

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan BELDEN PENSION PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 08/01/1993 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BELDEN INC. 1 NORTH BRENTWOOD BOULEVARD 15TH FLOOR ST. LOUIS, MO 63105 2b Employer Identification Number (EIN) 36-3601505 2c Plan Sponsor's telephone number 314-854-8000 2d Business code (see instructions) 335900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	811
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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 who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	277
	6a(2)	212
	6b	452
	6c	493
	6d	1157
	6e	67
	6f	1224
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan BELDEN PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BELDEN INC.		D Employer Identification Number (EIN) 36-3601505

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.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER 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
06-1050034	93629	556029-E3	1224	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2044858

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 ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BELDEN INC.</u>	D Employer Identification Number (EIN) <u>36-3601505</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>84673531</u>
	b Actuarial value	2b	<u>93140884</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>516</u>	<u>27702468</u>
	b For terminated vested participants	<u>523</u>	<u>29575818</u>
	c For active participants	<u>238</u>	<u>33704284</u>
	d Total	<u>1277</u>	<u>90982570</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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>5.02 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1261699</u>
	b Expected plan-related expenses	6b	<u>630000</u>
	c Target normal cost	6c	<u>1891699</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 Signature of actuary <u>JASON R. BENBOW</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>7733 FORSYTH BOULEVARD</u> <u>SUITE 1350</u> <u>ST. LOUIS, MO 63105</u> Address of the firm	<u>10/08/2025</u> Date <u>23-07392</u> Most recent enrollment number <u>314-719-5900</u> Telephone number (including area code)
---	--

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.09</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		44571
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08</u> %		2264
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		46835
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.37 %
15	Adjusted funding target attainment percentage	15	102.37 %
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	96.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)	31a	1891699
b Excess assets, if applicable, but not greater than line 31a	31b	1891699

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan BELDEN PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BELDEN INC.	D Employer Identification Number (EIN) 36-3601505	

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	329919	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(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?
28	NONE	197919	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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: ARMANINO, LLP	b EIN: 94-6214841
c Position: AUDITOR	
d Address: 6 CITYPLACE DRIVE SUITE 900 SAINT LOUIS, MO 63141	e Telephone: 314-983-1200

Explanation: CHANGE OF EIN ONLY FOR ARMANINO LLP

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>BELDEN PENSION PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BELDEN INC.</u>	D Employer Identification Number (EIN) <u>36-3601505</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR+M COLLECTIVE INV TRUST CI</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>26-3761443-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1674170</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY US 10 YR NL CL A</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.</u>		
c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3133859</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RESCAP GBL RE SECS CIT-W</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>83-2160256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5525314</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL SHORT-TERM</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-041</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2044858</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&G GBL CORE INFRASTRU NL</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>20-8058531-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5738748</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY US 15 YR NL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.</u>		
c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2792564</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY US 5 YR NL CL A</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.</u>		
c EIN-PN <u>47-4104495-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1598411</u>

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BELDEN PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BELDEN INC.	D Employer Identification Number (EIN) 36-3601505

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	79990100	76349078
(10) Value of interest in pooled separate accounts	1c(10)	1771132	2044858
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	84761232	78393936
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	84761232	78393936

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	3814218
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	80117
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	7806
d Total income. Add all income amounts in column (b) and enter total.....	2d	3902141

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9338121
(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)	9338121
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	197919
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	733397
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	931316
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	10269437

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-6367296
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ARMANINO LLP

(2) EIN: 33-2514127

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549216.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BELDEN PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELDEN INC.</u>	D Employer Identification Number (EIN) <u>36-3601505</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		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 22-1211670 20-3691708

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		50
---	--	----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 53.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 29.0 %
 High-Yield Debt: 9.0 % Real Assets: 7.0 % Cash or Cash Equivalents: _____ % Other: 2.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Belden Pension Plan

Financial Statements
and Supplemental Schedules

December 31, 2024 and 2023



Belden Pension Plan
Financial Statements
and Supplemental Schedules

Years Ended December 31, 2024 and 2023

Contents

Independent Auditor’s Report.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements.....	7
Supplemental Schedules	
Schedule of Assets (Held at End of Year).....	17
Schedule of Reportable Transactions.....	18



INDEPENDENT AUDITOR'S REPORT

To the Participants and Investment Committee
Belden Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits

We have performed audits of the accompanying financial statements of Belden Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Belden Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audits of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Belden Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Belden Pension Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Belden Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Belden Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and of reportable transactions for the year then ended (collectively, "supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Armano LLP

St. Louis, Missouri

October 15, 2025

Belden Pension Plan

Statements of Net Assets Available for Benefits (See Independent Auditor's Report)

	December 31,	
	2024	2023
Assets		
Investments, at fair value:		
Common/collective trusts	\$ 76,349,078	\$ 79,990,100
Pooled separate account	2,044,858	1,771,132
Total investments	<u>78,393,936</u>	<u>81,761,232</u>
Contributions receivable	-	3,000,000
Total assets	<u>78,393,936</u>	<u>84,761,232</u>
Liabilities		
Accrued expenses	<u>-</u>	<u>24,540</u>
Net assets available for benefits	<u>\$ 78,393,936</u>	<u>\$ 84,736,692</u>

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

Belden Pension Plan

Statements of Changes in Net Assets Available for Benefits (See Independent Auditor's Report)

	Years Ended December 31,	
	2024	2023
Additions:		
Net realized/unrealized appreciation in fair value of investments	\$ 3,822,024	\$ 8,546,023
Contributions	-	3,025,977
Interest and dividend income	80,117	101,797
Total additions to net assets	3,902,141	11,673,797
Deductions:		
Benefit payments	9,338,121	7,445,273
Administrative expenses	906,776	1,017,117
Total deductions from net assets	10,244,897	8,462,390
Net change in net assets available for benefits	(6,342,756)	3,211,407
Net assets available for benefits at beginning of year	84,736,692	81,525,285
Net assets available for benefits at end of year	\$ 78,393,936	\$ 84,736,692

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

Belden Pension Plan

Notes to Financial Statements December 31, 2024 and 2023

1. Description of the Plan

The following description of the Belden Pension Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

Belden Wire & Cable Company established the Plan effective August 1, 1993. The Plan is primarily a cash balance defined benefit plan, which provides pension and disability benefits to certain salaried and hourly employees of Belden Inc. (the Company) as defined in the Plan document, subject to eligibility requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective January 2010, to close the Plan to new participants, terminate the Long-Term Disability Program, and to include regulatory changes. The Plan was amended again in December 2016 to merge the Grass Valley Pension Plan into the Belden Inc. Pension Plan effective December 31, 2016.

Plan Administrator

The Company is the Plan Administrator and carries out the duties and responsibilities of the Plan. Empower Annuity Insurance Company of America and Empower Trust Company, LLC are the Plan's trustees. Willis Towers Watson is the Plan's actuary.

Contributions

The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company has reserved the right under the Plan to discontinue contributions and terminate the Plan subject to the provisions of ERISA.

The Company has met the minimum funding requirements of ERISA for the Plan years ended December 31, 2024 and 2023.

Participant Hypothetical Accounts

The Company has established and maintains hypothetical cash balance accounts for each participant. The Company credits to each participant's account an amount equal to the sum of (i) 4% of the participant's annual compensation up to the Social Security wage base for the year, plus (ii) 8% of the participant's annual compensation that exceeds the Social Security wage base. In addition, the participant's account grows annually at an interest credit rate determined under the provisions of the Plan document. The rate was 5.5% as of December 31, 2024 and 2023, respectively.

Belden Pension Plan

Notes to Financial Statements - Continued
December 31, 2024 and 2023

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 statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Benefits

The Plan document, which is provided to participants, contains a description of the provisions of the Plan and the manner in which benefits are calculated. The Plan provides for payment of benefits to participants upon retirement in the form of an annuity or a lump-sum payment, depending on the level of the participant's account as well as other factors. Effective October 1, 2007, participant's accounts cliff vest 100% after three years of service. Long-term disability benefits are available to participants meeting requirements specified in the Plan document.

Plan Termination

There is no current intention by the Company to terminate the Plan. In the event the Plan should terminate, the Plan's assets will be allocated among participants and beneficiaries of the Plan in the following order provided for in ERISA:

- Benefits to participants who began receiving benefits at least three years before the Plan termination based upon Plan provisions in effect five years prior to the termination.
- All other benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC).
- All other vested benefits not guaranteed by the PBGC.
- All other accrued benefits.

Included in the Plan document provided to participants is a description of benefits guaranteed by the PBGC in the event of termination.

Belden Pension Plan

Notes to Financial Statements - Continued December 31, 2024 and 2023

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting.

Use of Estimates

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

Investment Valuation/Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustees.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

In accordance with the provisions of the Plan, certain administrative expenses, such as custodial fees, actuarial fees, and PBGC premiums, were paid by the Plan and are included in the accompanying financial statements. Any administrative expenses not meeting the Plan provisions were paid by the Company and are not included in the accompanying financial statements. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Belden Pension Plan

Notes to Financial Statements - Continued
December 31, 2024 and 2023

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. Accumulated Plan benefits include benefits that are expected to be paid to (a) retired or terminated employees or to their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their years of credited service.

The accumulated Plan benefits for active employees are based on their compensation during the year ended on the date as of which the benefit information is presented (the valuation date).

Payment of Benefits

Benefit payments are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through the date the financial statements were available to be issued for appropriate accounting and disclosure.

3. Certified Investment Information Provided by Trustees

The Plan Administrator, having determined it is permissible in the circumstance, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from Empower Annuity Insurance Company of America and Empower Trust Company, LLC (Empower Trustees) that all of the investment information provided by the Empower Trustees included in the accompanying financial statements and schedules is complete and accurate. Information as to the investments in the accounts of the Empower Trustees, investment income, and all information appearing in the accompanying statements and schedules are presented in reliance solely upon these certifications.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Belden Pension Plan

Notes to Financial Statements - Continued December 31, 2024 and 2023

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. The Plan has concluded there are no Level 1 investments.

Level 2 - Inputs to the valuation methodology include:

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

The Plan has concluded there are no Level 2 investments.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement. The Plan has concluded that there were no Level 3 investments.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used in 2024 and 2023.

Pooled Separate Account ("PSA") – Valued at the net asset value ("NAV") of units of insurance company pooled separate account. The NAV, as provided by the Empower Trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Collective Trust Funds – Valued at the NAV of units of the collective trusts. The NAV, as provided by the Empower Trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur on a daily basis.

Belden Pension Plan

Notes to Financial Statements - Continued December 31, 2024 and 2023

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Balance at December 31, 2024	Fair Value Measurement at Reporting Date Using:		
		Level 1	Level 2	Level 3
Common/Collective Trusts (a)	\$ 76,349,078	\$ -	\$ -	\$ -
Pooled Separate Account (a)	2,044,858	-	-	-
Total	<u>\$ 78,393,936</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

	Balance at December 31, 2023	Fair Value Measurement at Reporting Date Using:		
		Level 1	Level 2	Level 3
Common/Collective Trusts (a)	\$ 79,990,100	\$ -	\$ -	\$ -
Pooled Separate Account (a)	1,771,132	-	-	-
Total	<u>\$ 81,761,232</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

(a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of the Plan's investments with a reported NAV as of December 31, 2024 and 2023:

	December 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
WTW GT - Diversified Equity Fund	\$ 35,526,293	\$ 26,123,504	None	Daily	5 business days
WTW GT - Diversified Credit Fund	14,965,197	14,667,819	None	Monthly	10 business days
SSgA Long Government	5,394,523	11,034,410	None	Daily	2 business days
Blackrock Treasuries	7,524,834	11,617,193	None	Daily	2 business days
Resolution Capital Global Real Estate Securities Fund	5,525,314	7,102,858	None	Daily	None
LGIMA Global Core Infrastructure Fund	5,738,747	6,587,987	None	Daily	1 business day
IR+M Collective Inv Trust CI	1,674,170	2,856,329	None	Daily	3 business days
Prudential Short-Term Fund	2,044,858	1,771,132	None	Monthly	90 days

Belden Pension Plan

Notes to Financial Statements - Continued December 31, 2024 and 2023

5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Towers Watson. This amount results from the application of actuarial assumptions to adjust these benefits for the time value of money (discounts for interest) and the probability of payment (for death, disability, withdrawal, or retirement) between the valuation date and the date of expected payment. The actuarial present values of accumulated plan benefits at December 31, 2024 and 2023 are as follows:

	December 31,	
	2024	2023
Vested benefits:		
Participants currently receiving benefits	\$ 26,536,548	\$ 25,901,504
Other participants	55,193,177	59,186,472
Total vested benefits	<u>81,729,725</u>	<u>85,087,976</u>
Non-vested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated benefits	<u>\$ 81,729,725</u>	<u>\$ 85,087,976</u>

The change in the actuarial present value of accumulated plan benefits between December 31, 2024 and 2023 is due to the following:

	December 31,	
	2024	2023
Present value of accumulated benefits at beginning of year	\$ 85,087,976	\$ 87,332,138
Changes during the year due to:		
Actual benefits paid	(9,338,121)	(7,445,273)
Actuarial losses (gains)	2,511,397	(1,138,920)
Change of assumptions	(2,601,344)	-
Benefits accumulated	1,167,329	1,249,145
Decrease in the discount period	4,902,488	5,090,886
Net decrease	<u>(3,358,251)</u>	<u>(2,244,162)</u>
Present value of accumulated benefits at end of year	<u>\$ 81,729,725</u>	<u>\$ 85,087,976</u>

The significant assumptions used in the actuarial valuation are as follows:

- Mortality is based on separate rates for non-annuitants and annuitants based on PM-2012 "Employees" and "Healthy Annuitants" tables.
- Normal retirement age is 65.
- Investment returns were 6.5% and 6.0% for 2024 and 2023, respectively.

Belden Pension Plan

Notes to Financial Statements - Continued December 31, 2024 and 2023

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event of Plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

6. Tax Status

The Plan obtained its latest determination letter on February 7, 2017, in which the Internal Revenue Service states the Plan is in compliance with the applicable requirements of the Internal Revenue Code. The Plan's Administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Related Party and Party-in-Interest

Certain Plan investments are shares of a collective trust managed by Willis Towers Watson (WTW). WTW is the actuary, and therefore, these transactions qualify as party-in-interest transactions.

8. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	Year Ended December 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 78,393,936	\$ 84,736,692
Plus: accrued expenses, paid in subsequent year	-	24,540
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 78,393,936</u>	<u>\$ 84,761,232</u>

Belden Pension Plan

Notes to Financial Statements - Continued
December 31, 2024 and 2023

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>Year Ended</u> <u>December 31, 2024</u>
Changes in net assets available for benefits per the financial statements	\$ (6,342,756)
Less: 2023 accrued expenses, paid in 2024	<u>(24,540)</u>
Changes in net assets available for benefits per Schedule H to the Form	<u>\$ (6,367,296)</u>

Supplemental Schedules

Belden Pension Plan

EIN 36-3601505

Plan No. 001

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024
(See Independent Auditor’s Report)

(a)	(b) Identity of Issuer	(c) Description	(d) Cost	(e) Current Value
	<i>Common/collective trusts</i>			
*	Willis Towers Watson	Diversified Equity Fund	\$ 35,526,293	\$ 35,526,293
*	Willis Towers Watson	Diversified Credit Fund	14,965,197	14,965,197
	SSgA Long Government	U.S. Government Long Term Bond	5,394,523	5,394,523
	Resolution Capital	ResCap Gbl RE Secs CIT-W	4,815,720	5,525,314
	Legal & General	L&G Gbl Core Infrastru NL	5,172,558	5,738,747
	BlackRock	Treasury US 10 yr NL CI A	6,059,402	3,133,859
	BlackRock	Treasury US 5 yr NL CI A	2,444,074	1,598,411
	BlackRock	Treasury US 15 yr NL	6,075,078	2,792,564
	Global Trust Company	IR+M Collective Inv Trust CI	1,644,052	1,674,170
	<i>Pooled Separate Account</i>			
	Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	2,042,511	2,044,858
			\$ 84,139,408	\$ 78,393,936

* Party-in-interest to the Plan.

Belden Pension Plan

EIN 36-3601505

Plan No. 001

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

For the Year Ended December 31, 2024

(See Independent Auditor’s Report)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Asset Value on Date of Transaction	(i) Net Gain (Loss)
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>						
Prudential Retirement Insurance and Annuity Co.	Prudential Short-term	\$ 21,906,286	\$ 21,725,723	\$ 21,725,723	\$ 21,725,723	\$ -
WTW Diversified Credit	WTW Diversified Equity	\$ 9,250,000	\$ 4,150,000	\$ 4,150,000	\$ 4,150,000	\$ -
Empower Trust Company	SSGA Lng US Gov Bnd Ix NL	\$ -	\$ 5,150,000	\$ 5,150,000	\$ 5,150,000	\$ -

There were no category (i), (ii), or (iv) transactions for the year ended December 31, 2024.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	5	4	0	0	0	0	0	0	9
40-44	0	0	0	0	7	5	0	0	0	0	0	12
45-49	0	0	0	0	9	6	5	1	0	0	0	21
50-54	0	0	0	2	9	7	26	6	1	0	0	51
55-59	0	0	0	2	9	8	15	12	11	0	0	57
60-64	0	0	0	1	12	2	15	6	11	14	0	61
65-69	0	0	0	1	5	2	4	2	1	9	0	24
70 & over	0	0	0	0	1	1	0	0	0	1	0	3
Total	0	0	0	11	56	31	65	27	24	24	0	238

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

Plan Name: Belden Pension Plan
 EIN / PN: 36-3601505/001
 Plan Sponsor: Belden Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods – Contributions

Plan sponsor

Belden Inc.

EIN/PN

36-3601505 / 001

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
--	----------------------	--------------------------

Compensation Increases

3.00% per annum

Future Increases in Social Security

Social security benefits are assumed to increase in the future due to increases in the national average wage index of 3.50% per year, compounded annually, and due to increases in the cost of living of 2.50% per year, compounded annually.

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Increases in Maximum Benefits and Plan Compensation/Salary Limitations

No provision is made for future increases in the maximum annual benefit or compensation limit for minimum contribution purposes or ASC 960.

For the maximum deductible contributions, the maximum annual benefit and compensation limit are assumed to increase at 2.5% per year.

Interest Credit

Individual Account Balances are assumed to increase at a rate of 5.50% for 2024 and then 4.50% thereafter under the Belden Plan Formula and 4.50% under the Former Grass Valley Plan Formula.

Administrative Expenses

\$630,000 in administrative expenses were assumed to be paid from the plan per proposed IRS Regulation §1.430(d)-1.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the enrollment date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy & Disabled** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

ASC 960 Mortality

- **Healthy** Separate rates for non-annuitants (based on Pri-2012 "Employees" table) and annuitants (based on Pri-2012 "Annuitants" table) with generational projection starting with MP-2021 improvement rates,

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

converging over 10 years to a long-term rate of 0.85% at age 62 and below grading down to 0% at age 105 and above (approximately 0.75% in aggregate).

- Disabled

Pri-2012 "Disabled Retiree" table with generational projection starting with MP-2021 improvement rates, converging over 10 years to a long-term rate of 0.85% at age 62 and below grading down to 0% at age 105 and above (approximately 0.75% in aggregate).

Termination

The termination rate is assumed to be 8% for all active participants.

Disability

A rate of disablement was assumed in accordance with the following sample:

Age	Rate of Disability
25	0.158%
30	0.168%
35	0.193%
40	0.250%
45	0.346%
50	0.509%
55	0.826%
60	1.1621%

Retirement (for active employees)

The rates at which active employees retire by age are shown below.

Percentage active retiring during the year	
Age	Rate of Retirement
55-61	8%
62-64	20%
65-69	30%
70+	100%

Retirement (for terminated vested employees)

The rates at which terminated vested participants retire by age are shown below.

Percentage active retiring during the year	
Age	Rate of Retirement
55	10%
56-64	5%
65	20%
66-69	5%
70+	100%

Plan Name: Belden Pension Plan
 EIN / PN: 36-3601505/001
 Plan Sponsor: Belden Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65
- Deferred vested benefit Upon retirement
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

80% of participants are assumed to elect lump sums and 20% are assumed to elect annuities. 50% of those electing an annuity are assumed to elect a 50% Joint and Survivor annuity.

Percent married

100% of participants. Used to value pre-retirement surviving spouse benefits.

Spouse Age

Wife three years younger than husband

Plan compensation

Compensation assumed paid in the current fiscal year beginning on the valuation date is the prior year's actual plan compensation increased by the salary scale.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of such valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Belden Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash Balance Interest crediting rate – Belden Plan Formula

The plan credits interest to cash balance accounts using an interest at a rate equal to 2% plus the percentage increase in CPI measured from October 1st of the second preceding plan year to September 30th of the preceding plan year. If the CPI decreases the percentage increase will be deemed to be zero. In no event shall the interest crediting rate be greater than 10% for a given plan year. Belden has selected 5.50% in 2024 and 4.50% thereafter

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

and we believe that the selected assumption does not significantly conflict with what would be reasonable.

Cash Balance Interest crediting rate – Former Grass Valley Plan Formula The plan credits interest to cash balance accounts using the 10-year Treasury constant maturities rate for the month of November immediately preceding the applicable plan year, but with a minimum interest credit rate of 3.65%. Belden has set the assumed interest credit rate to be 4.50%; however, the result of this process is reviewed each year for reasonableness given current and expected future conditions. We believe that the selected assumption does not significantly conflict with what would be reasonable.

Annuity conversion rate for hybrid plans As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates were based on an experience study conducted in 2020. We believe the selected assumption does not significantly conflict with what would be reasonable.

Disability Disability rates were based on an experience study conducted in 2020. We believe the selected assumption does not significantly conflict with what would be reasonable.

Retirement Retirement rates were based on an experience study conducted in 2020. We believe the selected assumption does not significantly conflict with what would be reasonable.

Benefit commencement date for deferred benefits: Commencement rates were based on an experience study conducted in 2020. We believe the selected assumption does not significantly conflict with what would be reasonable.

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Prescribed Methods

Funding methods

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

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Belden Inc.
EIN/PN	36-3601505/001
Plan Name	Belden Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Jason R. Benbow
Enrollment Number	23-07392

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

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

Belden Pension Plan

EIN 36-3601505

Plan No. 001

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

For the Year Ended December 31, 2024

(See Independent Auditor’s Report)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Asset Value on Date of Transaction	(i) Net Gain (Loss)
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>						
Prudential Retirement Insurance and Annuity Co.	Prudential Short-term	\$ 21,906,286	\$ 21,725,723	\$ 21,725,723	\$ 21,725,723	\$ -
WTW Diversified Credit	WTW Diversified Equity	\$ 9,250,000	\$ 4,150,000	\$ 4,150,000	\$ 4,150,000	\$ -
Empower Trust Company	SSGA Lng US Gov Bnd Ix NL	\$ -	\$ 5,150,000	\$ 5,150,000	\$ 5,150,000	\$ -

There were no category (i), (ii), or (iv) transactions for the year ended December 31, 2024.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


▶ **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 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BELDEN INC.	D Employer Identification Number (EIN) 36-3601505	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	84,673,531	
b Actuarial value	2b	93,140,884	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	516	27,702,468	27,702,468
b For terminated vested participants	523	29,575,818	29,575,818
c For active participants	238	33,704,284	33,704,284
d Total	1,277	90,982,570	90,982,570
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.02%	
6 Target normal cost			
a Present value of current plan year accruals	6a	1,261,699	
b Expected plan-related expenses	6b	630,000	
c Target normal cost	6c	1,891,699	

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>10-8-2025</u> Date <u>2307392</u> Most recent enrollment number <u>314-719-5900</u> Telephone number (including area code)
	<u>Jason R Benbow</u> Type or print name of actuary <u>Willis Towers Watson US LLC</u> Firm name <u>7733 FORSYTH BOULEVARD</u> <u>SUITE 1350</u> <u>ST LOUIS MO 63105</u> Address of the firm	

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.09%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		44,571
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08%</u>		2,264
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		46,835
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	102.37 %
15	Adjusted funding target attainment percentage	15	102.37 %
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	96.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....		21b	0
22 Weighted average retirement age		22	64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 6c).....		31a	1,891,699
b Excess assets, if applicable, but not greater than line 31a		31b	1,891,699
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	4,467,053	2,103,048	3,303,569	9,873,670
2025	3,207,458	1,902,867	2,601,913	7,712,238
2026	3,307,257	1,609,439	2,637,263	7,553,959
2027	3,037,020	2,328,100	2,562,507	7,927,627
2028	3,251,681	2,761,759	2,399,174	8,412,614
2029	2,726,210	1,974,339	2,280,208	6,980,757
2030	2,583,471	2,798,883	2,313,543	7,695,897
2031	2,564,879	2,441,390	2,111,565	7,117,834
2032	2,332,695	2,774,930	1,934,884	7,042,509
2033	2,104,039	2,351,786	1,889,033	6,344,858
2034	1,939,933	1,830,860	1,872,772	5,643,565
2035	1,779,638	1,896,204	1,654,261	5,330,103
2036	1,779,223	2,228,700	1,602,622	5,610,545
2037	1,909,467	2,026,829	1,460,562	5,396,858
2038	1,585,182	1,580,281	1,363,230	4,528,693
2039	1,284,203	1,603,343	1,265,571	4,153,117
2040	1,159,320	1,460,801	1,168,097	3,788,218
2041	1,284,629	1,586,265	1,071,379	3,942,273
2042	1,335,551	1,190,140	976,035	3,501,726
2043	851,772	1,500,711	882,721	3,235,204
2044	739,594	1,113,144	792,129	2,644,867
2045	693,004	1,325,948	704,969	2,723,921
2046	689,191	1,067,416	621,936	2,378,543
2047	718,347	991,478	543,683	2,253,508
2048	549,130	859,012	470,794	1,878,936
2049	520,704	769,148	403,758	1,693,610
2050	507,023	1,020,265	342,916	1,870,204
2051	521,401	701,105	288,439	1,510,945
2052	524,313	646,781	240,341	1,411,435
2053	376,834	489,849	198,480	1,065,163
2054	350,278	636,770	162,565	1,149,613
2055	326,223	520,108	132,192	978,523
2056	304,291	406,809	106,857	817,957
2057	281,277	500,717	86,002	867,996
2058	252,129	292,700	69,048	613,877
2059	231,872	307,040	55,416	594,328
2060	212,282	253,768	44,552	510,602
2061	193,465	223,964	35,945	453,374
2062	175,508	222,385	29,146	427,039
2063	158,484	176,583	23,766	358,833
2064	142,449	158,238	19,487	320,174
2065	127,446	141,189	16,049	284,684
2066	113,502	125,424	13,252	252,178
2067	100,627	110,918	10,944	222,489

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

2068	88,816	97,635	9,018	195,469
2069	78,051	85,533	7,397	170,981
2070	68,295	74,556	6,024	148,875
2071	59,499	64,647	4,861	129,007
2072	51,604	55,746	3,880	111,230
2073	44,545	47,790	3,058	95,393

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions – Belden Pension Plan

Plan sponsor

Belden Inc.

Effective date and most recent amendment

The plan was adopted effective August 1, 1993, and restated on January 1, 2016. The latest amendment was effective December 31, 2016.

Plan year

The twelve-month period ending December 31st.

Eligibility for Benefits

Any employee who was not a participant as of December 31, 2009 is not eligible to participate.

Any employee of Belden Inc. except employees at the Montrose CDT locations and employees represented by a collective bargaining agreement and did not bargain to participate in the Plan. For employees employed by CDT prior to the Merger, on July 15, 2004, vesting and participation dates are the later of their hire date or January 1, 2005.

For employees employed at the West Penn Wire location, vesting is the later of their date of hire or July 15, 2004 and participation date is the later of their date of hire or January 1, 2009.

Participants in the Shrewsbury plan as of December 31, 1995, whose benefits were frozen and for whom no additional benefits accrue under the Salaried plan, are also included.

Normal retirement

A member's normal retirement date is the first day of the month next following the date on which the employee attains age 65.

Plan Name:	Belden Pension Plan
EIN / PN:	36-3601505/001
Plan Sponsor:	Belden Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Early retirement

A member may retire on the date upon which he has attained age 55 and completed five years of vesting service.

Late retirement

A member may retire any time after age 65, provided that benefit payments commence no later than the later of April 1st following attainment of age 70 ½ or retirement.

Disability benefit

A member who is deemed totally disabled is entitled to receive payments commencing five months after the date the disability was incurred. Disability payments are equal to 60% of salary less 100% of the primary Social Security disability benefit (up to the family maximum).

Disability benefits shall not be greater than \$8,000 per month or less than \$100 per month. Payments will continue during disability, but will stop when the participant is deemed no longer to be Totally Disabled or, in general, when he reaches Normal Retirement Age and starts receiving retirement benefits.

Any members disabled after December 31, 2009 are ineligible for the benefit payable to Normal Retirement Age above.

Death benefits

If a Participant or former Participant dies before his Benefit Commencement Date, the Participant's Accounts are 100% vested.

Benefit: The beneficiary may elect to receive his benefit in either a single sum or an annuity. The benefit can be paid effective the first of any month following the death of the participant.

Interest credits

Individual Account balances are credited with interest at a rate equal to 2% plus the percentage increase in CPI measured from October 1st of the second preceding plan year to September 30th of the preceding plan year. If the CPI decreases the percentage increase will be deemed to be zero. In no event shall the interest crediting rate be greater than 10% for a given plan year.

Accounts

Plan Name:	Belden Pension Plan
EIN / PN:	36-3601505/001
Plan Sponsor:	Belden Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

A member who was a participant in the plan as of August 1, 1993 shall have an amount which is the single sum value of his Prior Plan accrued benefit credited to his account. Thereafter, an account shall be maintained and/or established for each member to which each or all of the following may be a part:

Basic credits

Each member shall have credited to his account 4% of his compensation not in excess of the Social Security Wage Base plus 8% of his compensation in excess of the Social Security Wage Base.

IAR account

A member's IAR account shall equal the IAR balance transferred from the Belden CDT Inc. Retirement Savings Plan.

Supplemental account

A member's supplemental account shall equal the credits to supplemental credits for the participants specified in the plan.

Additional credits account for certain employees

In addition to the credits otherwise determined under Section 5.05(c), the Account of each Member who is listed on the Additional Retiree Medical Credit Eligibility List on file with the Company, shall be credited with the applicable monthly amount set forth below with respect to such Member; provided, however, that such amount shall be prorated and credited to such Member's Account based upon the number of pay periods applicable to such Member in such month during which the Member was employed at a facility and in an employment classification set forth on the Additional Retiree Medical Credit Eligibility List.

Active members on the Additional Retiree Medical Credit Eligibility List, who attained at least age 50 on December 31, 1989 and who elected retiree medical coverage:

Year of Birth	Monthly Additional Credit Amount
1939	\$60.00
1938	\$60.00
1937	\$65.00
1936	\$65.00
1935	\$70.00
1934 or earlier	\$75.00

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Active members on the Additional Retiree Medical Credit Eligibility List, who attained at least age 50 on December 31, 1989 and who did not elect retiree medical coverage:

Year of Birth	Monthly Additional Credit Amount
1939	\$105.00
1938	\$110.00
1937	\$115.00
1936	\$120.00
1935	\$125.00
1934 or earlier	\$130.00

Additional credits account for certain employees transferred to the Belden CDT Inc. Retirement Savings Plan

Richmond Plan Hourly Employees who were entitled to additional credits as of 12/31/98 under the Belden CDT Inc. Retirement Savings Plan continue to receive those credits in the pension plan. The additional credits are allocated each month or partial month for which they receive compensation if they did not attain age 55 prior to May 1, 1982 and if they have been continuously employed since September 30, 1989.

Additional credits account for certain employees from the Belden CDT Inc. Retirement Savings Plan (cont.)

The Richmond plant hourly employees' monthly credit amount for active members is determined by the following chart for employees born after 1939.

Year of Birth	Monthly Additional Credit Amount
1964 or later	\$10
1963	\$11
1962	\$13
1961	\$15
1960	\$17
1959	\$19
1958	\$21
1957	\$23
1956	\$25
1955	\$27
1954	\$29
1953	\$31
1952	\$34
1951	\$37
1950	\$40
1949	\$44
1948	\$48
1947	\$52

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Year of Birth	Monthly Additional Credit Amount
1946	\$54
1945	\$60
1944	\$65
1943	\$70
1942	\$75
1941	\$80
1940	\$90

The monthly credit amount for Richmond plant hourly employees born before 1940 and were entitled to additional credits in the Retirement Savings Plan, depends on whether the employee elected to not have retiree medical coverage or failed to make an election ("Option A") or elected to enroll in the Employer's comprehensive medical plan for up to 5 years at retirement ("Option B").

Year of Birth	Option A	Option B
1939	\$105	\$60
1938	\$110	\$60
1937	\$115	\$65
1936	\$120	\$65
1935	\$125	\$70
1934 or earlier	\$130	\$75

Additional credits account for certain participants in the Belden Supplemental Excess Plan

Periodically, certain participants of the Belden Supplemental Excess Plan have been granted additional cash balance credits within the Belden Pension Plan. The most recent amendment granting such benefits was effective December 31, 2016.

Vesting

A member who terminates prior to early retirement is eligible for a deferred benefit which is the equivalent of his vested account balance with interest at the time benefits commence.

The IAR account is 100% vested. All other credits vest according to the following schedule:

Full Years of Vesting Service	Vesting Interest
Less than 3 years	0%
3 years or more	100%

Plan Name: Belden Pension Plan
 EIN / PN: 36-3601505/001
 Plan Sponsor: Belden Inc.
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Determining forms of benefit

Benefits accrued prior to January 1, 2005: The account balance accrued prior to January 1, 2005 with interest credits earned to date of determination are converted to annuity forms using factors in Appendix C of the Plan.

Benefits accrued after December 31, 2004: The Single Life Annuity (SLA) is determined using the annual rate of return on 30 year treasury securities for the month of August for the preceding year and the mortality table specified in 417(e)(3) of the Code. All other annuities are derived from the SLA using an interest rate of 7% and the mortality table specified in 417(e)(3) of the Code.

Form and timing of payment

Start prior to age 55

The IAR Account is payable upon termination of employment in the form of a single sum payment, single life annuity or for married members 50% J&S annuity.

- If the sum of the Cash Balance, Supplemental Credits and Additional Credits Account is less than \$10,000 and more than \$5,000 upon termination of employment, the member is eligible to receive his/her benefit immediately in the form of a single sum payment, single life annuity or for married members a 50% J&S annuity.

Start at age 55 or older

Benefits currently available to all participants.

- A single sum payment
- A single life annuity
- A 50% joint and survivor annuity
- A 100% joint and survivor annuity
- A single life annuity with a full cash refund feature
- An increasing single life annuity

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Additional benefits available to pre-2005 participants.

- A ten-year certain and life annuity
- A 75% joint and survivor annuity
- A level income option
- A full cash refund feature can be added to certain options

Plan participants' contributions

None.

Changes in plan provisions since prior valuation

None.

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Provisions – Former Grass Valley Pension Plan

The following is a summary of Plan provisions for the Grass Valley USA Pension Plan as of 1/1/2021.

Plan Effective Date

The Grass Valley USA Pension Plan was spun-off from the Thomson Inc. Pension Plan (now known as Technicolor USA, Inc. Pension Plan) effective December 31, 2010. The plan was restated effective January 1, 2016.

Covered employees

Grass Valley Broadcast active participants in the Thomson, Inc. Pension Plan as of December 31, 2010 who accrued benefits under that plan and had their benefits transferred to this plan. There are no new covered employees after the plan effective date.

Participation date

Date of becoming a covered employee. There are no new participants after the plan effective date.

Vesting service

Elapsed time method for full-time employees. Minimum of 1,000-hour calendar year of employment required for part-time employees.

Pensionable pay

All compensation, including bonuses, overtime, commissions and incentive payments, prior to reductions for 401(k) and cafeteria plan contributions. Pensionable pay cannot exceed \$200,000 annually, as indexed for cost of living. The accrued benefits under the plan were frozen before the plan effective date. They were frozen as of December 31, 2009.

Normal retirement date (NRD)

First of the month coinciding with or next following the attainment of age 65.

Member accounts

The Earned Benefit Account begins with a zero balance on the later of March 31, 1989 or the date that the employee became a member of the predecessor plan (Thomson Plan). At the end of each calendar

Plan Name:	Belden Pension Plan
EIN / PN:	36-3601505/001
Plan Sponsor:	Belden Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

quarter, this account was increased with credits equal to 4% of Compensation limited to one-sixth of the Social Security Wage Base for that quarter, plus 7% of Compensation above one-sixth of the Social Security Wage Base. As of December 31, 2009, pay accruals into this account were frozen.

Interest Crediting - In addition at the end of each calendar quarter the Future Service Account as of the end of the prior quarter is increased by a percentage equal to the 10-year U.S. Treasury rate as of the November 30 preceding the plan year. This rate shall not be less than 3.65%.

Eligibility for Benefits

Normal retirement

Retirement on Normal Retirement Date.

Early retirement

Retirement before Normal Retirement Date and on or after both attaining age 55 and completing five years of vesting service.

Vested termination

Termination for reasons other than death or retirement after completing three years of vesting service.

Preretirement death benefit

Death while employed by the Employer, or after completion of three years of service.

Benefits Paid Upon the Following Events

Normal retirement

Earned Account Balance at retirement paid as a lump sum, or an actuarial equivalent annuity.

Early retirement

Earned Account Balance at retirement paid as a lump sum, or an actuarial equivalent annuity.

Vested termination

Earned Account Balance at retirement paid as a lump sum, or an actuarial equivalent annuity.

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death

Earned Account Balance at death. If the beneficiary is a surviving spouse, this amount will be paid as a 5-year certain and life annuity over the spouse's lifetime. The spouse may elect to receive this amount as a lump sum.

Other Plan Provisions

Forms of payment

At termination after 3 or more years of service, the Member may receive their entire Earned Account Balance as of the date of payment in the form of a lump sum. Alternatively, the Member can elect to receive a monthly annuity. This annuity can be paid in one of the three forms listed below and has a guaranteed period of 5 years:

- Life annuity
- 50% or 100% Joint and Survivor

Form conversions

Conversions of the life annuity to any of the optional forms listed above is accomplished by multiplying the benefit as a life annuity by a factor from a table of factors. In each case, the life annuity is the Actuarial Equivalent of the Earned Account Balance.

Actuarial Equivalence:

The life annuity, taking into account the 60 month guarantee provision is determined on the basis of the Applicable Mortality Table and Applicable Interest Rate. The applicable interest rate for the one-year period beginning 1/1/23 is the greater of the IRC Section 417(e) interest rate in effect for the November preceding the year of determination or the IRC Section 417(e) interest rate in effect for the August preceding the year of determination. For commencement on or after 1/1/23 the applicable interest rate is the IRC 417(e) interest rate in effect for the August preceding the year of determination.

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.

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Significant Changes in the Plan Provisions since Plan Effective Date

An amendment was stated in which the Grass Valley Pension Plan was merged into the Belden Pension Plan effective December 31

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024

Belden Pension Plan

EIN 36-3601505

Plan No. 001

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024
(See Independent Auditor’s Report)

(a)	(b) Identity of Issuer	(c) Description	(d) Cost	(e) Current Value
	<i>Common/collective trusts</i>			
*	Willis Towers Watson	Diversified Equity Fund	\$ 35,526,293	\$ 35,526,293
*	Willis Towers Watson	Diversified Credit Fund	14,965,197	14,965,197
	SSgA Long Government	U.S. Government Long Term Bond	5,394,523	5,394,523
	Resolution Capital	ResCap Gbl RE Secs CIT-W	4,815,720	5,525,314
	Legal & General	L&G Gbl Core Infrastru NL	5,172,558	5,738,747
	BlackRock	Treasury US 10 yr NL CI A	6,059,402	3,133,859
	BlackRock	Treasury US 5 yr NL CI A	2,444,074	1,598,411
	BlackRock	Treasury US 15 yr NL	6,075,078	2,792,564
	Global Trust Company	IR+M Collective Inv Trust CI	1,644,052	1,674,170
	<i>Pooled Separate Account</i>			
	Prudential Retirement Insurance and Annuity Company	Prudential Short-Term	2,042,511	2,044,858
			<u>\$ 84,139,408</u>	<u>\$ 78,393,936</u>

* Party-in-interest to the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The interest crediting rate assumption was updated from 4.50% to 5.50% in 2024 and 4.50% thereafter.
- The Grass Valley interest crediting rate assumption was increased from 3.65% to 4.50%.
- The administrative expenses assumption was updated to reflect anticipated administrative expenses for the 2024 plan year.

Plan Name: Belden Pension Plan
EIN / PN: 36-3601505/001
Plan Sponsor: Belden Inc.
Valuation Date: January 1, 2024