\$ 287,840	\$ 309,492	\$ 21,652

2016 Form 5500 Schedule SB Attachments
Schedule SB, Line 26 - Schedule of Active Participants Data
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service on January 1, 2016									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25	35	26	1	0	0	0	0	0	0	0
25-29	21	31	6	0	0	0	0	0	0	0
30-34	10	15	6	9	3	0	0	0	0	0
35-39	7	7	5	9	13	1	0	0	0	0
40-44	5	5	1	8	7	4	1	0	0	0
45-49	5	5	6	3	7	7	8	1	0	0
50-54	3	7	4	7	9	10	19	8	0	0
55-59	3	3	6	3	7	9	15	28	2	0
60-64	1	2	3	8	4	1	5	23	3	0
65-69	1	2	2	0	0	0	1	9	0	1
Over 69	0	1	0	2	0	0	0	3	0	1

Actuarial Assumptions and Methods

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

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

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

	2016 Plan Year		2015 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	0	0	0	0
First 5 years	4.43%	1.41%	4.72%	1.22%
Next 15 years	5.91%	3.96%	6.11%	4.11%
Over 20 years	6.65%	4.97%	6.81%	5.20%
Applicable Law for the segment rates corridor	HATFA	Not Applicable	HATFA	Not Applicable

Actuarial Assumptions and Methods (continued)

Salary Scale: 4.00% per year, applicable to participants from the legacy Salaried Plan. This is based on the assumption used by the prior actuary.

Increase in Consumer Price Index (CPI): 4.50%. This is based on the assumption used by the prior actuary.

Increase in Social Security Taxable Wage Base: 4.50%. This is based on the assumption used by the prior actuary.

Administrative Expenses: The normal cost is increased by the total expenses paid from the trust in the prior year. For the 2016 target normal cost, this value is \$66,706 (previously \$28,979 for the Hourly Plan and \$22,848 for the Salaried Plan).

Mortality:

ERISA: For legacy Salaried Plan participants, the IRS 2016 Prescribed Mortality-Optional Combined Table for Small Plans, male and female (previously IRS 2015 Prescribed Mortality-Optional Combined Table for Small Plans, male and female). For legacy Hourly Plan participants, the IRS 2016 Static Mortality Table using separate tables for annuitants and non-annuitants (previously IRS 2015 Static Mortality Table using separate tables for annuitants and non-annuitants).

Retirement Age: Normal retirement age. Based on the assumption used by the prior actuary for this plan. To our knowledge, there has been no pattern of significant consistent gains or consistent losses related to this decrement.

Termination: The Sarason T-3 table prior to age 55 with females set back 5 years for legacy Hourly Plan participants, and the Sarason T-1 tables prior to age 50 with females set back 5 years for the legacy Salaried Plan participants. This is based on the assumption used by the prior actuary.

Actuarial Assumptions and Methods (continued)

Disability: No rates of disability are assumed. However, the service cost is increased by the disability term cost determined based on the rates of disablement (50% of those rates for legacy Salaried Plan participants) from the 1952 T.S.A. Disability study (Period 2, Benefit 5), approximated by 6% of beginning of year normal cost for legacy Hourly Plan participants and 3% of beginning of year normal cost for legacy Salaried Plan participants. This is based on the assumption used by the prior actuary.

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males. This is based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Maximum Benefit and Salary: \$210,000 and \$265,000, respectively, for 2015. These limits were assumed to increase annually by the Consumer Price Index.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Census Data: Census data was provided by Belden as of January 1, 2016.

2016 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Assumptions and Methods
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Actuarial Assumptions and Methods (continued)

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

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

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

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

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

IRS FORM 5500, SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS AT
DECEMBER 31, 2016

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS AT DECEMBER 31, 2016

Sponsor's Name: The Belden Brick Company
EIN: 20-3803246
Name of Plan: The Belden Brick Co. Pension Plan
Plan Number: 003

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(g)	(g)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Fidelity Retirement Govt Market Fund	Registered investment company	\$ 6,910,376	\$ 4,500,375	\$ -	\$ -	\$ 4,500,375	\$ 4,500,375	\$ -
Fidelity Select Energy Fund	Registered investment company	\$ 1,811,621	\$ 309,492	\$ -	\$ -	\$ 287,840	\$ 309,492	\$ 21,652

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► 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. PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">003</td> </tr> </table>	B Three-digit plan number (PN) ►	003
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 <u>01</u> Day <u>01</u> Year <u>2016</u>		
2	Assets:		
	a Market value.....	2a	20593889
	b Actuarial value	2b	20593889
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	244	6099303
	b For terminated vested participants	221	3084993
	c For active participants	494	9411843
	d Total	959	18596139
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	6.13%
6	Target normal cost	6	498466

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	<u>08/22/2017</u> Date <u>1707153</u> Most recent enrollment number <u>312-529-2330</u> Telephone number (including area code)
Chad Mezvinsky Type or print name of actuary Fidelity Investments Firm name 311 S Wacker Drive, Suite 1400 Chicago IL 60606 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 ☐

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

Schedule SB (Form 5500) 2016
v. 160205

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).....	5142876	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	355099	
9	Amount remaining (line 7 minus line 8).....	4787777	0
10	Interest on line 9 using prior year's actual return of <u>-1.20%</u>	-57564	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		1730810
	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>6.32%</u>		86930
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		-4445
	c Total available at beginning of current plan year to add to prefunding balance.....		1813295
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	4730213	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.66%
15	Adjusted funding target attainment percentage.....	15	109.90%
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	113.85%
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
03/31/2017	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	928707
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: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 % ☐ 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		498466
	b Excess assets, if applicable, but not greater than line 31a	31b		0
32	Amortization installments:	Outstanding Balance	Installment	
	a Net shortfall amortization installment.....	0	0	
	b Waiver amortization installment	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 498466
		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	498466	0	498466
36	Additional cash requirement (line 34 minus line 35).....			36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 928707
38	Present value of excess contributions for current year (see instructions)			
	a Total (excess, if any, of line 37 over line 36)	38a		928707
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		498466
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

2016 Form 5500 Schedule SB Attachments

Schedule SB, Line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

The Belden Brick Company, LLC

The Belden Brick Co. Pension Plan

For Plan Year Ended December 31, 2016

EIN: 20-3803246

Plan Number: 003

	Merged plan		Hourly Plan		Salaried Plan	
	Carryover Balance	Prefunding Balance	Carryover Balance	Prefunding Balance	Carryover Balance	Prefunding Balance
7. Balance at beginning of prior year (1/1/2015) after applicable adjustments	5,142,876	0	3,305,907	0	1,836,969	0
8. Portion used to offset prior year's (2015) funding requirement	355,099	0	203,487	0	151,612	0
9. Amount remaining (7. - 8.)	4,787,777	0	3,102,420	0	1,685,357	0
2015 Actual Rate of Return	-1.20%		-0.97%		-1.63%	
10. Interest on amount remaining using prior year (2015) actual return	(57,564)	0	(30,093)	0	(27,471)	0
11. Prior year’s excess contributions to be added to prefunding balance:						
a Present value of excess contributions (line 38a from prior year)	N/A	1,730,810	N/A	842,268	N/A	888,542
2015 Effective Interest Rate	6.32%		6.41%		6.24%	
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	N/A	86,930	N/A	40,946	N/A	45,984
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return	N/A	(4,445)	N/A	(1,974)	N/A	(2,471)
c Total available at beginning of current plan year to add to prefunding balance	N/A	1,813,295	N/A	881,240	N/A	932,055
d Portion of (c) to be added to prefunding balance	N/A	0	N/A	0	N/A	0
12. Other reductions in balances due to elections or deemed elections	0	0	0	0	0	0
13. Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	4,730,213	0	3,072,327	0	1,657,886	0

2016 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

All participants are assumed to retire on their normal retirement date (age 65). The average retirement age for the Belden Brick Co. Pension Plan is 65.

2016 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Plan Provisions
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Plan Provisions

Effective Date: Amended and restated January 1, 2012 (effective December 31, 2015, the Belden Brick Company Pension Plan for Salaried Employees was merged into this plan).

Employee Type: Hourly Employees

Covered Employees: Any person employed by The Belden Brick Company at its Plants 3, 4, 6, 8 or 9 Sugar Creek, Ohio, who is paid on an hourly basis, excluding 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.

Participation Date: Date of hire.

2016 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Plan Provisions
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Plan Provisions (continued)

Definitions:

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:

Hours of Service	Portion of Year of Service
1,800 hours or more	1.0
1,620 but less than 1,800	0.9
1,440 but less than 1,620	0.8
1,260 but less than 1,440	0.7
1,080 but less than 1,260	0.6
900 but less than 1,080	0.5
720 but less than 900	0.4
540 but less than 720	0.3
360 but less than 540	0.2
180 but less than 360	0.1
Less than 180	0

Years of Vesting Service: Determined in the same manner as Years of Service, except that one full Year of Vesting Service is granted for a 12 month period in which the participant completes 1,000 hours of service.

Plan Provisions (continued)

Normal retirement date (NRD): The later of the participant's 65th birthday or the 5th anniversary of plan entry.

Monthly Accrued Benefit:

An amount equal to the sum of (a) through (q), recognizing only the most recent 30 Years of Service.

- a. [\$5.00] * [Years of Service prior to 01/01/1982]
- b. [\$6.00] * [Years of Service starting 01/01/1982 through 12/31/1983]
- c. [\$7.00] * [Years of Service starting 01/01/1984 through 12/31/1985]
- d. [\$8.00] * [Years of Service starting 01/01/1986 through 12/31/1988]
- e. [\$9.00] * [Years of Service starting 01/01/1989 through 12/31/1990]
- f. [\$10.00] * [Years of Service starting 01/01/1991 through 12/31/1992]
- g. [\$11.00] * [Years of Service starting 01/01/1993 through 12/31/1994]
- h. [\$12.00] * [Years of Service starting 01/01/1995 through 12/31/1997]
- i. [\$13.00] * [Years of Service starting 01/01/1998 through 12/31/2000]
- j. [\$14.00] * [Years of Service starting 01/01/2001 through 12/31/2001]
- k. [\$15.00] * [Years of Service starting 01/01/2002 through 12/31/2003]
- l. [\$16.00] * [Years of Service starting 01/01/2004 through 12/31/2005]
- m. [\$17.00] * [Years of Service starting 01/01/2006 through 12/31/2006]
- n. [\$18.00] * [Years of Service starting 01/01/2007 through 12/31/2008]
- o. [\$19.00] * [Years of Service starting 01/01/2009 through 12/31/2011]
- p. [\$20.00] * [Years of Service starting 01/01/2012 through 12/31/2013]
- q. [\$21.00] * [Years of Service starting 01/01/2014]

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on NRD.

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

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five Years of Vesting Service.

Pre-retirement death benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits.

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

Monthly Benefits Paid Upon the Following Events:

Normal retirement: The Monthly Accrued Benefit determined as of NRD.

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

Postponed retirement: Greater of the Monthly Accrued Benefit on the postponed retirement date of the Monthly Accrued Benefit that would have been payable on the last day of the prior plan year, actuarially increased to the postponed retirement date.

Plan Provisions (continued)

Termination with deferred vested benefit: The Monthly Accrued Benefit determined as of termination date payable as of NRD, multiplied by the vesting percentage.

Disability: The Monthly Accrued Benefit on date of disability.

Pre-retirement death benefits: The amount paid to the surviving spouse or the designated beneficiary of a married Salaried Employee is equal to the Monthly Accrued Benefit that would have been paid had the employee terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity, then died the next day. The form of payment is a single life annuity for the life of the spouse. Unmarried employees are not eligible for a pre-retirement death benefit.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a ten-year certain and continuous annuity, life annuity, or a 50%, 75%, or 100% joint and survivor annuity.

Description of optional form conversion factors: 5.0% interest and the 1983 G.A.M. mortality table for males, set back one year (used for males and females).

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

2016 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Plan Provisions
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Plan Provisions (continued)

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

2016 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Plan Provisions
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Plan Provisions (continued)

Employee Type: Salaried Employees

Covered Employees: Any person employed by The Belden Brick Company who is paid on a salaried basis.

Participation Date: The later of the date on which the employee completes six months of service and the date on which the employee attains age 21.5.

Definitions:

Years of Service: The period of the participant's service, measured as 1/12 of a year for each month that the participant completes at least one hour of service, excluding periods of service for which the employee failed to make the required contributions.

Years of Vesting Service: The number of Plan Years in which the participant completes 1,000 Hours of Service, with partial credit (proportional to 1 Year of Service for 1,000 Hours of Service) granted for the first or last Plan Year of employment if fewer than 1,000 Hours of Service are completed in such Plan Year, excluding periods of service for which the employee failed to make the required contributions.

Annual Earnings: The participant's rate of basic compensation as of the first day of a Plan Year, prior to any reduction or deductions, excluding overtime pay, bonuses, and all other forms of additional compensation.

2016 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Plan Provisions
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Plan Provisions (continued)

Average Annual Earnings: The average of the participant's Annual Earnings during the period of 10 consecutive Years of Vesting Service in which his total Annual Earnings was greater than his total Annual Earnings during any other such period. If the participant has not completed a period of 10 consecutive Years of Vesting Service as of the date of determination, Average Annual Earnings shall be determined as the average of the participant's Annual Earnings during the participant's Years of Vesting Service.

Normal retirement date (NRD): The later of the participant's 65th birthday or the 5th anniversary of plan entry.

Monthly Accrued Benefit:

An amount equal to the greater of 1) or 2).

1) An amount equal to $\frac{1}{12}^{\text{th}}$ of $[0.5\% * \text{Years of Service} * \text{Average Annual Earnings}] + [0.5\% * \text{Years of Service} * \text{Average Annual Earnings in excess of Annual Covered Compensation}]$, where Years of Service is limited to 40 years.

2016 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Plan Provisions
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Plan Provisions (continued)

- 2) An amount equal to the sum of (a) through (q), recognizing only the most recent 30 Years of Service.
- a. [\$5.00] * [Years of Service prior to 01/01/1982]
 - b. [\$6.00] * [Years of Service starting 01/01/1982 through 12/31/1983]
 - c. [\$7.00] * [Years of Service starting 01/01/1984 through 12/31/1985]
 - d. [\$8.00] * [Years of Service starting 01/01/1986 through 12/31/1988]
 - e. [\$9.00] * [Years of Service starting 01/01/1989 through 12/31/1990]
 - f. [\$10.00] * [Years of Service starting 01/01/1991 through 12/31/1992]
 - g. [\$11.00] * [Years of Service starting 01/01/1993 through 12/31/1994]
 - h. [\$12.00] * [Years of Service starting 01/01/1995 through 12/31/1997]
 - i. [\$13.00] * [Years of Service starting 01/01/1998 through 12/31/2000]
 - j. [\$14.00] * [Years of Service starting 01/01/2001 through 12/31/2001]
 - k. [\$15.00] * [Years of Service starting 01/01/2002 through 12/31/2003]
 - l. [\$16.00] * [Years of Service starting 01/01/2004 through 12/31/2005]
 - m. [\$17.00] * [Years of Service starting 01/01/2006 through 12/31/2006]
 - n. [\$18.00] * [Years of Service starting 01/01/2007 through 12/31/2008]
 - o. [\$19.00] * [Years of Service starting 01/01/2009 through 12/31/2011]
 - p. [\$20.00] * [Years of Service starting 01/01/2012 through 12/31/2013]
 - q. [\$21.00] * [Years of Service starting 01/01/2014]

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Attainment of age 60 and completion of 10 Years of Vesting Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five Years of Vesting Service.

Pre-retirement death benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits.

Disability: Total and permanent disability prior to age 60 but after completion of 10 Years of Service.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: The Monthly Accrued Benefit determined as of NRD.

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

Postponed retirement: Greater of the Monthly Accrued Benefit on the postponed retirement date of the Monthly Accrued Benefit that would have been payable on the last day of the prior plan year, actuarially increased to the postponed retirement date.

Plan Provisions (continued)

Termination with deferred vested benefit: The Monthly Accrued Benefit determined as of termination date payable as of NRD, multiplied by the vesting percentage.

Disability: The Monthly Accrued Benefit on date of disability.

Pre-retirement death benefits: The amount paid to the surviving spouse or the designated beneficiary of a married Salaried Employee is equal to the Monthly Accrued Benefit that would have been paid had the employee terminated employment on the date of death and survived to his earliest retirement age, retired with a qualified joint and 50% survivor annuity, then died the next day. The form of payment is a single life annuity for the life of the spouse. Unmarried employees are not eligible for a pre-retirement death benefit.

Employee Contributions: Employee Contributions were required under the plan prior to January 1, 1987.

Forms of Payment:

Normal form (single participants): Single life annuity (with modified cash refund provision for employees with employee contributions in the plan).

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a ten-year certain and continuous annuity, life annuity, or a 50%, 75%, or 100% joint and survivor annuity.

Description of optional form conversion factors: 5.0% interest and the 1983 G.A.M. mortality table for males, set back one year (used for males and females).

2016 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Plan Provisions
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Plan Provisions (continued)

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

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

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 Co. Pension Plan
Plan Number: 003

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	MetLife, Inc.	31,928 shares of common stock	\$ -	\$ 1,498,381
*	Plan interest in master trust	Master Trust	19,041,927	19,225,731
	Total assets (held at end of year)		\$ 19,041,927	\$ 20,724,112

* Represents a party-in-interest to the Plan

**2016 Form 5500 Schedule SB Attachments
Schedule SB, Line 25 – Change in Method
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016**

**EIN: 20-3803246
Plan Number: 003**

This filing reflects a change in the Enrolled Actuary for the plan. The change in actuary is due to the plan sponsor's decision to change actuarial providers.

2016 Form 5500 Schedule SB Attachments
Schedule SB, Line 23 – Information on Use of Multiple Mortality Tables
The Belden Brick Company, LLC
The Belden Brick Co. Pension Plan
For Plan Year Ended December 31, 2016

EIN: 20-3803246
Plan Number: 003

Effective December 31, 2015 the Belden Brick Company Pension Plan for Salaried Employees merged into the Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek, Ohio Including Plant No.9 and became known as The Belden Brick Co. Pension Plan. As a result of the merger each legacy plan retained its own mortality tables as follows:

Legacy Plan	Count	Mortality Plan
Belden Brick Company Pension Plan for Salaried Employees	221	Prescribed Combined
Belden Brick Company Retirement Plan for Hourly Employees at Sugarcreek, Ohio Including Plant No.9	811	Prescribed Separate